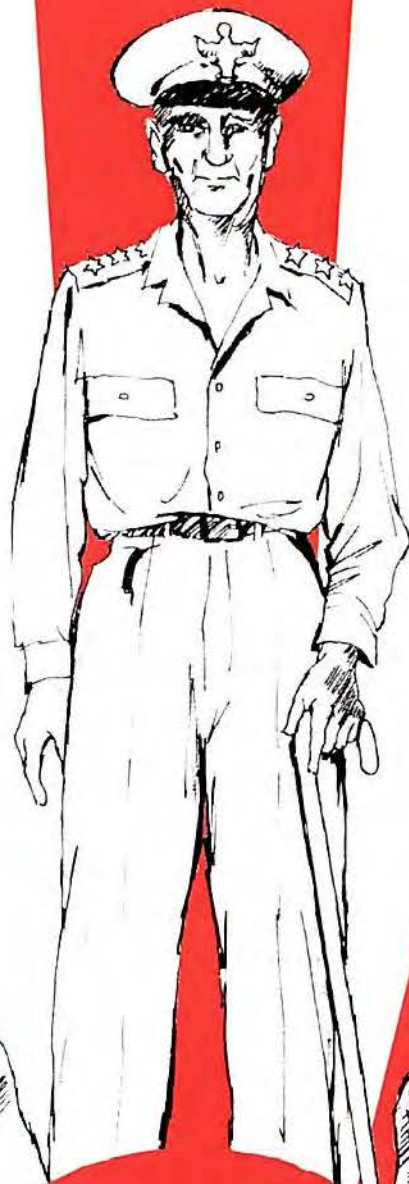




AMERICAN EX-POW  
NATIONAL MEDICAL RESEARCH COMM.

PACKET #10



# THE JAPANESE STORY

*Shirley Thompson*

## ABOUT THE COMPILER OF THIS PACKET

Stan Sommers, Nat'l Sr. Vice Commander and MedSearch Chairman of the American Ex-Prisoners of War, Inc., is a survivor of Bataan and Corregidor during World War II.

He enlisted in the Navy in November, 1937, and was reported missing in action aboard the minesweeper Finch, which was sunk off Corregidor in the Philippines early in 1942 and he spent 3½ years in Japanese prison camps - 2½ years in the Philippines and a year in Japan.

Stan served with the Naval Battalion on Bataan. The night Bataan surrendered he escaped to Corregidor and fought with the 4th Marines.

His long Navy career ended with his retirement as chief-aviation-structural-mechanic in 1958. His Navy service included assignments in Korea, the Berlin airlift, the Suez Canal and Cuba.

While stationed at Alameda, Calif. he founded and was chairman of the first Sea Scout unit there, and also coached national swimming teams for several years. His teams took second and third places in national competition in 1954 and 1956.

During his final Navy tour he was leading chief of Fighter Squadron 43 and office manager for Charles Conrad, N.A.S.A. Astronaut.

He married the former Margaret Nealis March 2, 1946.

## MAPS & FOOD RATIONS BY FRANCES WORTHINGTON LIPE, MEDSEARCH COMMITTEE MEMBER

Mrs. Lipe, born 1929, daughter of a regular army officer who served in the Orient in both World War I and World War II. She is married to George Lipe and has four children.

Frances received her Bachelor of Science Degree from the University of Texas, 1951, in Home Economics and Pre-School Education. She is the accountant of their family business, Lipe Exxon.

Her devotion to historical studies led her to intensive study of her father's writings from his experiences in World War II.

Frances accompanied her parents and brothers to the Philippine Islands in 1941, at age 12. They were evacuated three months after arrival. Her father knew exactly what would eventually take place and spent those three months taking his family over the island of Luzon, explaining where and what would happen.

She returned to the Philippines for the 35th Bataan Day for a two week tour, met old associates of her father and many new ex-POW friends who have inspired her recent reading and research of conditions then.

THE JAPANESE STORY IS DEDICATED TO

*Pete Connacher*

NATIONAL SERVICE OFFICER  
AMERICAN EX-PRISONER OF WAR  
WHO GAVE SO MUCH TO HELP SO MANY

AND TO

*Father Stanley J. Reilly*

HEROIC CHAPLAIN OF THE  
PRISON HELLSHIP NISSYO MARU

## BATAAN CARAVAN

*Out of Bataan and the jungle Hell,  
Through crimson fields where comrade fell  
Along the dark road, stained with red  
Life's blood from our scattered dead,  
Who fought and starved to hold Bataan,  
Moved captives now in caravan.*

*A caravan by Fate prepared,  
On journey dark by fiends declared  
For captured men whom Death had spared,  
To feel the knuckles of her bony hand,  
When yellow typhoons racked Bataan,  
And captives now in caravan.*

*Through windblown mountain's deep ravine,  
Where lay the slain, not yet serene,  
That bayonet did in hate impale  
Along some disputed winding trail,  
That now endless seemed in burning sand,  
To captives here in caravan.*

*At Mariveles, where the river ran,  
There joined that forlorn, tattered band  
A bearded stranger, his eyes despair,  
Whom I had seen, but God knows where.  
Ill and starving this wretched man,  
To join captives here in caravan.*

*A bridge was crossed in that torrid Hell,  
And they struck him there, but as he fell  
His arms outstretched, and he clutched the rail;  
Oh, God, his eyes, and so deathly pale,  
As bleeding there, he tried to stand,  
This captive fell from caravan.*

*This bearded wretch then for water cried,  
A glistening bayonet pierced his side!  
I turned my head from the bloody scene,  
But looked back once more on his face serene,  
Where dead he lay in the scorching sand,  
This captive slain in caravan.*

*Out of the night with haunting wail,  
Her song in grief, some nightingale  
Sang in Balanga, battered town,  
Now silent, but for this eerie sound;  
Where blackened ruins held empty hand,  
For captives starved in caravan.*

*Some shelltorn church in shadowed night,  
Beside whose walls to await the light  
Of the tropic dawn of another day,  
Men laid down their packs, to sleep or pray;  
Now starved and thirsting, weary band,  
These captives here in caravan.*

*In the moonlight on that haunted scene,  
I wept for the stranger, gaunt and lean,  
And within the church to mourn our loss,  
I beheld the Stranger on the Cross!  
There, my bearded stranger of Bataan,  
The captive slain in caravan.*

*Sing once more the nightingales,  
Their songs now lovely on moonlit trails;  
And years pass on, but each night it seems  
I return to Bataan in torturing dreams,  
Where this stranger smiles and takes my hand,  
As I march captive there in caravan.*

by Charles Brown, M.D., Death March Physician.  
Dr. Brown has since the ending of World War II  
helped hundreds of former prisoners of war with  
their health and V.A. claim problems.



No group of men are more worthy of praise and honor for their heroism, deep faith and their concern for their fellow men than the Chaplains who served with us in the Pacific during World War II and were incarcerated by the Japanese. Let me tell you about Father Stanley J. Reilly, Chaplain on the Hell Ship, "Missyo Maru", transporting from the Philippines to Japan.

Our journey begins on a hot day, July 4, 1944, Manila, P.I., when 900 P.O.W.'s are forced into one cargo hold of this ship. In this small space we are literally crushed, many suffocating from the lack of oxygen. The Japanese are finally kind and divide us into two groups, one group in the forward hold and the other in the aft hold. We are still so crowded that many would not be able to lay down for 32 day trip.

In this condition we sail for Japan. Once a day we are given a cup of cooked rice with a few potato vines and 3/4 canteen cup of water. One man on this voyage actually turned cannibal and drank the blood of his victim.

Passing through the Formosa Straits our convoy is attacked by American submarines. Picture 450 men in one dark hold -- the top covered with wooden planks with just enough of an opening that we could see the sky red from the burning ships. We hear torpedoes hitting their targets and exploding -- we wonder -- will we be next?

Panic takes over and there is shouting and screaming -- some going out of their minds with fear!

The Japanese guards shout down to us -- if you don't calm down we will close the hatch completely -- if they did that we would suffocate for sure. Hysteria continues -- the Jap guards now tell us -- quiet down or they will use hand grenades and machine gun us like rats. This only made us worse.

CHAPLAIN STANLEY J. REILLY rose and said a prayer -- we were calmer -- he then recites the rosary -- now you could hear a pin drop where just before was pandemonium. Yes, I believe we owe him our lives.

Chaplain John K. Borneman, in "From Bataan Through Cabanatuan" (April 1946), writes: "Chaplains of the United States Army and Navy who participated in the surrender of our forces in April and May of 1942 might well have voiced the words of St. Paul which are recorded in his Second Letter to the Corinthians, Chapter I, verse 8: 'For we would not, brethren, have you ignorant of our trouble which came to us in Asia, that we were pressed out of measure, above strength, insomuch that we despaired even of life. '

Thirty-three Army and four Navy Chaplains were among those surrendered to the Japanese; of these 21 were Roman Catholic and 16 Protestants. Out of this total of 37, 20 have made the supreme sacrifice."

Chaplain Borneman listed the names of 31 of the 37 he referred to. They are:

REV. HERMAN C. BAUMANN *	REV. JOHN K. BORNEMAN
REV. ALBERT W. BRAUN **	REV. RALPH W.D. BROWN
REV. RICHARD E. CARBERRY	REV. ARTHUR V. CLEVELAND
REV. WILLIAM T. CUMMINGS	REV. JOHN L. CURRAN
REV. MORRIS E. DAY	REV. WILLIAM DAWSON
REV. SAMUAL E. DONALD	REV. CARL W. HAUSMAN
REV. FREDERICK HOWDEN	REV. HUGH F. KENNEDY
REV. EDWARD J. NAGEL	REV. JOSEPH V. LOFLEUR
REV. McDONNELL	REV. FRANCIS McMANUS
REV. EUGENE J. O'KEEFE	REV. JAMES W. O'BRIEN
REV. ALFRED C. OLIVER ***	REV. STANLEY J. REILLY
REV. THOMAS J. SCECINA	REV. ALBERT D. TALBOT
REV. HERBERT TRUMP	REV. JOSEPH G. VANDERHEIDEN
REV. PERRY O. WILCOX ****	REV. MATHIAS E. ZERFAS
REV. LESLIE E. ZIMMERMAN	REV. TIFFANY
REV. ROBERT P. TAYLOR *****	

\* Chaplain of the American Defenders of Bataan & Corregidor

\*\* Honorary Chaplain of the American Ex-Prisoners of War

\*\*\* Was Chief of Chaplains, Philippine Department.

\*\*\*\* Was Chief Chaplain on Corregidor

\*\*\*\*\* Retired Maj. Gen., formerly Chief of Chaplains, U.S. Air Force.

## ACKNOWLEDGEMENTS

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Last, but most important, I am grateful to my wife, Peggy, who over the years gave me the courage and confidence to continue in my research. Her assistance through the years is invaluable.

\*\*\*\*\*

## INTRODUCTION TO THE JAPANESE STORY

This packet is based upon a personal experience as a guest of the Imperial Emperor of Japan, "The Son of Heaven".

It might be said that it is a true and factual report as the material is from over 600 pages of research from the Nat'l Archives and from volumes of books and medical papers from a ten year search.


As you read through the pages on the despair, anxiety, and agony we suffered from, beginning with the battles in the Philippines at the start of World War II and continuing through imprisonment and liberation, you will feel you are living a ghastly nightmare and you are!

Would you believe that 650 Americans and 10,000 Filipinos died on the Death March (Gen. King's estimate). The march was from 70 to 140 miles depending on where you started from, it lasted for more than a week. Those who fell from exhaustion or illness were bayoneted, beheaded or shot. At the end of the march 1500 Americans and 2700 Filipinos died during the first 60 days in Camp O'Donnell, at Cabanatuan 2100 Americans died. All these deaths can be ascribed to the exertions of the death march, leaving a total of 16,950 deaths as a result of the march.

The average length of imprisonment was 39 months. Mortality during imprisonment in Pacific POW's was 37.2%, the expected mortality in this age group would be less than 1%. This startling death rate was the result of a cold blooded plan on the part of the Japanese of brutality and extermination.

During the first 2 years after repatriation the death rate for Pacific POW's was 50% higher than the non-prisoners and though diminishing with time, persisted for nine years, at present there is an excess of deaths due to cirrhosis of the liver according to Mr. R.J. Keehn, Medical Follow-up Agency, Nat'l Academy of Sciences, Washington, D.C. 1/1 /79.

I leave you with these words by Maj. Gen. Edward P. King, Jr., Commanding General on Bataan: "COURAGE IS A QUALITY GOD HAS SEEN FIT TO DISPENSE WITH UTMOST CARE. THE MEN OF BATAAN AND CORREGIDOR WERE HIS CHOSEN FAVORITES."

  
Stan Sommers,  
MedSearch Chairman

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Mr. Lloyd V. Willey is a survivor of the U.S.S. Houston and spent 40 months as a POW of the Japanese. Lloyd would like to share this poem with you in honor of the U.S.S. Houston crew members and members of the 131st Artillery captured in Java and forced to work on the Burma Railway, known as the "Railway of Death".

### THE LOST BATTALION

The "Lost Battalion" made their stand,  
On the island of Java; - a foreignland,  
Waiting for help that did not come,  
Doing all that could be done.

While in Sunda Straits, in a valiant fight,  
The "Houston" vanished in the night,  
Carrying most of her crew to a watery grave,  
An honored crypt for the lives they gave.

These men first met as prisoners-of-war,  
Not knowing what Fate would have in store,  
Beaten and starved, tortured and ill,  
Months became years as our world stood still.

"Hellships" and jungle, the "Railway of Death",  
Forced to work 'til our dying breath,  
The cemeteries filled, the rails bore on,  
Still faith remained when strength was gone.

Sixteen thousand men; - English, Aussie, Dutch, and Yanks,  
Died waiting for ships, and planes, and tanks,  
Now they lie in peace 'neath Eastern soil,  
Free from starvation, disease, and toil.

Though their bodies remain; - the soul departs,  
Their names cherished forever in our hearts,  
On God's great earth you'll never find,  
Better men than those we left behind.



## DON'T FORGET HOW THEY STARVED US!

by MAJ. LIVINGSTON P. NOELL, JR., Medical Corps, Army Air Forces

As one of the 2 American medical officers who experienced conditions in both the military and the civilian prison camps on Luzon, I am anxious to have the American people understand, and never forget, that the Japanese applied a premeditated and systematic program of starving American prisoners to death. During 34 ghastly months I saw every manifestation of dietary deficiency merely by looking at people around me—the terrible pain and toe-dragging gait of beriberi, the hemorrhages from scurvy, the mental stupor and hardened skin of pellagra, the barrel-leg bloat and withered muscles of hypoproteinemia.

The first application of mass extermination began with the Death March after the fall of Bataan in April 1942, and continued with horrible results until Dec. of that year, when the Nips increased our rations a little and let Red Cross packages through, having decided to fatten us up to use as prison labor in work projects. For 14 months after witnessing this bald admission that our diet was inadequate to keep us alive for long, I served on a Bataan labor detail, in Bilibid Prison hospital and at Cabanatuan. Afterward I spent the last 11 months in the Santo Tomas internment camp, where I saw a new system of starvation applied.

At first, malaria and dysentery plagues slaughtered our people. Quinine would have prevented the malaria deaths; sanitation alone, if we had been permitted to enforce it, would have wiped out the dysentery. With dietary deficiencies and beatings contributing, 1475 Americans and 23,000 Filipinos died in 51 days in Camp O'Donnell, where we were herded after the Death March.

Then the starvation program began its awful execution with the diseases of prolonged food deficiency. There was dry beriberi, bringing its burning, stinging and crawling sensations of the skin on legs and feet, its terribly painful neuritis, its paralysis of the muscles, which lifts the foot and made it necessary for those walking skeletons in our camp to take high steps to keep their toes from dragging. Also prevalent was the wet type of beriberi, bringing its dropsy, which waterlogs bulging legs, balloons abdomens and faces, and, before death, effects a bloating of the entire body—excruciating penalties for lack of vitamin B, or thiamine chloride.

SICKNESS & DEATH, & NOT EVEN A DECENT BURIAL: In due course, pellagra & ariboflavinosis set in. The symptoms were dermatitis, a coloring and thickening of the skin, swelling of the tongue, diarrhea, mental confusion and, at the end, usually severe dementia. Riboflavin, or vitamin B<sub>2</sub>, deficiency, commonly accompanied pellagra—cracking lips, sores of the nose, burning eyes, ulcers of the legs as large as half collars.

Vitamin C Deficiency caught up with us. Scurvy, with its breaking blood vessels in the skin, muscles and bones. The men's gums bled and their teeth loosened and fell out. Vitamin A deficiency, too—ulcering and scarring of the eyes; in some of the cases total blindness. And in the early days at Camp "oDonnell there was always the lack of water, resulting in severe cystitis, or inflammation of the bladder. One day I stood in line at a faucet for 9 hours, only to see it turned off for the night when I was 4 men away.

In Cabanatuan alone, 2300 Americans had died by the end of 1942. One day 60 died. The emaciated cadavers were borne to the cemetery by prisoners almost equally cadaverous. The living lined the road, saluting the dead, dully contemplating when their turns would come. Out where the bodies were deposited en masse in graves that filled with water before they could be completely dug, gaunt arms, legs and torsos habitually protruded from the mud.

Of course, we complained to our jailers. A typical result was the time I tried to requisition vitamin B for the Bataan labor detail. I was given 4 bottles of Lydia E. Pinkham's compound, which according to the label, included "1 milligram of crystalline thiamine chloride"—the daily requirement of a child. Also I was given a supply of Dr. Williams' Pink Pills for Pale People. At Santo Tomas truckloads of food donated by neutral agencies were turned away at the gate. Meanwhile, inside, we dragged about on bloated legs, shriveling away to skin, bones & hair. We ate the cats, dogs, pigeons & the vegetation—hibiscus, canna lilies and bananas trees.

These stark facts about Japanese mass murder I have set down because I've noticed a tendency here at home to forget, even almost to forgive, the enormity of Japan's war crimes. I do not want the American people to forget.

## FALL OF THE FORTRESS (BATAAN)

by FRANCISCO A. QUERUBIN, Variety, Manila Philippine Island, April 9, 1967

"Men fighting under the banner of an unshakable faith are made of something more than flesh, but they are not made of impervious steel. The flesh must yield at last, endurance melt away, and the end of the battle must come. Bataan has fallen..."

Thus, the Voice of Freedom, the radio at Bataan, on April 9, 1942, exactly 25 years ago today, announced to the world the capitulation of the heterogeneous USAFFE forces of Filipinos and Americans.

DOGGED FIGHT: Fighting with their back against the sea, facing a foe greatly superior in number, arms, equipment and supply, besieged from land, air and sea, weakened and dying from disease, starvation and the wounds of battle, the heroic defenders doggedly fought on.

As the whole world watched in solemn admiration the gallant stand at Bataan, messages of great leaders from across the ocean poured into Gen. MacArthur's headquarters. Aside from Pres. Roosevelt, U.S. Secretary of War Stimson, Gen. Pershing, Prime Minister Churchill, Life and Time magazines, Gen. Marshall, US Army Chief of Staff, sent the typical message:

"The magnificent fight of American and Filipino soldiers under your dynamic leadership already has become an epic of this war and an inspiration to the nation. The successes of your troops and your name headline the news of the day. You are rendering a service of incalculable value to the country. The Japanese Army you are holding in check is prevented from reinforcing the enemy's attacks to the southward which gives us the fighting chance to build up the concentrations necessary to break through his widely overextended operations."

From across the Atlantic the King of England paid his own tribute:

"The magnificent resistance of the forces under your command to the heavy and repeated attacks of an enemy much superior in numbers has filled your Allies in the British Empire with profound admiration. Your countrymen must indeed be proud of the United States and Philippine troops who are fighting with such dauntless heroism."

Long before the outbreak of World War II, Japan's aggrandizing designs in the Pacific marked as its strategic objectives the immediate conquest of the Philippines pinpointed by military experts as the "key that unlocks the door to the Pacific," and the capture of the immense natural resources of the Netherlands East Indies and Malaya. By 1941, the 10-year plan of preparation for the defense of the Philippines drawn by Gen. MacArthur, who became Field Marshal of the Philippine Army at the birth of the Commonwealth upon invitation of Pres. Quezon, was already in its sixth year and constituted a menace to Japan's ambitions in Southeast Asia. Japan deemed it necessary to intervene before it was too late.

Thus, after destroying the U.S. Pacific Fleet at Pearl Harbor on Dec. 7, 1941, in order to isolate Southeast Asia from help from the United States, and then crippling the Philippine Air Force after 14 air raids on the 8th, Japan invaded the Philippines on the 10th, with Japanese troops landing at Aparri and Vigan, and then at Lingayen.

The defenders' only chance of survival was to retire to the protective terrain of the peninsula of Bataan where they would make their last stand, in accordance with previous Army plans cognizant of the inadequacy of the Philippines' defenses. Accordingly, Gen. MacArthur made a skillful withdrawal of his forces by fighting a series of delaying actions to cover the coordinated withdrawal of his Southern & Northern Luzon forces to Bataan, a brilliant retreating maneuver later to become known in military annals as the famous "Side-slip" to Bataan.....

The epic battle of Bataan commenced on the 9th of Jan. 1942, with the Japanese subjecting the defenders to artillery bombardment. Then on the 11th & 12th, they attacked in full force and with relentless fury on a 20-mile front from Abucay to Morong, but the numerous assaults were repulsed at bloody cost to the enemy by the defenders' determined counterattack and effective artillery firing from concealed positions, despite Japanese superiority in numbers, arms, equipment and undisputed mastery of the air. The bloodiest hand-to-hand combat was to take place a week later when the Japanese attacked still further to the western shore of Bataan, simultaneous with their assault on Morong. Attack and counterattack became the order of the day between the opposing lines.

By Jan. 18, 1942, the defense of Bataan had become so critical that it would have

fallen shortly were it not for the many deeds of valor done by the Bataan defenders. As disease and malnutrition began to take their toll on the troops, the Japanese were able to infiltrate and take lofty Mt. Natib. With their artillery emplacements at the fortified top of Mt. Natib, the Japanese bombarded with 70-mm. batteries the defending troops.

By the end of Feb. 1942, the Japanese had to halt their offensive to await reinforcements. Nearly 100,000 replacements kept the enemy force to its original strength, together with 150 heavy guns from Hongkong. On the side of the beleaguered defenders, the much-awaited help from the United States never came, as Roosevelt and Churchill decided on a Europe first policy. In his well-known fiery patriotism, Pres. Quezon cried out, "America writhes in anguish at the fate of a distant cousin, Europe, while a daughter, the Philippines, is being raped in the back room."

STARVATION AND DISEASE: Meanwhile, the defenders were already undergoing the process of slow starvation. Their ration was reduced by one-half, then to a quarter, as the 26,000 civilian refugees cleverly driven by the enemy to Bataan had to be fed from the defenders' supply, a humanitarian measure which hastened the starvation of the defending troops. Disease, especially malaria, beriberi and dysentery, was decimating the ranks more than by the enemy. Of the 80,000 defenders, only 27,000 remained combat-effective, as 9 out of 10 were already wounded men, and still three-fourths of this number were weak from disease.

Yet, for the next 5 weeks, the heroes of Bataan successfully held the defenses. The Japs had to abandon their costly frontal attack. Gen. Homma even began contemplating the abandonment of the plan to capture the Philippines in favor of by-passing it in order to keep up with the Japanese timetable of conquest in Southeast Asia.

And then the twilight of human endurance finally came. While frontline strength was at its lowest due to the starved and diseased condition of the defenders, 50,000 Japs, backed by 150 heavy guns, attacked on Good Friday, April 3, 1942, at the heights of Mt. Samat, the last line of defense—the violent assault continuing for 4 days. Japanese air support dropped incendiaries in the defense positions, setting in flames the combustible jungle growth, roasting many alive, and denuding the terrain of all protection from the 3-day aerial and artillery bombardment.

On April 9, 1942, 76,000 Filipino and American troops starved into capitulation. As early as March 28, Wainwright had radioed Pres. Roosevelt that if help is not forthcoming by mid-April, "Bataan will then be starved into submission."

\*\*\*\*\*

THE VOICE OF BATAAN, a broadcast from Corregidor

Apr. 9, 1942

BATAAN HAS FALLEN. The Philippine-American troops on this war-ravaged and blood-stained peninsula have laid down their arms. With heads, bloody and unbowed, they have yielded to the superior force and numbers of the enemy.

The world will long remember the epic struggle that Filipino and American soldiers put up in these jungle fastnesses and along the rugged coast of Bataan.

They have stood uncomplaining under the constant and grueling fire of the enemy for more than three months. Besieged on land and blockaded by sea, cut off from all sources of help in the Philippines and in America, these intrepid fighters have done all that human endurance could bear.

For what sustained them through all these months of incessant battle was a force that was more than merely physical. It was the force of an unconquerable faith — something in the heart and soul that physical hardship and adversity could not destroy! It was the thought of native land and all that it holds most dear, the thought of freedom and dignity, the pride in these most priceless of all human prerogatives.

The adversary, in the pride of his power and triumph, will credit our troops with nothing less than the courage and fortitude that his own troops have shown. All the world will testify to the almost superhuman endurance with which they stood up until the last in the face of overwhelming odds.

But the decision had to come. Men fighting under the banner of unshakeable faith are made of something more than flesh, but they are not made of impervious steel. The flesh must yield at last, endurance melts away, and the end of the battle must come.

Bataan has fallen, but the spirit that made it stand — a beacon to all the liberty-loving peoples of the world cannot fail.\*\*\*\*\* Written by Defender Salvador P. Lopez and read by Defender Norman Reyes.



## CORREGIDOR

General Jonathan M. Wainwright received this final message from President Roosevelt the day that Corregidor surrendered:

During recent weeks we have been following with growing admiration the day-by-day accounts of your heroic stand against the mounting intensity of bombardment by enemy planes and heavy siege guns.

In spite of all the handicaps of complete isolation, lack of food and ammunition you have given the world a shining example of patriotic fortitude and self-sacrifice.

The American people ask no finer example of tenacity, resourcefulness, and steadfast courage. The calm determination of your personal leadership in a desperate situation sets a standard of duty for our soldiers throughout the world.

In every camp and on every naval vessel soldiers, sailors, and Marines are inspired by the gallant struggle of their comrades in the Philippines. The workmen in our shipyards and munitions plants redouble their efforts because of your example.

You and your devoted followers have become the living symbols of our war aims and the guarantee of victory. \*\*\*\*\*

Japanese artillery pounded with machine-gun rapidity

### (S)HELLFIRE ON CORREGIDOR

By BERNARDO J. DAROY, The Sunday Times Magazine, April 9, 1967, Manila, Philippines

ALL OF TWENTY-SEVEN DAYS, and in all that time Corregidor "The Rock" was subjected to the most intensive artillery bombardment ever witnessed. The shelling began the day Bataan fell, April 9, 1942 and was kept up until May 6.

Wrote Gen. Jonathan Wainwright: "...We estimated that the Japanese had hit the Rock with 1,800,000 pounds of shells." This was in addition to the bombs dropped by the Japanese aircraft.

The bombardment was so intense that a Philippine Scout officer wrote later: "One day's shelling did more damage than all the bombings put together." The aircraft bombing, he further wrote, "paled into insignificance" besides the massive artillery bombardment. Corregidor was shelled from Bataan and from Cavite.

The first shelling came from the Japanese battery at Cabcaben, the point on Bataan nearest Corregidor. It was, however, answered by the 155-mm guns of the battery on the North Shore of Corregidor.

Wrote a Philippine Scout who was assigned with Battery Kysor on the North Shore: "We could see the guns and their crew from where we stood and we fired at them successfully."

At the same time, the Japanese balloon company moved from Abucay to the heights of Mariveles where the Japs could observe fire on Corregidor. At the first sight of the balloon, the Americans christened it "Peeping Tom."

By April 12 the bombardment of Corregidor began in earnest. Most of the fire came from 75-mm and 105-mm guns. On that day the batteries on Cavite opened fire on the Rock. And the following week Japanese 150-mm guns joined the bombardment.

At night, wrote a Filipino officer later, the Japanese did not neglect the searchlights. "Whenever one showed its light," he wrote, "the Japs quickly shot hell out of it.".....

**TRAGEDY AND HEROISM:** During the siege of Corregidor, there were moments of tragedy and heroism. On April 15 some 70 Philippine Scouts died a terrible death when they took shelter in excavations behind their battery. Wrote their Commanding Officer: "So intense was the enemy fire that the overhanging cliffs collapsed and sealed the entrances to the shelters, burying the men alive."

On April 16, Capt. Arthur E. Huff, Cpl Louis A. Roark, PFC Roy O. Bailey, and Private Harley H. Leaird of Battery B, 60th Coast Artillery, earned Silver Stars. The 100-foot flagpole on the Topside Parade Ground had been struck by an enemy shell. Wrote their Commanding Officer: "Slowly, terribly the flag began to descend. The 4 men left their shelter and ran to the parade ground during an intense bombardment. Before the flag reached



the ground, the men gathered the flag into their arms. Quickly repairing the pole, they raised the flag and ran back to their shelter."

The bombardment on the Rock reached a peak on April 29, Emperor Hirohito's birthday.

At 7:30 in the morning the air raid alarm was sounded. Two flights of Japanese bombers flew over Fort Hughes and 3 dive bombers hit the south dock and the entrances to Malinta Tunnel. At the same time, the "Peeping Tom" rose over Mariveles and artillery opened fire on Bottomside targets.

Six more bombers concentrated on Malinta Tunnel and artillery shells hit both the entrances to the Tunnel and on the North Dock. At about 10:00 o'clock in the morning, the Japanese shells hit 2 ammunition dumps which blew up with tremendous explosions. The attacks continued without letup in the afternoon. By night a large portion of the island lay shrouded under a dense cloud of smoke and dust.

Grass fires were burning everywhere and ammunitions from the 2 dumps were still exploding. Installations on Malinta Hill were in shambles; observation stations destroyed; and the power plant for the searchlights was burned out. Many of the gun emplacements were demolished.

Counterbattery from Corregidor were fired from Fort Drum and Fort Frank. But the 12-inch guns which could be used against the Japs in Bataan were blanketed with fires from the Cavite artillery.....

**BOMBARDMENT BEFORE ASSAULT:** Gen. Homma's orders read: "Overwhelmingly crush the island's defenses and exterminate its defenders."

Thus at the beginning of May, the Japanese artillery and aircraft opened the final phase of the bombardment. By that time, all forces on the Island were ready and took position for the enemy's assault. Remaining guns, searchlights and pillboxes had been destroyed. The defenders received their first hint of the Japanese landing plan on May 1. Artillery fire from Bataan was concentrated on the narrow trail of the island and on the area around James Ravine. These places provided a pathway from the beach to Topside.

The shells began dropping before dawn and continued until midnight. Bombers dropped their loads at the entrances to the Malinta Tunnel. As a result much of the mess equipment, transportation and communications facilities were destroyed.

The next day was even worse. The shelling started at 7:30 in the morning and kept on continuously. "There was a brief lull for 30 minutes," wrote an American officer. That was sometime before noon. Then the bombardment resumed with more intense firing rate. Targets were Batteries Geary and Crockett where the big guns were still standing. "The rate of fire," wrote Gen. Wainwright, "was 12 shells per minute of the 240-mm Howitzers."

The bombardment on May 3, Sunday, was a repetition of the shelling of the day before. The planes concentrated on Kindley Field and James Ravine. The antiaircraft guns on the Rock fired at the enemy aircraft despite damage done to the guns and height finders.

Reported Gen. Wainwright to Gen. MacArthur: "Situation here is fast becoming desperate. With artillery fire that out-ranges anything we have except 2 guns, the enemy keeps up a terrific bombardment as well as air bombing."

On May 4, the artillery bombardment reached a new peak. Japanese shell from Bataan that day was the heaviest of the campaign. It totaled more than 16,000 shells of all calibers during the 24-hour period.

Wrote one officer: "So intense was the bombardment, so continuous the drumfire of bursting shells that it resembled machine gun fire in its staccato regularity."

From Topside observers saw 15 landing barges off the coast of Bataan. They were to pick up the assault troops at Lamao. Wrote an officer: "The ability of the Corregidor garrison to withstand a Japanese assault after the continuous shelling was doubtful."

On May 5, the Japanese poured everything they had — from Bataan and from Cavite. The same officer wrote: "There was a steady roar from Bataan. And there was a mightier roar on Corregidor. A continuous pall of dust and debris hung over everything. There was a feeling of doom mingled with wonder."

The last day of the bombardment finished everything on Corregidor — guns, communications, supplies and even the morale of the defenders.

But as the Japanese began landing on the shores, a Philippine Scout machinegunner kept pressing the trigger. He kept on and on hitting what he could within range of his gun. And even after the surrender of the garrison, the Scout was still pressing his machinegun's trigger until someone tapped him on the shoulder: "It is all over...They have surrendered." He answered: "Heck."

REPORT ON AMERICAN PRISONERS OF WAR INTERNEED

BY THE JAPANESE IN THE PHILIPPINES

Prepared by Office of the Provost Marshal General 19 November 1945

OFFICE OF THE COMMANDING GENERAL ARMY SERVICE FORCES

This report attempts to summarize the mass of information and material which has been collected by various government and private agencies regarding the history of those Americans who were captured by the Japanese and imprisoned in the Philippine Islands for a period of nearly three years. The details of this chapter of American history can never adequately be covered, since some of the facts will, in all probability, never fully be disclosed and the many stories of individual suffering and bravery would each in itself make up a volume. It is hoped, however, that this report will cover the principle incidents and events in the Life of these Americans while in captivity, and will describe the conditions of their housing, food, clothing, medical treatment, employment and work, amusements, and other aspects of their treatment.

The information contained in this report has been derived from many sources, whose aid is acknowledged. The Military Intelligence Service and the War Crimes Office of the Judge Advocate General's Department have furnished much material, and the Special War Problem Division of the Department of State has given assistance. Much of the information furnished by these agencies was based upon the testimony of numerous individual Americans who had been prisoners of the Japanese. In addition, particular credit should be given to Captain Thomas A. Hackett, formerly a member of this office, who edited the report and who is responsible for considerable information as a matter of his own personal knowledge, gained while a prisoner of war in the Philippines from May 1942 until February 1945. Credit is given to the originating source for material in the text of the report whenever possible.

Since the numbers of Americans captured by the Japanese in the Philippines, as well as the exact figures of deaths and transfers during their captivity, are still in process of being compiled, it was not possible to include accurate figures in this report, and all references to numbers are approximations based upon the best available evidence at the present date. Similarly, statements regarding the number of prisoners transferred, held in specified camps, or employed on various details can only be approximated.

Archer L. Lerch, Major General  
The Provost Marshal General

JAPANESE PRISONER OF WAR CAMPS IN THE PHILIPPINES

.....It is known, that there were approximately 65,000 Americans and Filipino fighting forces under arms in the Philippines during the initial stages of the campaign. Of these, about 23,000 were American soldiers, sailors and marines, 3,500 Navy and Marine personnel and about 18,500 Army personnel. In addition a number of American civilians who had entered the United States Armed Forces just prior to, or immediately after the beginning of hostilities, but no estimate can be made of the number who served. The remainder comprised the combined Filipino defense forces, numbering approximately 12,000 scouts and about 30,000 members of the Filipino Commonwealth Army.

The Filipino scouts were a highly trained organization that had originally been a component part of the United States Army in the Philippines. The Filipino Commonwealth Army, on the other hand, was made up, for the most part, of untrained and untried troops who were only then undergoing the initial phases of their training under the leadership and guidance of United States Army officers. Most of the soldiers in this army had never fired or even handled a rifle until this campaign started. In spite of this lack of previous experience, however, they soon became seasoned fighters.

By April 1942 the scarcity of supplies and ammunition, the prevalence of disease and the lack of necessary food and medicine, and the high incidence of combat fatigue among the soldiers as a result of 120 days in intensive front line action had combined with the overwhelming superiority of the enemy on land, sea and in the air to reduce the effectiveness of our forces on Bataan almost to the vanishing point. On 9 April they were finally forced to capitulate.

According to official Japanese casualty reports, at least 9,000 American soldiers, sailors and marines, and 30,000 Filipinos were taken prisoner at that time. Some 1,000 of the men on Bataan evaded capture by fleeing to the hills, or managed to get to Corregidor. Including these fugitives from Bataan, there were left on Corregidor after the surrender of Bataan some 8,000 American soldiers, sailors and marines, and about 5,000 Filipinos.<sup>1</sup>

It is estimated that the Japanese captured at least 53,000 American and Filipino fighting men during the entire campaign in the Philippines.<sup>2</sup> This figure includes approximately 20,000 American soldiers, sailors and marines, 12,000 Filipino scouts, and 21,000 soldiers of the Filipino Commonwealth Army.

Bataan--The forces captured by the Japanese on Bataan were told that, since General Wainwright had refused to comply with the demands of the Imperial Japanese Army that Corregidor be surrendered at the time Bataan capitulated, they would be treated, not as prisoners of war, but as captives. They were subjected to more ruthless treatment than was experienced by any other group of prisoners who fell into enemy hands in the Philippines. The Japanese commanders and their subordinates manifested complete indifference to the rules of international law, and made every attempt possible to humiliate and degrade the Americans in the eyes of the Filipinos.

The prisoners were required to make forced marches without food, water or adequate clothing over long periods of time. Many of them were placed in areas on Bataan Peninsula where they were subjected to the danger of shell fire from Corregidor. Some were even forced to aid the enemy by driving ammunition trucks to Japanese artillery posts. Others were compelled, under threat of execution if they did not obey, to handle ammunition at enemy gun posts. Still others were kept in a hospital area used by the Japanese as a cover for storing ammunition and supplies, under the protection of a red cross which they had painted on the buildings. One of these hospitals, which was filled with American patients, was hit by shell fire from American guns on Corregidor.

Most of the prisoners of war on Bataan were forced to undergo forced marches to San Fernando, a distance of 140 miles from the place where they had been seized. On this march, which was later publicized as the "Death March of Bataan," the Japanese made no attempt whatever to supply transportation, food or water to the prisoners, and carried out deliberate beatings and executions all along the line of march. How many of the prisoners were killed outright or beaten to death on this painful journey is not known at the present time.

Camp O'Donnell--Once arrived on the area at San Fernando, the prisoners were crowded into boxcars and taken to Camp O'Donnell, located at Capas, in North Central Luzon. Here they were housed in Nipa shacks that had formerly been used by the Filipino Army training units. About 1500 American and 22,000 Filipino prisoners of war died at Camp O'Donnell from starvation, disease and the brutal treatment they received at the hands of their captors.

On 6 June 1942 the American prisoners at Camp O'Donnell were evacuated in small groups to another camp at Cabanatuan, approximately 8 kilometers west of the town of the same name. Only a few small medical and civilian units were left at Camp O'Donnell. These units--500 men and 50 officers--were organized into labor battalions of about 100 men each, which were later assigned to camps in adjacent airfields and to road building projects under the direction of the Japanese War Prisoners' Administration. After the Americans were removed from the camp it was turned into a rehabilitation center for Filipino prisoners of war.....

Tarlac--The camp at Tarlac was in existence for only a few months in 1942, the general officers in the camp being moved to Formosa in the latter part of that year. Their treatment while at Tarlac was strict and in some cases rather harsh since the Japanese delighted in humiliating high ranking officers.

Baguio--In December 1941 a small force of American and Filipino troops in Baguio was cut off by the rapid advance of the Japanese. Under the leadership of an American Officer these men destroyed all of the equipment which they could not carry with them and retreated to the mountains of northern Luzon, from which point, so reports indicate,

1. Captain Hackett's estimate; official figures are lacking.
2. Figures from PW Information Bureau.



they tried, though unsuccessfully, for several months to pierce the enemy lines and rejoin the American units on Bataan. Failing this, they formed themselves into guerilla units and from their mountain hideouts harassed the rear echelons of the enemy.

A few Americans and Filipinos managed to escape after they had been captured at Bataan, and fled to the hills in this area, where they eked out a meager existence for several years during the period of the Japanese occupation. Although they were aided by Filipino patriots, they suffered ill health and diseases due to the lack of supplies, and they were finally forced to surrender to the Japanese individually, or in small groups, during 1942 and 1943. They were mistreated, roughly handled and in some instances given the "water cure" by their captors, and then interned in the prison camp at Cabanatuan, usually arriving there in very poor physical condition.

Corregidor: The 92nd Garage Area--When General Wainwright acceded to the demands of the Imperial Japanese Army and agreed to unconditional surrender of Corregidor and, a short while later, of all the remaining United States forces in the Philippines, approximately 8,000 American soldiers, sailors and marines and 5,000 Filipino troops and civilians fell into enemy hands.

All of these prisoners, with the exception of a few thousand injured or wounded who were lying in the Malinta Tunnel Hospital, were interned in an area on Corregidor known as the 92nd Garage Area. This was a level, concrete-floored area, possibly 500 feet wide and 1500 feet long, located between the beach and the cliffs inshore on the southern portion of Corregidor, facing Cavite Province. It was filled to overflowing with war prisoners. The only building in the area was a garage that had been rendered uninhabitable by reason of enemy bombing and shell fire. Officers and enlisted men alike were placed in groups of 1,000, with an American colonel in charge of each group.

Each prisoner was given a number, which had to be painted on the back of his shirt or trousers. In the scant 2 days that elapsed between the actual capitulation at noon, 6 May 1942, and the internment of the prisoners in this area on 8 May, the Japanese soldiers robbed every prisoner of all his possessions, such as watches, fountain pens, rings, eye glasses, wallets and money. All the prisoners, officers and enlisted men alike, were required by Japanese order to salute Japanese soldiers and officers if they were covered, and to bow from the waist if they were uncovered. This rule was strictly enforced by the Japanese soldiers. The Filipino prisoners were kept separate from the Americans by an imaginary line.

Within a few days after the surrender, the Japanese began calling on the American prisoners for large labor details for such purposes as cleaning up gun positions, completing the airfield, rebuilding roads, gathering ammunition, and loading the remaining food stocks on Japanese freighters for transport to Manila.

The prisoners joined together in small groups and, with the aid of a few shelter halves and other pieces of scrap material, made temporary shelters to protect themselves from the burning sun and tropical storms.

For the first 3 days no food was issued to the prisoners, and many of them risked being shot by wandering outside of the area designated by the Japanese as a prison compound, in search of food and clothing. After 3 days the Japanese did issue a small allowance of rice for each man. The only additional food they had was canned goods which they were occasionally able to salvage or steal while out on work details for the Japanese. Many of the prisoners were severely beaten when they were caught taking any of these supplies, and were told by the Japanese that all such supplies now belonged to the Japanese Government.

There was no water available for the first 3 days, but finally, after many entreaties from American officers, the Japanese permitted the Americans to install a  $\frac{1}{4}$ " pipe as a conduit from water reserved 2 miles distant from the area. The men had to stand in line from 4 to 6 hours each day to secure one canteen of water. The Japanese enclosed the area with hastily thrown up barbed wire fences and warned the Americans and Filipinos that anyone leaving this area without a Japanese guard would be treated as a criminal and shot.

Sanitary facilities were extremely poor. Open latrines, dug in the middle of the area, drew swarms of flies and other disease-bearing insects. Nearly all of the prisoners suffered from dysentery during this period. A small dispensary was set up by captured American Naval medical officers and men. With the very limited supply of medicine and drugs at their disposal these men performed almost impossible feats during the fol-



lowing months in their efforts to keep alive the thousands who were suffering from prostration, dysentery, malaria and malnutrition.

All of the patients in the Malinta Tunnel Hospital who were able to walk, were, by order of the Japanese in command, forced to leave the hospital and join their fellow prisoners in the 92nd area.

March Through Manila--On 24 May 1942 the prisoners of war who were interned in the 92nd Garage Area were evacuated from Corregidor and loaded into the holds of 3 vessels that were standing at the dock. They spent the night on board crowded in such a manner that it was impossible to stand or move about. On the morning of 25 May the transports pulled up anchor and sailed across Manila Bay to the shore opposite Pasay. There all the prisoners of war were made to embark into the Japanese landing barges, which then moved in toward the beach. When the barges had approached near the shore the prisoners were forced overboard in about 4 feet of water and obliged to make their way as best they could to shore, where they were assembled in columns of four.

From this point they were marched to Bilibid Prison, a distance of about 5 miles, herded and kept in the line of march by mounted Japanese cavalymen. Only in exceptional cases were any of the groups allowed a rest period during this march. Many Filipino people along the road of march tried to deliver food, candy and cigarettes to the prisoners, but each attempt was met with a slap or a beating at the hands of the Japanese guards. This march through the main streets of Manila was forced upon the prisoners of war from Corregidor in an attempt to show the Filipino people that the Japanese people were a superior race and the white men were inferior to them.

The prisoners arrived in Bilibid during the afternoon of 25 May. There were now about 12,000 prisoners here, in a place designed to accommodate 4,000 at the most. Each day a large group of the prisoners was evacuated to Cabanatuan prison camp in northern Luzon, where they were later joined by the surviving Americans from Camp O'Donnell.

There were several reasons for the bad treatment accorded to these prisoners. For one thing, there was the barrier of language. Very few Americans had any knowledge of the Japanese language, and as a result they frequently brought down punishment on their heads through unwitting and unintentional disobedience of orders that they did not understand. In other cases the treatment was due to the policy of indifference exercised by the local Japanese commander, and in many other instances, it was quite plainly a matter of revenge.

Malinta Tunnel Hospital Group--The litter patients remaining at Malinta Tunnel Hospital on Corregidor suffered many privations. They would launder their bed linens and the Japanese would confiscate them. Frequent inspections kept patients standing at attention for 2 or 3 hours. Their food rations were cut down appreciably, and they were severely slapped for asking permission of the Japanese to buy food from the Filipinos. Some 17 officers and enlisted men brought in from Camp O'Donnell were beaten, abused and nearly starved for several weeks.

On or about 2 June 1942 most of the patients, nurses and other prisoners were taken to the docks and loaded on a boat to be taken to Manila. This loading job lasted from 4 P.M. to 12 midnight. The patients were exposed to the sun for part of this time. They were then packed into an overcrowded transport. The Japanese stole or deliberately lost the greater part of all the medical supplies and personal property of the prisoners. All of the patients who were able to stand had to walk a few miles from the dock to Bilibid Prison. There were approximately 100 Army & Navy nurses who were separated from the prisoners and assigned to duty with the civilian internees at Santo Tomas University in Manila.

Fort Drum--The officers and enlisted men captured at Fort Drum were subjected to 2 days of mistreatment after their surrender. They were herded into small areas, not allowed to lie down or sleep, and forced to go without food and water. It is reported that this incident was due to the fact that the Americans defending Fort Drum had killed a high-ranking Japanese officer on Bataan when they dropped a 14 inch-shell amidst a large group of Japanese soldiers. This high-ranking officer allegedly killed was said to have had a brother still in Manila, who ordered the ill-treatment of the group captured in Fort Drum as a reprisal measure. For several hours after the capitulation of both Bataan and Corregidor the Japanese air force continued to bombard remnants of the American forces, who had been notified of the acceptance of unconditional

surrender by the Japanese, and who were attempting to lay down their arms and turn themselves and their equipment over to the occupation forces.

Fort Frank--The men of this garrison, after their capitulation, were forced to board a transport on which they were taken to Nasugbu, where for several days they labored preparing the docks and other neighboring facilities for the Japanese army. They were given little or no food or water during this time, and were forced to work under the hot, broiling sun. They were subjected to frequent beatings and torture at the hands of their captors. After about two weeks these prisoners were transported to the prison camp at Cabanatuan.....

Status Given to Prisoners of War by Japanese--The Japanese Military in the Philippine Islands, as elsewhere in the field, displayed little evidence of any sense of responsibility for the lives and welfare of the prisoners under their care. The survivors of Bataan and Corregidor were informed that they would be treated as "Captives" until all the guerilla units that were operating in the islands had surrendered in accordance with Gen. Wainwright's offer of unconditional surrender of all the United States Armed Forces in the Philippines.

In August 1942 it was announced by the Japanese Military that from that time on these captives would have the official status of prisoners of war. As a matter of fact, though, this announcement made little change in the conditions under which the prisoners lived. Camp commanders and their subordinate officers paid scant attention to their charges, being for the most part content to leave the responsibility for their supervision and care in the hands of privates and non-commissioned officers. These men, many of them uneducated and uncouth, and most of them brutal, gave the prisoners their orders, and made whatever arrangements were put into force for the prisoners' welfare.

All prisoners, from generals down to privates, had to salute and bow to all Japanese soldiers, both officers and privates. Japanese generals and other high-ranking officers visited the camps from time to time, but they apparently approved of this ruling by their subordinates, as no change was made in the procedure following their visits.....

American Civilian Internees--....For the most part the large majority of these civilians were interned in the Manila area. Some 6 or 7 thousand of various Allied nationalities were interned on the grounds of Santo Tomas University. Others were subsequently interned at Los Banos and Muntinluea, in Manila. Several hundreds of civilians were interned by the Japanese in the summer captial at Baguio. In the southern islands the civilian internees were, so far as is known, kept at only 2 camps, one at Malaybalay, and the other the Davao Civilian Internment Camp.

Japanese Propaganda--The Japanese tried to counteract our exposure of the crowding, mistreatment, brutalities and atrocities prevalent in their prison camps by publishing detailed accounts, in English, Japanese and other languages, of how Japanese citizens who were interned in the United States, Java and Singapore at the outbreak of hostilities had been mistreated, starved, beaten and neglected by their Allied captors. These stories were written by a Japanese citizen who had been interned by the British in Singapore when the war broke out, and who had allegedly been an eyewitness to the mistreatment about which he wrote. This man was repatriated during 1942.

Additional Prisoner of War Movements--....The majority of the men who were captured were interned in the beginning either at Cabanatuan or Bilibid prison. The Japanese Administration kept few records of the prisoners of war, and cared little for their treatment, health, sanitary conditions, seeming to be concerned only with the amount of work they could get out of the prisoners as a group.

Many small work details came and went constantly from the camps at Cabanatuan and Bilibid. There was a high incidence of mortality among the members of these work details as a result of starvation, improper sanitary conditions and disease. The American officers in each camp and on each work detail tried, even with the very limited facilities at their disposal, to keep as accurate a record as possible of the deaths and movements of groups of prisoners, military intelligence and location of vital military installations, attitude of Filipinos towards Japanese, treatment of the prisoners on the various work details and any other information which they considered of value. Some records and diaries have been found which will furnish a more accurate record of statistics than it is possible to show in this report. A high percentage of the prisoners died from mistreatment by the Japanese and from the lack of proper

food. During the first half of the period of captivity about 5,000, or nearly 30% of the American, and an estimated 27,000, or 80% of the Filipino prisoners died.

In September 1942 all the high-ranking officers were removed from the city of Manila and were presumably sent to Formosa. In the latter part of 1944 two shipments of American prisoners of war and civilians were accidentally attacked by American warships, and reports indicate that a large number of prisoners on each of these ships died at the time of the attack. In Sept. 1944 another Japanese ship transporting 750 American prisoners from Davao to Japan was attacked by American warships. Only about 20% of the prisoners on board survived.

Bataan Death March--During the last few days before the fall of Bataan most of the American lines of communication were severed, with the result that many American and Filipino soldiers became separated from their outfits. Hence there was little or no organization among the troops on Bataan at the final capitulation on 9 April, the surrender being accomplished mainly by the capture of small groups from various parts of the Marivales area.

The Americans and Filipinos taken were herded together and, regardless of their condition, marched to San Fernando, a road distance of about 140 miles. The march lasted for more than a week. The Japanese made no attempt to provide transportation for the captured men, who were forced to make the long, wearisome march on foot, most of them without even shoes to protect their feet from the hot, rocky roads, or any covering for their heads.

They were fed only once or twice throughout the whole long march, and were never given any water. No one was permitted to lag behind, or to stop for rest. Whoever fell by the wayside or was observed trying to get food from the natives, or to secure drinking water anywhere, was either clubbed, bayoneted or shot outright. The lack of food, and particularly of water, drove the men to desperate lengths. Some of them even drank the muddy water from the carabao wallows along the road. Toward the end of the march cans of water were found along the highway, left there for the men by friendly Filipinos. Some few of the prisoners thus enabled to quench their terrible thirst at last, although in most instances their Japanese captors overturned the cans and spilled the water out before the men could get it. Many Filipinos, taking pity on the prisoners, tossed packages of food to them as they passed along the road. The Japanese, however, were entirely unwilling to tolerate this evidence of native friendship toward the enemy and the Filipinos often had to pay dearly for their kindly impulses. A large number of the prisoners, crazed for lack of food and water, finally went insane and were killed by the Japanese.

Naturally, none of the prisoners were in any too good physical condition anyway, at the time of their capture, having already been considerably weakened by the rigors of 4 months of intensive campaigning on short rations and limited medical supplies. And the harsh treatment they received on the march to San Fernando did nothing to improve matters. Although many of them were already ill with malaria or other tropical diseases they were not allowed to receive any medical treatment before they started on the march. Numbers of them contracted malaria along the way, because they were not able to obtain the necessary preventive drugs. Countless others fell victim to dysentery, contracted from the contaminated muddy water of the carabao wallows which they drank.

All along the route of march the prisoners were laughed at, struck, beaten and even spit upon by passing Japanese officers and soldiers. Their captors tortured them in other minor ways, too. For instance, they would stop and prepare food, and then, under the pretext that the prisoners had failed to cooperate or to comply with orders, would take the food that had been prepared away from these areas and force the prisoners to continue their march unfed. All of the prisoners had their personal possessions taken away from them, and any who were caught with Japanese souvenirs or money were summarily put to death. No attempt was made to segregate the Filipinos from the Americans, or the officers from the enlisted men. It was apparently the policy of the Japanese to treat all prisoners of war, regardless of rank, as criminals.

The prisoners were marched to San Fernando in successive groups of 500 to 1500. On their arrival there as many as 1500 Americans and Filipinos in one of these groups were crowded together into a barbed wire enclosure built to accommodate 500. There were no sanitary accommodations, and as most of the prisoners had contracted diarrhea and dysentery from the polluted water they drank along the way, the entire floor of



the area was soon covered with human ordure and filth. This, together with the overcrowding, made it almost impossible for anyone even to sit upright in a comfortable position. As for sleeping, that was out of the question. The stench was overpowering.

The prisoners were marched from the barbed wire inclosure in San Fernando to the railroad station, where they were crowded into boxcars--100 of them in a car scarcely large enough to accommodate more than 25 to 50 persons, and entirely lacking in sanitary conveniences--and the doors were locked.

Under such almost indescribable conditions they were brought to Capas, in Tarlac Province, where they were unloaded and put into another temporary open camp. As usual, they were kept exposed to the burning sun without any protection for several hours, while they were being counted. Many were beaten for no apparent reason. And then, finally, they were marched in columns of 4, to O'Donnell Prison Camp, an old Filipino Army camp.

Camp O'Donnell--Many of the Americans who surrendered at Bataan died enroute to their final destination at Camp O'Donnell, and the health of those who survived was so undermined that they perished at the rate of 50 a day on the starvation diet in that unsavory place of internment. More than 2000 Americans in all died there of disease and undernourishment before the others were finally moved to Cabanatuan in July 1942.

Corporal Arthur A. Chenoweth, an American prisoner of war at Camp O'Donnell, described conditions there as follows:

From 10 April 1942 to 5 May 1942 (6 weeks) nearly 1600 Americans and 26,768 Filipinos died from lack of quinine and food, [although] the Japanese Army had plenty of food and medicine on hand.

Capt. Mark M. Wohfeld has this to say about the maltreatment of American prisoners of war at Camp O'Donnell:

Lacked water. Cooking water taken from murky creek 2 miles away in empty oil drums carried on bamboo poles. For drinking water the prisoners had to stand in long line in front of 3 spigots in the center of the camp for the greater part of a day.

3rd week. Salt, sweet potatoes and squash added to rice diet. Plenty to eat as most of sick could not force the rice down due to malaria and dysentery. So-called hospital had patients lying in 2 rows on the floor which was saturated with feces, blood, vomit: all of which was covered with flies.

The G.H.Q. Weekly Summary No. 104 of 29 Oct. 1943, too, carried a summary of a statement made by Maj. William E. Dyess, another American officer who was imprisoned at Camp O'Donnell, concerning the insufferable conditions there:

Treatment of American and Filipino prisoners was brutal in the extreme. When captured, prisoners were searched and beheaded if found with Japanese money & tokens in their possession. They were marched with no food and little water for several days, made to sit without cover in the boiling sun, continually beaten by Japanese troops, [and] not permitted to lie down at night.

Prisoners too weak to continue, many of them sick and delirious, were killed if they fell out of line. Three Filipinos and 3 Americans were buried alive. An American colonel attempting to help some soldiers who had fallen out was severely horsewhipped. Another who asked for food for the prisoners was struck on the head with a can of salmon by a Japanese officer. Continual efforts were made to terrorize and dehumanize the prisoners. In 6 days Maj. Dyess marched 135 kilometers and was fed one mess kit of rice.

[Maj. Dyess] was brought to Camp O'Donnell and remained there 2 months with thousands of other American and Filipinos. The Japanese camp commander made a speech informing them not to expect treatment as prisoners of war but as captives, as they were enemies of Japan. The conditions under which American prisoners lived [Maj. Dyess declares] were well known to high Japanese military and civil authorities, who made frequent visits.

Principal diet in all camps was rice, with occasionally about a tablespoon of camote, the native sweet potato, often rotten. The Japs issued meat twice in 2 months, in portions too small to give even a fourth of the men a piece one inch square. [According to Maj. Dyess] abundant food supplies were available in the countryside, and the Japs deliberately held prisoners on a starvation diet.



Many of the prisoners at O'Donnell had no shelter. The death rate among Americans from malnutrition and disease increased rapidly from 20 daily during the first week to 50 daily after the second week. The death rate among Filipinos was 6 times greater. Hospital and sanitary facilities did not in any real sense exist. Medicines were promised but never supplied. Prisoners lived in filth, and died in large numbers of malaria, by dysentery and beri-beri.

The Japanese nevertheless constantly insisted on work details. By 1 May 1942 only about 20 out of every company of 200 were able to work. [Maj. Dyess states] that 2,200 Americans and 27,000 Filipinos died at O'Donnell Prison Camp.

About 1 May 1942, all full colonels and generals were moved to Capas, Tarlac, and were later sent to Formosa or Japan.

Corporal William M. Duncan, another American prisoner of war at Camp O'Donnell, testifies:

I was captured by the Japanese at the time of the surrender of Bataan, Luzon, Philippine Islands. After my capture, I was held on Bataan for about one day and was then taken to Camp O'Donnell. During the trip from Bataan to O'Donnell, about the second day of the trip, as we marched along the road near the Barrio of Balanga, Japanese soldiers standing along side of the road beat us with clubs and sticks as we passed. During this trip we were not given any food except on the last day, at which time the Japanese gave us a small portion of rice, about one handful of cooked rice. The trip took approximately 6 days and I arrived at O'Donnell about April 15th or 16th, 1942. I am not certain of the exact date.

I remained at Camp O'Donnell, Luzon, Philippine Islands from about April 15th or 16th, 1942 until about June 1, 1942. At O'Donnell the food was very poor and there was little medicine to treat the sick. During this time I had dysentery. At Camp O'Donnell about 25 men from my company died. I recall the following:

Sergeant William T. Wooten died from wet beri-beri.

PFC Coleman died probably from malaria.

Sergeant Hackman died probably from malnutrition and malaria.

Lieutenant Brown died probably from malaria.

Finding a sufficient number of able-bodied men among the prisoners to bury the dead was not the least of the problems with which the camp authorities were confronted. It was not unusual to have several of the burial detail drop dead from exhaustion and overwork in the midst of their duties, and be thrown into the common grave which they were digging for their dead comrades. Not infrequently men who had collapsed from exhaustion were even buried before they were actually dead.....

Hospital at Camp O'Donnell--It should be stated at this time that the camp was in an appalling condition. Epidemics of malaria and dysentery were rampant throughout the camp; all members of the camp were suffering from some sort of malnutrition as well. There were no medicines other than a few aspirin tablets, a little tape and a few bandages. It was even reported that medicine in the form of quinine or sulfathiazole was selling at the rate of 5 dollars a tablet. The sanitary conditions of the camp, if such they can be called, were of the crudest form and fashion and more harmful than sanitary. In fact, conditions were so bad that, between the period of 15 April 1942 and 10 July 1942 there were 21,684 Filipino deaths, a mean average of 249 per day, and 1,488 American deaths, a mean average of 17 plus per day. On 27 May 1942 an all-time high for the period was reached when there were 471 Filipino deaths and 77 American deaths. The strength of this camp on 6 July 1942 was 249 Americans and about 35,000 Filipinos, not counting the American medical personnel of General Hospital Number One.

The hospital was divided into sections, Sections I, II, III, IV and V of General Hospital Number One, and each section was located in the best available site within the camp to serve as many as possible. By 17 July 1942 all the sections of the hospital were as completely equipped as possible and there were over 5,000 patients under treatment, both medicinally and surgically. The hospital had its own medicines, which were supplemented with more by the Japanese Army.

On 19 July Col. Duckworth, Captains Lemire and Keltz and 52 enlisted men, some of whom were formerly at Little Baguio and Corregidor, arrived, thus bringing the hospital personnel nearer to its proper strength.

By this time sanitary methods were functioning properly. Old latrines and urine soakage pits were covered over and new ones dug. They were burned out daily or sprinkled with lime, to kill flies and mosquitoes. Stagnant pools of water were drained. The tall grass which grows in abundance in this part of the country was cut and burned to help stamp out the mosquitoes. Barracks were repaired and cleaned up. All water for drinking purposes was boiled if possible or chlorinated. Refuse piles and garbage were burned or buried, and a general daily policing of the camp was started.

A definite sign of improvement was noticed throughout the camp, and finally by 20 July patients were returning to duty to their respective subgroups for the first time. The deathrate took a noticable drop. By 21 July 1942, the daily death rate was below 100. Dispensaries of a small but efficient manner were started in every subgroup, where immediate treatment could be given to all localized cases. Patients returning from the hospitals were given their daily prophylactic dose of quinine.....

CAENATUAN--The 7,000 American prisoners of war from Corregidor fared somewhat better than did those captured on Bataan. After being interned for a week in a small, crowded area on Corregidor they were placed aboard transports and taken to Manila, where they were first paraded through the streets and then thrown into old Bilibid Prison. They had been there only a short time when they were packed into freight cars and sent to Cabanatuan.

Camp One--The first group, comprising about 2,000 officers and men, was taken to Camp 1. They were forced to march on foot the entire 12 miles between the town and the camp. Anyone who fell by the wayside from heat prostration or exhaustion was severely beaten by the guards. If, after having been beaten, they still insisted that they were unable to continue the march, they were thrown into trucks and were permitted to ride the rest of the way.....

Prisoners who were seriously ill were sent to Camp 3 to die. Consequently, the death rate at Camp 1 was very low. Several of the prisoners there were executed for attempting to escape, and one officer was killed when a group of Filipino guerillas ambushed a truck in which he was riding with 2 Japanese officers, and, not recognizing the American, opened fire and killed all 3 occupants of the truck. Several details were sent to Japan from the camp between June and Sept. 1942. It was closed in Sept. 1942 and the remaining American prisoners removed to Camp 3. A short time later the Japanese reopened Camp 1 as a rehabilitation training camp for Filipino prisoners of war.

Camp Three--On 1 June, a few days after the first group of prisoners from Corregidor had been installed in Camp 1, near Cabanatuan, the rest of them, numbering some 5,000, were sent to Camp 3, and 6 miles from the town. Later in July the few American prisoners still remaining at Camp O'Donnell were transferred here. After Camp 1 was finally closed, in Sept. 1942, Camp 3 became the principle and largest prisoner of war camp in the Philippines.<sup>3</sup>

This camp had been chosen by American Army officials before the war as the site of a Filipino Army Training Center. It was located in a very flat valley, several miles west of the Sierra Madras mountain range. There were almost no shade trees or foilage to speak of, either in or around the camp.....

Vivid testimony as to the terrible situation of the American prisoners of war at Cabanatuan is presented in the observations of Maj. William E. Dyess, whose report on conditions at Camp O'Donnell appears in the earlier pages of this history. Maj. Dyess was transferred to Cabanatuan in June 1942, along with all the other American prisoners of war then remaining at Camp O'Donnell, and remained there until Oct. 1942, when he was sent to the Penal Colony at Davao on Mindanao. His comments on the situation at Cabanatuan may be summerized in the following words:

About 1 June 1942 the American prisoners of war [at Camp O'Donnell] were removed.. to the Cabanatuan Concentration Camp, where they met prisoners from Corregidor. Conditions were slightly improved, though the camp was still filthy and overcrowded. Rice remained the principal item of diet, although mongo beans, juice, and small fried fish were sometimes issued. In one instance 3 chickens were issued for 500 men. The Japanese later stated in their propaganda that they were feeding the

3. After Camp 1 was closed in Sept. 1942, Camp 3, the principal Cabanatuan Camp, was designated as Camp 1 by the Japanese.

prisoners of war chicken and eggs.

Officers were not forced to work at Cabanatuan. The Japanese continued to beat working prisoners.

Attempts to escape were punished by death. Lt. Col. Biggs, Lt. Col. Breitung and Lt. Gilbert, USN, were caught. The Japanese stripped them, tied them to a post in front of the camp gate, and forced passing Filipinos to beat them across the face with a 2 by 4 board. These officers were kept in the blazing sun for 2 days without water. Col. Biggs was then beheaded, and the other two were shot.

The death rate at Cabanatuan ran around 20 daily. Malaria, wet beri-beri, scurvy, blindness, and dry beri-beri took a heavy toll, [along] with dysentery, yellow jaundice and dengue fever. Still the Japanese issued no medicines. They eventually let the Red Cross in Manila give the Americans some medical supplies, but they left them packed, and withheld them for some time. When [Maj. Dyess] left Cabanatuan on 26 Oct. 1942 there were 2,500 American in hospital there. [He states that], according to American medical officers, it was doubtful if any [of them] would live. Autopsies proved that the principal cause of death was malnutrition [although food] in abundance was available, had the Japanese seen fit to supply it...Prior to Maj. Dyess's departure from Cabanatuan altogether 5,000 Americans had died [at O'Donnell and Cabanatuan.].....

Brutalities and Atrocities--The thread of the story of Japanese brutality toward their American prisoners runs all through every account heard of life in the prison camp. This brutality manifested itself in an almost sadistic refusal to permit the prisoners to lead even a semblance of a decent existence, so far as food, clothing, living quarters, and indeed almost every other phase of everyday life. But it also showed itself in specific acts of physical cruelty, inflicted sometimes in punishment of minor infractions of rules, but almost more frequently apparently for the sheer pleasure of wreaking a spiteful and cruel vengeance on the Americans, whom they hated with the awful hatred of a people driven by perhaps unconscious feelings of inferiority, and who, having managed somehow to gain a momentary advantage over the object of their hatred, can find no treatment sufficiently begrudging to show their feelings of hatred, superiority -- yes, and of fear.

The guards kicked and beat the prisoners on the slightest excuse -- or, indeed, frequently on no excuse at all. Several of the prisoners who attempted to escape were executed. After a few such more at less abortive attempts the Japanese administrators instituted the so-called "shooting squad" order, according to which all the men in the camp were divided into squads of ten men each. If any one of the 10 succeeded in escaping, the other 9 were to be summarily executed in reprisal. Actually, there is only one instance known at Cabanatuan of a "shooting squad" having been shot for the escape of one of its members. In spite of the rule, the usual punishment meted out to members of a "shooting squad" for the attempted escape of one of the group was solitary confinement and short rations. Nevertheless, the rule naturally operated to curb the number of attempted escapes, even though it did not entirely prevent some of the prisoners from continuing their efforts in that direction.

Several prisoners who attempted to barter with the Filipinos for food and medicine were also executed, after having first been tied to a fence post inside the camp area for 2 days.

A telegram sent by Secretary of State Cordell Hull, protesting the treatment of American nationals in the Philippines prison camps, cites evidence presented by escaped American prisoners of war as to the treatment accorded them in these camps:

At Cabanatuan during the summer of 1942, [the telegram stated] the following incidents occurred: A Japanese sentry beat a private so brutally with a shovel across the back and thigh that it was necessary to send him to the hospital. Another American was crippled for months after his ankle was struck by a stone thrown by a Japanese. One Japanese sentry used the shaft of a golf club to beat American prisoners, and 2 Americans, caught while obtaining food from Filipinos, were beaten unmercifully on the face and body. An officer was struck behind the ear with a riding crop by a Japanese interpreter.

The discipline exercised over the prisoners by the Japanese reached almost inhuman levels during 1943. One supervisor and 10 guards were assigned to every prisoners' work detail of 100 men. The members of the camp farm detail suffered particularly



from brutal treatment at the hands of their guards. Every supervisor carried a short club or golf stick, which they did not hesitate to use indiscriminately on the prisoners whenever the fancy struck them. In many instances a wholesale campaign of beatings and torture was visited on the farm detail for no cause whatsoever. Every day from 75 to 100 men in this detail had to be treated on the spot, or were carried back to the camp unconscious from overwork or beatings.

Some of the most common methods of torture visited daily on practically every detail were slapping contests, in which the Americans were forced to slap each other for indeterminate periods of time: "endurance tests", in which they were forced to stand in the hot sun for a half-hour or longer holding a 50 pound stone over their heads, or to kneel down for the same length of time with a 2 x 4 board under their knees. The only detail that seemed to escape these fiendish tortures was the wood-chopping detail. The reason for this exemption was probably that it was an outside detail that worked several miles from the camp, and also that its work was vitally necessary for the upkeep of the camp, and for the welfare and comfort of the Japanese as well as the Americans.

Several prisoners who tried to escape this year were executed, and a few times the Japanese imposed mass punishment on the prisoners for individual infractions of regulations. The mass punishments most frequently invoked were a decrease in the amount of rice issued, or a temporary suspension of commissary privileges.

As the course of the war turned against the Japanese Army, the camp authorities seemed to grow increasingly more brutal in their treatment of the Americans. In 1944 beatings were of almost constant occurrence particularly in the farm detail. Every day new instances were reported of the Japanese guards administering severe beatings to the American prisoners working on the farm. There were also several executions during this period....

Bilibid Prison--In the latter part of May 1942 all of the American prisoners of war captured on Corregidor were marched through the streets of Manila to Bilibid Prison. Here they were met by another group of prisoners who had been captured before the fall of Bataan and Corregidor, and who were now assigned to this camp as a permanent detail, to aid in its administration, and to clear the transient prisoners of war through it to other camps.

When the prisoners of war from Corregidor arrived at Old Bilibid their captors searched them, and stripped them of all articles such as knives, forks, watches, flashlights, extra clothing and any other personal possessions which the Japanese deemed it unnecessary for prisoners of war to have. Each man was allowed to keep only one uniform, a shelter half, and a blanket, as well as any mess gear he might have in his possession, including a spoon. Many of the prisoners were unable to obtain a mess kit or water canteen, and had to utilize any kind of container they could find, such as cans, pieces of sheet metal, or even coconut shells, if they were to eat & drink.

They stayed at Bilibid only a few days, at the end of which time they were sent in groups, on successive days, to the prison camp at Cabanatuan. Several hundred volunteers were retained by the Japanese authorities to be used as permanent work details in and around the city of Manila. These men were housed and quartered at Bilibid Prison, and, together with the first prisoners already referred to, who were aiding in the Administration, constituted the initial cadre of Bilibid Prison Camp in Manila...

Sanitation--When the naval officers from Canacao Naval Hospital took over the administration of the work details at Bilibid around June 1942 they found several hundreds prisoners of war lying on the bare floors of the barracks covered with flies. Some were dying, some suffering from uncared-for wounds, and many were ill from malnutrition or different tropical diseases. Corpsmen were immediately assigned to the task of cleaning up the patients, washing the floors of the buildings, and generally improving sanitary conditions throughout the compound.....

Of the approximately 1,000 patients who were hospitalized at Bilibid during 1942, one-fourth died during the first 6 months of their internment, many of them from malnutrition or starvation, or diseases directly attributable to malnutrition....

Clothing--When the American prisoners of war came to Bilibid in 1942 they had with them only the clothes they were wearing when they were captured. As time wore on these clothes became torn and ragged, and since no replacements were available except a few blue dungarees from the American quartermaster depots, the men had to patch their old garments as best they could with any kind of material they could lay their hands on.



During the first year of their internment their captors issued to them some 1500 pairs of cotton socks of Japanese manufacture, and a few "G-strings" made of strips of very thin cotton cloth about 12 inches wide and 30 inches long, which the prisoners wore tied about the waist and pulled up between the legs. No shoes were issued to them and since most of their own shoes were soon worn out they had to rely on home-made wooden shoes ("clacks").

Toward the end of the year the clothing shortage was alleviated somewhat by the distribution of a few items that had come in with the Red Cross supplies in Dec.--some felt hats, woolen garments, and a few pairs of socks. But still there were no shoes.

In Jan. 1943 Commander Sartin reported that a survey revealed that there were 100 men in the camp who were without any shoes at all, and that there were 275 pairs of shoes that were too worn out even to be repaired. Five hundred of the men, the report went on to say, were in need of trousers, and 200 had no undergarments at all. The Japanese installed a cobbler's shop and a tailor shop in the compound, under the direction of pharmacist's mates. But this apparently helpful move did little good at first, for they neglected to supply the materials with which repairs could be made. By March, 150 of the men were without shoes, and those shoes that had not completely worn out were in too sad a state to be repaired. Then at last the Japanese did issue some leather, nails, thread, and other materials with which the men could repair their clothing and shoes. In April, 1943, 101 pairs of shoes were distributed, and a few more the following month. Thereafter, however, the only shoes that were issued were old ones turned in by the prisoners themselves, which were repaired at the cobbler's shop and reissued at the rate of 50 a month--just a drop in the bucket, in the light of the great need.

No new clothing was issued to the prisoners during 1944. Late in the year 2 details each comprising more than 1500 men, who had come to Bilibid from Cabanatuan in August and Oct., respectively, were sent to Japan. Before they embarked they were given woolen Japanese uniforms, and their castoff clothing was distributed among the prisoners who remained at Bilibid. Aside from this unexpected and not altogether satisfactory addition to their clothing stores, the men at Bilibid continued to go around in their old patched and motley rags--that is, those who had rags did so; for by this time even the rags were beginning to wear out. And when the American invasion forces arrived there in Feb. 1945, they found many of the men stark naked.

Medical Supplies--The Japanese furnished the hospital at first with approximately 3 or 4 hundred wooden bunks with straw mattresses, and toward the end of the year they also supplied an equal number of mosquito nets and a few blankets. The mattresses proved to be quite a problem, for with the constant use to which they were subjected they became more and more soiled; and since there was no way of cleaning them they were soon filthy and crawling with vermin.

Absolutely no medicines at all were issued by the Japanese for the care of the sick and wounded prisoners during the first few months of 1942. The only medicines available then were those that the prisoners themselves had brought with them and had been able to hold on to after they were captured. And these were, understandably, very few. In June 1942 the hospital did receive several thousand quinine tablets for the malaria patients, and thereafter the Japanese issued a sufficient quantity of quinine to enable the hospital staff to treat the current cases of malaria. But there was never enough for prophylactic treatment. The only other medicines available were a little bismuth and 9 bags of powdered charcoal--both utterly useless in dysentery. Later a little emetine, carbazone and yatren were issued at irregular intervals, but never in sufficient quantities to permit the men to receive the full therapeutic dosage. When the United States Army unit from Corregidor arrived in July they brought with them some surgical supplies and a small amount of vitamin synthetic, all of which were thankfully received by the hospital staff.....

Some small quantities of fish oil were also turned over to the American doctors for patients suffering from visual disorders resulting from malnutrition.

There was always adequate surgical equipment available for the use of the American surgeons, but the facilities for its use were so limited that the medical officers were unable to take much advantage of the instruments.

If the medical care provided for the prisoners left much to be desired, still less could be said for the attention given to their dental needs. The first year of their internment at Bilibid almost no provisions were made for dental care. In 1943 the

situation improved slightly. The Japanese assigned two dental officers to do any dental work required by the prisoners, but they furnished so little equipment and such limited facilities for the work that the dentists were able to make only minor repairs. The main handicap under which they labored was the lack of proper material for fillings, a lack which became increasingly pressing as the Japanese began to demand that the dentists care for their officers' teeth as well as those of the American prisoners. Under the stress of emergency the dentists and their assistants scoured the compound in an endeavor to salvage silver or any other kind of metal which might be used to fill cavities. Silver pesos were in especial demand, since they could be melted down and used thus.....

By 1944 the incidence rate of disease among the prisoners was so high that they were only about 100 out of 1,000 left who were able to carry on the regular work of the camp, such as administration, cooking, carrying of supplies and general police duties. Only occasionally did the Japanese call upon a few of the men for special work outside the prison camp--usually some kind of technical work connected with the Japanese war effort.....

Movement of Prisoners From Camp--Throughout 1943 there was a constant and continuous movement of prisoner details through the Bilibid "clearing house." It is, however, impossible to trace these movements accurately without reference to the official records kept by the Japanese during this period, and at the moment of writing these records are not available.

Hell Ships--Even without these records, however it is known that in Oct. 1944 a detail of 1905 men, including several hundred American doctors and medical corpsmen, was shipped out of Cabanatuan to Bilibid and eventually transported to Japan. Upon their arrival at Bilibid they were jammed into filthy quarters, given a little rice and some water, provided with shoes and heavy Japanese Army clothes, and then marched through the city to Legaspi Landing, in the port area. There the entire detail was herded into the hold of a ship that had never been intended to accommodate more than about 200 men. There was nothing about the ship to identify it as a Japanese prisoner of war transport.

The story of this ship movement is the usual one of hardship accompanying travel on any Japanese prisoner of war vessel. It was overcrowded, it had no sanitary accommodations and no provisions for air and light. The men received almost no food during the entire trip. Many died during the first few days of the voyage. On 24 Oct. 1944 the ship was struck by torpedoes launched from American submarines. According to the best reports available, there were only 5 survivors out of the 1905 American prisoners of war who were being transported on this ship. These 5 managed to make their way in a small boat some 250 miles to the coast of China, where they established contact with Chinese guerrillas, through whom they were enabled to bring the story back to the people of the United States. It has since been recorded that 3 more survivors of the ship were rescued by the Japanese and taken to prison camps in Japan.

In Oct. 1944 the Japanese transported approximately 1600 American prisoners of war, mostly officers, by trucks, from Cabanatuan to Bilibid prison. These men were herded together in a building that had been used as a hospital building prior to the war. Despite the fact that Manila and Manila Bay were under constant aerial bombardment after 1 Sept. 1944, this detail, with the exception of about 35 who were seriously ill was given Japanese uniforms and placed aboard a Japanese freighter to be sent to Formosa. On 15 Dec. the ship was sunk off Olongapo, in Subic Bay, by American bombers. Several hundred prisoners of war were lost in this action. The 618 prisoners who survived were herded together and marched across Luzon to another port, where they were again placed aboard a Japanese freighter and taken to Formosa. This ship was torpedoed in a harbor outside of Formosa. The survivors, fewer than 300 in number, were taken to a prison camp on Formosa, whence they were transported to Kyushu. Some of them were then moved to Korea and transported thence by train to prison camps in Mukden and Manchuria.

After this detail left Bilibid Prison there remained at the camp approximately 800 men, all of them so incapacitated physically that they could not possibly be moved without the services of 2 fairly healthy men for each disabled one. These 800 men were left in Bilibid on a starvation diet with little or no medicine. On 9 Jan. 1945 the American forces invaded the island of Luzon, and on 4 Feb. dramatically liberated these

800 men from Bilibid Prison and returned them to American military control. At the same time they freed approximately 5000 civilians from Santo Tomas University, where they had been interned for a period of almost 3 years.

PALAWAN BARRACKS--The island of Palawan, on which one of the Japanese camps for American prisoners of war was located, is a narrow strip of land running southwest in the South China and Sulu Seas, just opposite the Occidental Negros Islands. The only village of any size on the island is the village of Puerto Princesa, on the east coast.

The Japanese seized and occupied Palawan in the very early days of the campaign in the Philippines. In 1942 they decided to enlarge the airfield on the island, with the aid of American prisoner of war labor. In Sept. 1942, therefore, a detail of approximately 400 American prisoners of war was sent from Cabanatuan to Puerto Princesa. Later, in July 1943, 150 of this number, most of them too ill to work, were shipped back to Bilibid. Those who were left were joined in Aug. of that year by another detail of some 70 men, also from Cabanatuan. There were then roughly 350 prisoners in the permanent work detail on Palawan.

Housing--The prisoners in this work detail were housed in Puerto Princesa, in an old Filipino constabulary barracks, an ancient building in a sad state of disrepair, surrounded by a double row of barbed wire. The Americans, finding that the overhead and the docks were in good condition, immediately busied themselves with making the repairs most necessary to insure them reasonably habitable quarters, piping in water and constructing a galley, and soon, as one prisoner put it, they "settled down into somewhat of an organization." The Japanese did not supply any bedding, and the prisoners were forced to sleep on dirt or cement floors, most of them without covering except for the few who had been fortunate enough to hang on to a blanket throughout their numerous shifts from one prison camp to another.

Sanitation--Sanitary accommodations were of the most primitive sort--indeed, almost entirely lacking--but the Americans, having, as one of their number said, "learned our lesson in the first days of our capture," wasted no time before seeing to it that toilet and bathing facilities were made available to them.

Food--At first the food, according to reports of various prisoners, was fairly good, although far from sufficient in quantity, considering the heavy type of labor the men were expected to do. The interpreter informed the men that any time they had a complaint or a suggestion about the food that would serve to better conditions they would inform him, and he would convey it to the commander, who would then take steps to remedy the situation. There is no evidence at hand to show whether this plan was actually carried out, however.

In Sept. 1944 a new commander took charge of the camp. One of his first acts was to order a cut in rations. Previously each prisoner had received one level mess kit of rice every day, besides approximately one-half canteen of soup made from potato vines boiled in salt and water. Now, under the new order, their daily rice ration was cut to three-fourths of a level mess kit. About once a month they were given some carabao bones, which they boiled to make soup. (The Japanese kept the carabao meat for themselves.) Occasionally the diet was varied with a few vegetables.

Clothing--The Japanese supplied no clothing at all for the prisoners on Palawan. The only clothing the men had for the entire length of their stay on the island was what they brought with them when they came; and inasmuch as most of this they had been wearing when they were first captured on Bataan or Corregidor, it was soon completely worn out. Within a few months more than 50% of the men were working practically naked, and without shoes for their feet.

Medical Supplies--At no time during the entire period of almost 2½ years, from Sept. 1942 until their liberation early in 1945, did the Americans get any medical attention at all from the Japanese, or any medicine except a little quinine. Once, in Jan. 1944, some supplies were received from the American Red Cross, but the Japanese opened them and took out practically all the drugs, such as morphine, surgical anesthetics, etc., leaving only a few bandages and other supplies, including some sulfa drugs. Fortunately for the prisoners, though, the Japanese doctors apparently either did not recognize the sulfa drugs for what they were, or else did not know how to use them, for they turned them over, along with the bandages, to the American doctors.

Work--As has been stated before, the American prisoners were brought to Palawan chiefly for the purpose of helping to enlarge the Iwshig airfield, a huge rock-and-



gravel structure enclosed by barbed wire, designed to handle plane operations even during the rainy season. This project, which the Japanese had originally envisaged as a 3 months job, took 2½ years to complete. The prisoners began work on it 8 Aug. 1942. They were given axes, picks and shovels, and first set to the task of clearing a jungle area 220 meters long and 210 meters wide. The Japanese told the prisoners many different stories about what this clearing was to be, but, in the words of one of the men, "there was no doubt in our minds that it was going to be an airfield."

The job was a hard one. All day long the men worked out in the blazing sun, with almost no water to drink. Some of the men would fill their canteens with water before they left for work in the morning, and refill them at noon, but even so this did not give them enough water to quench the terrible thirst engendered by the heavy exertion and the heat.

American prisoners crushed the rock that was used in the construction of the airfield, and Filipino laborers were used at Iwan to load trucks with gravel, which was then brought to the airfield by American truck drivers. At last, in Aug. 1943, the field itself was almost completed, and from that time on until the end of their stay in Palawan the detail of prisoners who had been working on the airfield proper was engaged in installing concrete runways on the field.....

Recreation--There is no record of any attempt being made to lighten the lives of the prisoners by any forms of recreation, amusement, entertainment, etc. Evidently the hours for them were filled with nothing but work, and then more work.

Religious Services--Nothing in the way of religious services was provided for the men at Palawan. It is difficult to understand how they were able to endure those nearly 3 long years of unmitigated drudgery--indeed, well-nigh slavery--without becoming complete physical and mental wrecks.

Brutalities and Atrocities--The fate of the prisoners at Palawan was almost worse, if that is possible, than that of any other group of prisoners confined in Japanese internment camps. They were forced to do the hardest kind of labor, exposed to all kinds of weather, and with a minimum of food. Many of them died from starvation, to say nothing of the brutal treatment given them by their Japanese guards, who beat and otherwise abused them at the slightest provocation. One such incident was reported by a prisoner in the following words:

While working on the field, S/Sgt. Mullins, USA, got into conversation with a Japanese soldier. Mullins would not admit the American forces were in defeat, which so angered the Japanese soldier that he picked up a club and swung it at Mullins' head. Mullins tried to cover himself by raising his arm, and the club struck his arm and broke it. The next day Mullins was forced to return to work with his arm in a sling.

Another prisoner, speaking of the treatment accorded the prisoners during the last year at the camp, reported:

Capt. Kishamoto had been relieved by Capt. Kinoshita, but it made no difference in our treatment. As a matter of fact, the work became harder, and there was more abuse. Not a single day passed without several beatings of the American prisoners by the Japanese soldiers. The Japanese guards carried hardwood sticks about a yard long and 1 inch thick and beat men over the head with these for no apparent reason whatsoever. As far as Capt. Kinoshita and his soldiers were concerned, the American prisoners were there for one purpose to work. Whether they ate or were sick made no difference.

Various attempts were made by different ones of the prisoners to escape from the camp, but only a few of them were successful. Those who did get away were eventually enabled to return to Allied military control through the valiant aid of loyal Filipino guerillas. The less fortunate ones who were recaptured by the Japanese suffered punishments of varying degrees of severity. After one such unsuccessful attempt in 1942, Capt. Kishamoto, the camp commander at that time, acting on instructions received from Manila headquarters, placed the men on one-third rations for 3 days, and had the barracks enclosed with a barbed wire barricade which was patrolled night and day thereafter by armed sentries.. ..

One of the most horrible examples of the fiendish lengths to which the Japanese dared to go in their torture of the prisoners under their leash is the tragic event of 14 Dec. 1944. The airfield at Palawan had already been subjected to sporadic bombing



by the American Air Force. On this particular day the men had been relieved of their work at the field, and were all in the compound around noontime, along with some Japanese soldiers, when an air raid alarm sounded. A short time later there was a second and then a third alarm. When the last one came, the Japanese insisted that all the prisoners should get completely down in the shelter. Then they poured gasoline down into the shelter, set it afire, and began firing rifles and machine guns through the entrance, to prevent any of their victims from escaping from the blazing inferno inside. Nevertheless, a few of the men did manage to get out, and eventually returned to their own people.

But to listen to the story of this event as it was told in the simple but graphic words of one of the participants, Pfc. Edwin A. Petry, one of the fewfortunates who escaped death that day:

On Dec. 14, 1944, for some reason [Petry testified] I took the men from the strip [at Iwahig] to the compound at noon, together with a bunch of Japs. I left the truck outside and had started eating when the first air raid alert sounded. We all went to our shelters until the all clear, when we resumed eating. The same thing happened at the second alert, 35 minutes later. A few minutes later the third alert sounded, and this time the Japs were insistent that we all get completely down in the shelter. The Japs then started shooting in the entrance of the shelter, and poured gasoline in, and set it on fire. I managed to get out, dashed through the barbed wire, and practically fell down the cliff on to the beach, where I hid in a cave with Pachaco. After 3:00P.M. there was very few shots. Another man came in, wounded and delirious, and later four more, who said that the beach was being searched. By 2:30 that night we decided to look around, and told the wounded man and another to wait until we returned. When we got back the wounded man had gone off in a delirium.

The Jap landing barge cruised by, looking for survivors, and when it had gone by the 5 of us started to swim across the bay toward the civilian Penal Colony. Three turned back, but Pacheco and I kept going, and made it after 7 hours. The distance was about 3½ miles.

We rested awhile, and then headed north through the cogan grass until we came to a Filipino house. A dog barked, and the man spoke to it in Tagalog, and we knew he wasn't Jap, so we went to the door. The man couldn't speak English and apparently thought we were Japs, for he called 6 other Filipinos, who came at us with bolos. Pacheco tried Spanish and English, and finally got them to understand. They gave us food and clothing, and put us to bed.

We arose at sunrise, and travelled with a guide all day. The next night we contacted guerillas, and were taken by them to Brooke Point, from which we were later evacuated by Catalina to Moretal.

(MARINE TELLS OF ESCAPE FROM PALAWAN MASSACRE--This is a portion of the story of Willie Smith, Marine Sergeant, one of 10 who escaped as Jap officers and guards burned, bayoneted and shot to death the inmates of a prisoner-of-war compound on Palawan Island last Dec. 14. One hundred and forty soldiers, sailors and marines died....

Captured at Corregidor, Smith was one of the 300 man detail transported to Palawan, westernmost of the Philippine group, in Aug. 1942, to carve an airfield out of virgin jungle on the outskirts of the island's capital, Puerto Princesa.

Using axes, picks and shovels, living on a diet of dirty, wormy, Jap-discarded rice and boiled leaves of sweet potato plants supplemented with bananas, papayas and coconuts, the detail did the job. Half of the detail was shipped away. The other 150 men remained for maintenance labor.

Three times the camp commander and guards were changed, and each change brought more brutal treatment. The first camp commander gave the Americans one day off a week, furnished them baseballs and basket balls and let them play. The last commander forgot about days off and beating of prisoners hung up by their thumbs or toes became more and more frequent. Beatings took place under the first 2 camp commanders but were not like that.

"I never heard of a prisoner going before the Jap MPs for any reason without being beaten," Smith said. "I will never know how some of the men lived through them."

It was on Dec. 11 that the camp atrocities began building up to a climax, Smith recounted.

"The Japs started running madly through the camp going on beach defense. We picked up from some of them that an American convoy was near by."

Going back a little, Smith told that on Oct. 19, 1944, the prisoners saw their first American plane over the island, a B-24 Liberator, which sank 3 inter-island boats, strafed and sank 3 seaplanes at anchorage and then got some land-based planes on the air field.

"After that the Japs let us fix some air raid shelters in the compound yard," he said. "They only wanted us to fix them with one entrance, but when we kept insisting they let us leave both ends open--but only wide enough for one man at a time."

Two of the pits were large, the other 8 were smaller and would protect from 4 to 10 men. Smith and several buddies fixed a pit alongside a compound fence not far from the cliff above the sea, and dug a secret exit which would carry them outside the fence. They plugged it with sandbags so the Japs wouldn't notice it.

A week after the first air raid, 17 B-24s attacked the camp and scored heavily on the airstrip and the planes on the ground. That was followed in the middle of Nov. by the third air attack, 48 of the Liberator bombers escorted by 24 P-38 fighters.

"When we saw those P-38s we knew that the report of the Leyte landing must be true" Smith said. "The Jap cooks had told us about it, but we didn't know whether or not to believe it."

Four Americans were wounded in the raids, none seriously.

Then came Dec. 14--Atrocity Day. "They brought us in from work at noon, something that had never happened before," Smith related. "About 12:40 P.M. an air raid alarm sounded and we went to our shelters. Smith was the last of nine in the little cave with the secret exit.

"Presently a group of Jap guards accompanied by 2 or 3 officers entered the compound yard. They told us to stay in our shelters and not to look out." Smith peeped and rifle bullets splattered rock and dirt in his face. He ducked down but not before he had seen some of the guards with high-octane gasoline cans and others with lighted torches. Quickly he fixed his vision slit under a board.

"I saw the Japs throw gasoline in each end of the biggest shelter and toss torches in after it. They did the same thing immediately after at 2 other shelters. Men screamed. Men moaned. Men broke from the shelters, their clothes, faces and hands aflame. Japs shot them down. Laughing Japs jabbed them in the guts with bayonets. In our shelter they didn't believe me at first when I saw and quickly told what was going on. Two others looked out. We went out through our 'hole'."

Smith was the last man out of the shelter and tumbled headfirst down the 25-foot high cliff face. He had discarded his old campaign hat, shoes and shirt in the shelter and was clad in nothing but shorts.

"I ran down the beach to my right, about 75 yards," he said. "They were shooting at me from the cliff and from the beach with rifles and machine guns but somehow I got through without more than a scratch on my right side."

Smith dived behind a huge coral boulder and waited a minute to see if any other of the escapees were with him. Then he worked his way up the cliff, screening himself with coral outcropping and finally found temporary security. Below him, out in the water, he saw 7 men hiding behind a huge rock. A passing patrol boat saw an unconcealed leg and opened fire. Bullets struck the man. The patrol boat closed in. To Smith the wounded man is a hero.

He staggered out from behind the rock. The patrol boat opened a furious fire. The man fell. None of the others had revealed themselves. Satisfied with the kill the patrol boat turned its search else where.

Smith crawled to the top of the cliff. He was about 75 yards from the compound and the searching Japs were coming near to him. At the side of a trail he went under a jungle mattress of dead weeds and leaves, rubbing himself with dirt and leaves for more protective coloring. It was 2 hours since the start of the massacre. He heard the searchers calling to each other, "Only one left." He heard wounded Americans begging to be killed and saw the laughing, shouting Japs slash them more with bayonets and walk away.

There were times when he could reach out and touch one of the 3 passing Nip guards. Then 1 of them stepped on him. "I saw what was going to happen and I stiffened out," he said. "He stepped on my right shoulder, staggered and nearly fell." Smith didn't

breathe until the Jap went on without investigation. After nightfall, Smith came out of hiding and started swimming across a five-mile wide bay separating the prison camp from a Filipino penal colony.

He made it despite an encounter with a small sand shark. Somewhere enroute he lost his shorts and once on the other side he fought his way naked through a mangrove swamp and a jungle belt. In the middle of the afternoon the next day he spotted some Filipino road workers who brought him medical attention and food.

"A doctor painted me from head to foot with strong iodine," Smith winced. "My feet were all cut up by coral and really sore. I was scratched all over from the jungle vines."

That night the Filipinos, one the superintendent of the penal colony, brought him shoes and clothes and headed him toward a guerrilla outpost. En route, four other escaped prisoners, guided by other Filipinos joined them. Finally at the guerrilla headquarters another escapee joined them, and when a Navy seaplane picked them up Jan. 6 they heard that 4 others had made the five miles across the bay. One had made the swim despite a severe leg wound. Only one of the survivors was of the 8 in the shelter with Smith....)

DAVAO AREA--DAVAO PENAL COLONY--At Davao Penal Colony, conditions were better than at Cabanatuan. There was a mess hall; food was more plentiful and varied; and the hospital had more medicines. It was not long, however, before conditions became worse. The arrival of some Red Cross food packages in Feb '43, saved many lives. A party of 10 had sufficient strength to escape into the almost impenetrable jungle in Apr. '43. At that time, the guards were doubled from 100 to 200 and no immediate punishments were given as an attack by the guerrillas to free the rest was expected. In Oct., 2 more men escaped and 12 men were reported confined for 15 days as a result. In Apr. '44, a report was received that 25 POW had been executed in retaliation for those escapes. More restrictions were placed on the prisoners who were forbidden to take canyons to work with them and could not wear long trousers, shoes, or jackets. Apparently, this was to prevent the men from concealing any supplies in their clothing and also to make them more exposed to the perils of the jungle if they tried to escape in shorts only.

Men and officers were assigned various work details such as: lumbering, planting rice, plowing, collecting fruits, coffee and other crops; as well as making repairs and building defense works. Their diet consisted of rice for breakfast with reduced amounts of comotes for lunch and supper. Of the thousand that arrived there from Luzon, about half of them were too sick to work. The POW were joined at Davao by another 1,000 who had been kept elsewhere in Mindanao. They were in better condition but were soon reduced by illness, debilitation and lack of proper diet. Although there was plenty of quinine in camp, 99% of the prisoners had malaria. Prisoners are required to work for a half day while having attacks of malaria; after recovery on the 3rd day, they must report for full duty. Of the 1,961 prisoners in the Colony in April 1944, 50 were completely bedridden and 500 unable to work. Upon the protest of 2 colonels to Maj. Maida, the Japanese Camp Commander, regarding violations of the Geneva Convention, Maida replied, "We treat you like we wish."

On June 6, the 1,200 POW confined in the Davao Penal Colony were bound, blindfolded and placed on board a ship in Davao harbor where it remained until it sailed 12 June. The ship was so crowded that only 1 in 3 could lie down.

Work details area Davao City--After the POW first arrived at Davao, a certain number were separated from those bound for the Penal Colony and were used to drive trucks around Manila. Later some 800 who had been shipped from Manila were reported working on Lieanan (Likeanan) field while 50 worked on the Matina Airfield. These work details were later reported shipped north after the completion of the fields.

Apparently most of the able-bodied POWs have been shipped north from the Davao area.

....Iasang Mindanao--there were 750 prisoners at Iasang, on the island of Mindanao. These men had been transferred there on 2 March 1944, to work as laborers on a work detail at a Japanese air strip. The prisoners in this detail, among whom there were many American officers, suffered untold hardships. They were cruelly beaten by their captors, forced to work unreasonably long hours at the most gruelling kinds of labor, and were given only limited food rations. They were given no protection against the bombs dropped on the air strip by American planes.



In late Aug. or early Sept. 1944 these 750 prisoners were loaded aboard an old Japanese freighter, crowded into 2 holds, and shipped north. Several different times the ship was bombed by American planes, and on 7 Sept. it was struck by torpedoes fired by American ships. Prisoner who jumped from the ship into the water were machine-gunned by the Japanese as they struggled in the water. Others were beaten into unconsciousness by their guards and thrown into the sea to drown. Only 87 of the original 750 who had gone aboard the ship managed to escape with their lives, and eventually reached the Philippine archipelago. There they established contact with Filipino guerillas, who helped them reach the American forces, to whom they told their story.

Thus ends our brief survey of the history of the prisoner of war camps in the Philippines, together with the account of the movements of prisoners to & from the major camps. No mention has been made here of the many small sub-camps that were set up by the Japanese near various work projects. Little or no information from these places is available thus far, aside from the testimony of a few men who were assigned there on work details for short periods of time. The stories these men tell, however confirm the impression that the treatment given to the prisoners at these labor camps differed very little, insofar as scant, almost starvation rations, inadequate living quarters, and constant beatings and other atrocities were concerned, from that received by the prisoners at the main camps.

Maj. William E. Dyess, of the 21st Pursuit Squadron, who was taken prisoner by the Japanese on Bataan on 10 April 1942, and was confined in 3 different Japanese prisoner of war camps for a total of 361 days, and whom we have quoted before in regard to conditions at Camp O'Donnell, speaking in retrospect of his experiences after he finally made his escape on 4 April 1943, said:...I...tried to put into words some of the things I have experienced and observed during all these past months, but I fail to find words adequate to an accurate portrayal. If any American could sit down and conjure before his mind the most diabolical nightmares, he might perhaps come close to it, but none who have not gone through it could possibly have any idea of the tortures and horror that these men are going through.

Civilian Internment Camps--There are at present 3 civilian internment camps in the Philippine Islands, all located on Luzon. It is not usual to include internment centers with prisoner of war camps reports, but in this instance, it is pertinent to do so, not only as targets to avoid, but because they contain Army and Navy nurses.

Santo Tomas--The buildings and grounds of this institution contain some 4,500 internees including 75 Army nurses. The last 500 internees were recently added when all American members of religious organizations, nuns & priests were brought there in an effort to eliminate the possibility of cooperation between Americans & Filipinos. This still further crowded the limited capacities. The inmates had Filipinos build shacks for them which were parked around the grounds. There are about 600 of these. They afford a small degree of privacy to the occupants. Men & older children live in them. Women must be inside the main buildings by 1930. Parcels are delivered for the internees in the compound near the main gate. After the Filipinos have left and the parcels have been inspected, the internees are allowed in to get them. Thus contact between Filipinos & whites is avoided as much as possible. This is the reason for the Swallow matting on the iron fence. There are, however, many 'incidental' holes in this coverage.....

Los Banos Camp--some 65 miles southeast of Manila, is about 5 miles from Laguna de Bay. It was formerly the Agricultural School of the University of the Philippines. In May 1942, in order to make more room at Santo Tomas, 800 of the ablest-bodied men were moved to Los Banos. 11 Navy nurses voluntarily went there to help run the hospital. At the time of the American landings on Guadalcanal (Aug 1942) some of the younger men escaped and joined the guerillas. More were going to do so but 1 of the escapees advised them not to because of the difficulties of survival. The Japanese reaction to this was to put the camp on a stricter military basis and to put up an outer 8-strand barbed wire fence, to keep out the guerillas. The location of the Camp near the foothills of a mountain range makes it healthy, but the reported addition of 300 internees from Davao strains the facilities of the camp and makes it overcrowded. Certain internees from Los Banos have been moved to Fort McKinley where a major ammunition dump for central Luzon is maintained. The State Dept. has protested such actions as contrary to Article 9 of the Geneva Convention, and has requested removal of the internees.

Camp Holmes is in the Bontoc Mountains, off the NE end of Trinidad Valley, 7 miles north of Baguio contains some 500 civilians. Its location is one of the healthiest in the Philippine Islands.



## ANGELS OF BATAAN, HEROIC NURSES OF BATAAN & CORREGIDOR

The following was taken from information received from Col. Eunice F. Young, U.S. Army Nurse Corps, who tells the story in her own words:

The nurses were physically and mentally exhausted at the time of their capture due to months of long hours of work with reduced rations. Those who had gone thru the Bataan campaign were suffering from dengue fever, malaria, dysentery and other tropical illnesses. For all of us the battle for Corregidor was a frightening experience.

After the surrender 6 May 1942 of Corregidor we were finally taken to Santo Tomas Internment Camp in Manila. As soon as possible we set up hospital facilities there to take care of the civilian men, women and children internees. Hospital supplies, equipment and medicines were scarce. Many of the nurses became ill along with thousands of the civilians but those of us who were able kept working.

The nurses were not physically abused by the Japanese but the starvation diet, lack of medicine etc caused everyone much concern. There was much illness such as beriberi, malaria, dysentery, pneumonia and skin diseases.....

Our new living quarters consisted of 4 rooms, each about 20 by 30, in one of the university buildings. In each room were 17 hard, homemade beds, 2 feet apart. People ask what I missed most during the 30 long months at Santo Tomas. The answer is, space and privacy. Until you've tried to live out of half a suitcase year in, year out, parking all you own on the bed by day, and under the bed when you are asleep, you have no conception of the priceless value of liberty.....

Our source of strength in the hospital was Maj. Maude Davison, our chief nurse on Corregidor. White-haired, nearing 60, she shrank in weight from 159 to 80 pounds during the Santo Tomas internment. On Corregidor her orders were sharp and military. When we settled in Santo Tomas, she said, "We're all in this together," and mothered us. She fought for what we needed in the hospital with such righteous fury that the Japs feared her. Once when a Jap detail came to search our dormitory for a nurse he thought was missing, she yelled "Halt!" He halted until we were all dressed.

At another time, when a typhoon left a knee-deep pond between the dormitory and the hospital, our day shift was stranded from their patients. "Put on your shortest shorts and report for work," ordered the major. The girls waded into the pond in shorts, carrying their uniforms on their heads. The Jap commandant had just forbidden women to wear shorts or slacks in camp. A breach of etiquette like that was an offense to the Imperial Japanese Army, but nothing happened because no Jap cared to tangle with the Major.

A favorite Jap trick was sudden searches for radios, large sums of money, messages smuggled in from the Filipino underground or written copies of our forbidden camp paper, the Santo Tomas Transcript. Suddenly, Jap guards would appear everywhere in the building, ordering everyone to stop dead in his tracks. I once stood for 2 hours on stairs, a Jap rifle covering me, while searchers ransacked our dormitory.....

Gradually we became so hungry that food became our uppermost thought. During the last 6 months, no matter how a conversation started, it always swung around to food. It is hard to hold up your chin when you are slowly starving, as many people in the camp were doing during that year.

At first, we had enough to eat, with the help of what we bought from the outside. I have eaten as many as 2 dozen bananas in a day, to fill the void inside me. Eventually, the Filipinos quit growing anything to sell, because the Japs confiscated their surplus crops. Our rations came, as we were often reminded, from the Imperial Japanese Army. During the last year, the official ration was a cup of rice and a helping of tilanum, a leaf vegetable resembling spinach, twice a day, with occasional special treats of sweet potatoes. On rare occasions we had corned-beef hash. For breakfast we ate a watery gruel. We rarely had fats of any kind. The cooking was done by volunteers and, although they were willing workers, they were not Oscars of the Waldorf. We stood in a line 2 blocks long to reach the window where the boiled rice or spinach was ladled out. As we got it, our meal tickets were punched to keep us from coming back for repeats. You'd be surprised how tired you can get of rice and spinach, and how hungry you can be without it.

Gradually, as more and more Jap ships were sunk and food grew more scarce in the Philippines, our daily ration of rice & spinach was reduced. Everybody but the hoarders with their cases of canned food was hungry.



The valiant nurses of Bataan were led by (from left, above) First Lieutenant Josephine Nesbitt, Captain M.C. Davison, Second Lieutenant Helen Hennessey of Army Medical Corps. They soon gave up unwashable whites, wore khaki, Air Corp overalls, heavy Army shoes.

I shall never forget Christmas dinner in 1944, when, through the inevitable courtesies of the Imperial Japanese Army, our chefs were allowed enough fats to fry the rice and tilanum and sweet potatoes, and the portions were doubled.....

Looking back, it is incredible how important little things seemed in Santo Tomas. I never had a knife or fork, and lived in perpetual fear of losing my spoon. I grew so accustomed to eating with a spoon that even after I came home, a month after our release I would catch myself picking up my spoon when I should be using a fork.....

Talking about food made us all the more hungry. Eventually, people in the camp were cooking dogs, rats, frogs, even guinea pigs. Anything they could catch. What save many lives was the arrival of the Red Cross ship early in 1944. We never could understand how they were chosen, but the ship left behind a stack of Red Cross comfort kits. Each kit held 48 pounds of medicines, vitamins, coffee, canned butter, cheese, dried fruits, canned meats and cigarettes. The Japs gave us 1 kit apiece, then confiscated the rest. Some they passed out to Filipino hostesses as dinner-party favors. Some were ripped open before our eyes because the cigarette packets had V-for-Victory slogans on them. In their fury, the Japs bayoneted good American canned goods. That was almost more than we could stand. Earlyn Black, my pal, and I stretched our kits for almost a year, allowing ourselves half a thin slice of canned meat each day with our rice and spinach. We ate our last meat on Christmas Day.

SYMBOLS IN THE SKY: My most vivid memories of the Santo Tomas world will be the little insignificant things that we take for granted at home. The longing for salt in granulated form instead of lumps that made us choke.....

Then there was struggle we had to clothe ourselves. The underthings we made from worn out outer garments. The wooden shoes I wore almost 3 years in order to save my 1 pair of leather shoes for the day of liberation. The knitting of stockings from string & yarn. Working for 2 years on a wardrobe for Blackie, who had lost all her clothes when a bomb



found her room on Corregidor, then losing the 2 years' stitching 1 night when Blackie left her things on a clothesline.

When I entered Santo Tomas, I vowed I would let my hair grow until the Americans came. I thought it would be only a few weeks or months at the most. As the time ran into years taking care of my hair became a burden. On Sept. 20, 1944, I gave up. "Cut it off," I told the camp hairdresser. "Maybe it will bring the Americans."

The next morning at 8:00 there was a drone in the sky. It grew into a roar as wave after wave of United States Navy planes flew overhead. The raid came so suddenly that the Japs had no time to sound the air-raid signals. They were the first American planes we had seen since Bataan. We had never seen such planes as these, nor as many. Methodically, they picked their targets and dived on them. Even the Jap officers stood and admired the precision of their bombing, while we internees hugged one another & danced...

Then one night while on duty in my ward, I heard a commotion outside and shots. Before I could find out what it was all about, an American burst into the ward, shouting, "Where's my wife?" He was Frank Hewlett, of the United Press. Mine was the men's ward. My patients were piling out of bed, forgetting their ailments or injuries. I took him to the women's ward, where he found Mrs. Hewlett, after 3 years of separation since she was caught in Manila while he escaped from Bataan.

SWEET LAND OF LIBERTY: Perhaps our greatest thrill was the flight home in a luxurious ATC transport. Or maybe it was Honolulu, where the paymaster advanced \$150 of the \$7000 back pay each nurse had coming since the last payday in Corregidor. Then they threw the PX open for us one afternoon. The officers wanted to see what we would do with the money. They saw, all right. We bought pens, watches, our first stockings, compacts, handbags, shoes, cigarettes, permanents, ice cream--the everyday things we had dreamed about for years. The everyday things taken for granted by people who don't know what liberty means because they've always had it.

There were 89 Army nurses in the U.S. Medical Dept. in the Philippines on 7 Dec. 1941 also 1 physical therapist and 2 dietitians. Before the fall of Corregidor 22 nurses escaped via PBV, submarine and 1 on the hospital ship, Mactan. All the remaining 67 nurses who became POWs survived and were liberated 3 Feb. 1945. From 3 Feb. to 12 Feb. (when we were taken out by plane) we were under constant siege by the Japanese to retake Santo Tomas. That was a nightmare!

Since 1945--7 of the nurses who escaped before the surrender have died. 16 of the 67 POW nurses died. Their deaths have been from various causes. The health of many of the nurses still living is only fair.

#### MORBIDITY & MORTALITY IN SANTO TOMAS INTERNMENT CAMP

By Emmet F. Pearson, Lt. Col., M.C., A.U.S., F.A.C.P.\*

The internment of Americans and allied national civilians in the Philippine Islands for 37 months by the Japanese in Internment Camp No.1 at Santo Tomas University, Manila, and 2 auxiliary camps, No. 2 at Los Banos and No. 3 at Baguio, was an experience unique in American history. A narrative account of the health, morbidity and morality of the civilian internees is a story which is, on the one hand, a high tribute to the internees themselves and the medical care that they received, and, on the other hand, an indictment of their Japanese captors.....

This report is concerned chiefly with the Camp at Santo Tomas University, largest of the civilian camps, about which more information is available and through which the majority of the internees from the other camps were cleared before their repatriation.....

The Camps--The Japanese apparently had no plan for providing housing and food for the "enemy aliens" that they were to intern, and no thought has been given to their medical needs. By an agreement between the American Red Cross Emergency Committee, the Dominican Fathers of Santo Tomas University and the Japanese Military authorities, the walled campus of Santo Tomas University, consisting of about 50 acres and various university buildings, was selected as the site of internment. The first internees were admitted to the Camp on Jan. 4, 1942. Americans and allied nationals were gathered from all the islands and gradually sent here.

...A maximum of 3,800 persons were interned at Santo Tomas. There were about 1,400 women and 700 children under the age of 17. In May 1943 an overflow of internees was

\* American Internal Medicine, 24:988 - 10/13, 1946.

sent to a new Camp at Los Banos, 50 miles south of Manila, the site of the College of Agriculture of the University of the Philippines. The first to go to Los Banos were the able bodied young men who were to work on farm projects. Later women and families were also sent to that Camp, and a "Holy City" of nuns, priests and Protestant missionaries grew up there. This Camp had a census of 2,146 persons in 1944. A third smaller Camp was maintained at Baguio in the Mountain Province where a census of 460 persons was reached. The Gaguio internees were transferred to Bilibid Prison in Manila in Dec. 1944....

The internees at Santo Tomas were liberated in one of the grand and dramatic coups of the war on Feb. 3, 1945 by an armored cavalry dash. The inmates of Bilibid Prison (including the internees formerly of Baguio) were freed on Feb. 4 by the infantry and those at Los Banos by an even more spectacular combined paratroop and overwater operation on Feb. 23. Filipino guerilla contributed much to these operations.

Santo Tomas University was an interesting and fairly satisfactory place for the internment of such a large number of people in spite of extreme overcrowding. Conversion of the University into a crowded internment camp presented acute administrative, as well as sanitary and health problems.....

Medical Difficulties--No great difficulties were encountered in the care of the sick in 1942 and 1943. Drastic changes in medical facilities were made in Feb. 1944 after the Japanese physician in charge of the Medical Division War Prisoners' Camps issued orders that no physician except "enemy aliens" could practice in the Camp and caused to be closed to internees several civilian institutions where they had been hospitalized. All chronically ill and aged people who had been permitted to live in outside hospitals or domiciles were required to return to the confines of the Camp. Up to 1944, patients requiring major surgery had been transferred to one of the Manila hospitals and usually operated upon by one of the Camp surgeons. Communicable diseases developing within the Camp had been promptly transferred to San Lazaro Isolation Hospital. It became necessary to provide means for major surgery and hospital care for all types of illness, including communicable diseases and the chronically disabled, within the Camp. Rapid expansion of the several annexes to the main hospital--one for children, one for contagious diseases, and several for the aged and chronic sufferers--was made. The Santa Catalina hospital had an average census of 100 to 120 patients daily in 1944; the Children's Hospital averaged 15 to 30; and the Tuberculosis and Isolation Section averaged 25 to 30. The various Convalescent Sections provided for an additional 300 patients.....

Professional Care--Medical care in the Santo Tomas Camp was provided by an average of 7 active American physicians. Some doctors were repatriated in 1942 and in 1943, but they were replaced by others (U.S. Army medical officers) who were transferred into the Internment Camp from Prisoner of War Camps upon the solicitation of the internee committee to the Japanese. In the Camp there were 2 active dentists, one of whom was allowed to retain his own dental equipment. Sixty-six Army nurses from Bataan & Corregidor and 12 Navy nurses offered their services to the various medical facilities. A number of Red Cross personnel were active in the organization of the different medical services. Six Filipino Red Cross physicians and 3 Filipino nurses were employed regularly before the Japanese excluded them from the Camp in 1944. Volunteers among the internees provided the necessary male and female assistants and labor for maintaining the medical installations.

There was an average of 5 active physicians and 1 dentist at the Los Banos Camp and 2 physicians at the Baguio Camp. Medical needs were not as great in these 2 camps as they were in Santo Tomas. They did not have the large number of old persons and had few children. They were not greatly crowded and were able to grow more foodstuff. Medical and surgical supplies were acquired by these camps early in the period of establishment and they also received a share of the Red Cross supplies in Dec. 1943.

Sanitation--The sanitation of Santo Tomas was a serious problem from the onset. There were only 100 toilet seats for 3,800 persons. The plumbing was of poor quality and frequently out of order. Water pressure was often too low to reach the upper stories of the buildings. The tract of land on which the University stands is only a few feet above sea level and ordinary pit latrines were not practical. Outside latrines were made by sinking oil drum barrels. Much of the area was completely inundated during the rainy or monsoon season.



Flies were of great menace to the Camp and no satisfactory means were at hand to control them. House flies and blue bottle flies were most numerous. They were suspected of transmitting amebic dysentery, enteric infections, and hepatitis.....

Mosquitoes were ever present in enormous quantities during the internment period. Most of the mosquitoes were of the culicine pestiferous variety and were mostly night biters. The transmitter of dengue, the *Aedes acgypti* mosquito, was also present. There were probably no *Anopheles* mosquitoes in the immediate vicinity of the Camp. The *Anopheles minimus* is present in the suburbs and very prevalent in the neighboring foothills but does not seem to survive within the city of Manila.

Head lice and pubic lice were minor nuisances. There were no body lice. Fleas were present. Bedbugs were a major menace throughout the period of internment in spite of continuous drives to eradicate them.

Rodents, several kinds of rats and mice, were present in moderate numbers.

Epidemiology--...The only epidemics that developed during the internment occurred in the summer of 1944. There were records of 223 cases of measles, 203 whooping cough and 116 cases of bacillary dysentery (type undermined). The same 3 diseases became prevalent in Los Banos after some families were transferred from Santo Tomas to that Camp.

Upper respiratory infections were never a serious problem but did increase during the rainy season. Pneumonia was mostly confined to the aged and most deaths attributed to this cause were in people over 60. Atypical or virus pneumonia was seldom diagnosed. Sinusitis and bronchial asthma were occasionally seen. Ordinary allergic symptoms were infrequently encountered.

Streptococcal sore throat was a rare disease and scarlet fever did not exist in the Camp. A few patients developed rheumatic infection with fever, but genuine rheumatic fever probably was not seen. Mumps and chickenpox were occasionally seen.

Eight cases of poliomyelitis developed within the Camp with 1 death. Most of the cases developed in 1942 and caused great anxiety at the time.

About 14 cases of diphtheria occurred. Antitoxin was available for use in small quantity and all patients recovered. Treatment was limited to 6,000 units antitoxin per patient unless the condition was very severe. In 2 cases, severe post-diphtheritic paralysis developed.

Tuberculous patients were treated in sanatoria outside the Camp during the first 2 years. There was no more than the normal rate of new cases during the years 1942 and 1943. There was, however a sharp increase during 1944. A survey of the juvenile population of the Camp was made with Mantoux tests in 1942. Four hundred twenty-six children, ages 1 to 15, were tested, and 18% showed positive reactions. This type of survey was not repeated in '43 and '44. In spite of the high percentage of reactors on the early period of internment, there was never a high incidence of clinically active tuberculosis in young people. The older age groups were most susceptible to tuberculosis when they became undernourished. Fluoroscopic examinations were made on most of the personnel of the Camp in '42. By that method, a total of 41 persons-- 28 males and 13 females-- were found to have tuberculosis. Forty-three deaths among the internees in all camps were due to tuberculosis.

There were 6 cases of typhoid diagnosed at Santo Tomas with 2 deaths. It was not clearly ascertained if these individuals had been vaccinated. About 12 cases which were diagnosed paratyphoid fever occurred with no deaths.

In Nov. 1944, a typhus scare occurred in the Camp. There were 4 or 5 patients whose symptoms were suspicious of the flea and rat borne typhus. Laboratory findings at first gave some confirmation to that diagnosis, but subsequent tests were inconclusive. This caused a drive against the rats to be carried out by the sanitary department.

Amebic dysentery was constantly one of the greatest threats to the health of the Camp. The only available actual statistics on new cases diagnosed covers the early months of '42. Cases diagnosed by months are as follows: Jan. 2; Feb. 1; Mar. 1; Apr. 2; May, 3; June, 8; and July, 18. About 10% of the Camp population was treated for this disease at some time. Emetine, carbarsone and yatren were available but the supply seldom was adequate for the demands. No case of liver abscess was diagnosed. There were 2 known deaths from amebic dysentery, and several other unqualified dysentery deaths may have been caused by amebae. Unfortunately, there were differences in opinion between some of the Camp doctors and the laboratory personnel concerning the diagnosis of this disease.

The controversy over laboratory diagnosis was more serious and confusing in the field of bacillary dysentery. There was no one individual in charge of the various laboratories and no satisfactory method for the identification of pathogenic organisms. No system for getting a large volume of reliable bacteriological work done in the established Manila laboratories was worked out. Almost all of the inmates developed severe diarrhea at some time during their internment. Fortunately, the condition was usually mild and self limited. In a few individuals the disease was severe and 12 deaths were attributed to "dysentery." It was not known if the *Shigella dysenteriae* (Shiga) bacillus was involved in any of these cases but in ex-internees patients handled later by Army medical units only strains of the *Shigella paradysenteriae* organisms were found.

A very interesting situation arose out of a food handler examination report in July 1942. The report made in the Philippine Institute of Hygiene was as follows:

Cases examined.....155  
Amebae carriers..... 6  
Salmonella carriers..... 50.....

The symptom complex called "tropical sprue" was thought to exist in about 20 patients, most of whom had the condition before admission to the Camp. Some of these patients' symptoms were improved when liver extract injections were given regularly, but after food shortage occurred, their general course was downward and 8 died.

Ascaris infestation was very prevalent among the children. Hookworm and trichiuris were more rare at Santo Tomas, but hookworm was frequent at Los Banos where the prevalence was blamed on Japanese soldiers and their habit of defecating ad lib about the Camp.....

No cases of malaria were known to have been contracted while in Santo Tomas Camp, but there were many patients who brought the disease to the Camp with them. The Camp at Baguio was not in a malarious district, but many inmates contracted malaria while in the Los Banos Camp. Two patients died at Santo Tomas and 2 died elsewhere from the cerebral type of this disease. The malaria cases were about equally divided between the vivax and falciparum types.

Dengue frequently occurred but was usually a mild disease. Many of the internees had had previous attacks. There were several dengue-like fevers to which no name was given. These fevers have long been known to Manila physicians, but clinical entities have never been sufficiently defined to justify distinctive names.

Hepatitis with jaundice was endemic but never reached epidemic proportions. About 5 % of the population developed hepatitis. Usually this disease was not severe but regularly caused moderate loss of weight and 2 deaths were attributed to it. One interesting observation was that after a new group of internees joined the Camp from the outside islands of Panay, Cebu, Mindanao, etc., an outbreak of jaundice would occur among them within a few weeks.....

Other Disease--....Gastric ulcer was not a frequent disease, but the patients suffering from this condition fared badly owing to lack of a satisfactory ulcer diet and 2 men died after hemorrhages. There were usually about 50 individuals on a special "ulcer diet".

Dr. E.E. Whitacre, one of the Camp physicians, in a survey of 1,042 women in the Camp who were in the age group for active menstrual cycles in '43, discovered that 125 had primary amenorrhea with sudden onset. Of this group, he found none in whom an organic cause could be ascertained and termed the cases "war amenorrhea." He attributed the condition to a neurogenic and hormonal imbalance caused by worry, fear, and anxiety. He extracted the urine of 2 women daily for 5 weeks and found the pituitary hormone to be present but found a total absence of the ovarian hormone. He believed these individuals should be treated with estrogenic substance but there were no hormonal preparations available. He found that most of these women resumed normal menstruation after several months of adjustment to their situation.

There were about 20 diabetics in the Camp. Insulin was often not available and a satisfactory diet was impossible. The severe diabetics naturally regressed rapidly and 8 died.

Disease of the prostate was notably rare among a population in which there was a disproportionately large number of old men. Decrease in libido was said to have been a common experience in the Camp.

Fungus infections of the skin, impetigo, and eczematoid dermatitis occurred frequently but did not become widespread problems. In a few instances the infection spread to a large area of the body and there were three or four cases of exfoliative dermatitis. Malaria, or prickly heat, troubled susceptible individuals rather continuously. Scabies was frequently seen. One interesting observation was the epidemic nature of herpes zoster. This condition occasionally attacked several individuals in groups at the same time.....

Seventy-five babies were born during internment. There were 2 still births and 3 infant mortalities, but no maternal deaths. When a pregnancy occurred in the Camp, the Japanese authorities automatically imposed a 30-day jail confinement on the father. There were 15 babies born at the Los Banos Camp with no deaths. ....

Perhaps the most interesting surgical condition encountered frequently was intestinal obstruction. This condition was encountered frequently in the malnourished. Many people were obstinately constipated, and as they lost their abdominal fat, the gut easily became obstructed. This occurred most often in individuals who had had previous abdominal operations and adhesions.

An inordinately large number of inmates developed inguinal hernia in 1944 after losing a large amount of weight. Hernias often developed suddenly on slight exertions. A few strangulated and required emergency operations. The great majority of hernias were not repaired, partially because the limited supply of surgical material prohibited optional operations.

Surgery within the Camp was accentuated by casualties from enemy shell fire after liberation by American forces. By this time United States Army Medical installations were present to lend assistance. Ninety-seven internees were wounded and 17 were killed by shell fire.....

Era of Starvation--Prior to Feb. 1944, individual food consumption had been limited, but in general, the available quantity was considered adequate for calories and fresh food. Food for the central kitchen was purchased by the Executive Committee which had adequate funds. Supplementary foods could be purchased by the internees with their own funds. A small individual issue of Red Cross foods from New Zealand, South Africa and Canada was received in 1942. It was thought that the original destination for these supplies was some part of the United Kingdom. In Dec. 1943, after the arrival of the "Teia Maru", each individual received a 55 pound box of food from the American Red Cross. Some of the more frugal and far seeing saved most of this supply and credited it with prevention of death from starvation during the latter part of the following year.

When the Japanese began to supply rations "in kind", they promised a daily ration as follows: 400 grams rice, 100 grams fish, 20 grams sugar, and 10 grams cooking oil (coconut), which presumably was the daily ration for a Japanese soldier. Actually the promised quantity was never approached....

In Jan. 1945, the allowance was further reduced and the total caloric supply per individual reached as low as 700 calories per day. Children under the age of 11 years were allocated one-half ration by the Japanese, but they actually were issued a disproportionately large share of the daily ration.....

In order to portray more vividly what it is like to eat the diet provided by the Japanese, I quote Mr. Hartendorp:

"During the last few months a typical breakfast consisted of a 'mush' made of 80 grams of rice or corn, or rice and corn, boiled in water with a little salt. It was measured out in a little dipper and usually served thin and watery. We were suppose to get only 2 meals a day but usually at noon a thin soup was served, about 1 cupful, made with rice, corn and greens from the garden. Toward the last, a soy bean mash or refuse which the Japanese began to send in daily from a mill was used to make soup. Supper, the main meal of the day, consisted of a 'stew' or if it was thinner than usual, a 'puree'. The staff fought hard to make this a 100 gram (raw) meal, but did not always succeed. This was also generally rice and corn; sometimes there was a substitution of camotes (a kind of sweet potato). If the camotes were served alone, there was generally a gravy (meatless) made of vegetables and some kind of spice. The rations were issued by the Japanese on a day to day basis and the staff never knew in advance what or how much they were going to get.".....



A large number of internees were weighed in Aug. 1944 and these figures are compared with those given in official records at the time of internment.

Table VIII - Weight of Internees in Aug. 1944 Compared with Jan. 1942

	Number	Average Weight Jan. 1942	Average Weight Aug. 1944	Average Pounds lost
Male.....	1,557	171	140	31
Female.....	1,203	132	114	18

Another similar survey was made in Jan. 1945 and revealed very astounding figures regarding weight loss. The following figures are even more significant when it is realized that about 80% of the personnel surveyed had varying degrees of nutritional edema which accounted for a part of the body weight.

TABLE IX - Weight of Internees in Jan. 1945 Compared with Jan. 1942.

	Number	Average Weight Jan. 1942	Average Weight Jan. 1945	Average Pounds lost
Male.....	1,506	172	121	51
Female.....	1,232	132	100	32
Total.....	2,738	154	112	42

Nutritional edema, popularly known as wet beri-beri, gradually became prevalent, so that by Dec. 1944 about 75 to 90% of the adult population developed various degrees of edema. Constipation or loose stools and polyuria and nocturia accompanied the edema. Neuritic symptoms or signs in the extremities occurred in about 20% of the internees. Some had pains in the legs, others had paresthesiae and 3 or 4 patients developed foot drop. The deep reflexes were occasionally lost. Some individuals complained of numbness in their fingers causing discomfort in common duties and playing cards. A supply of thiamine chloride was usually available but generous doses of this drug had little or no influence on the edema, and cases with actual neuritic signs responded to it poorly. A regular issue of thiamine was made after the arrival of Red Cross supplies in Dec. 1943, but a few "old timers" who refused to take any such new-fangled drugs were said to fare no worse than the others who took vitamins regularly.

Signs of vitamin A deficiencies such as dryness and roughness of the skin, perioral fissuring, were observed frequently. Night blindness occasionally developed, but a more frequent complaint was a general dimness of vision. Others complained of blind spots. Most of these visual disturbances and skin changes cleared up when adequate food was provided.

Early pellagrous changes in the skin and redness or soreness of the tongue were not rare. Signs of riboflavin deficiency such as cheilosis were frequently seen. Scurvy was apparently non-existent, although some patients developed sore gums that bled easily and were thought to be improved by the use of ascorbic acid.

Anemia of some degree existed in almost all of the internees by the end of '44. The usual finding was about 3,500,000 red cells with 60% hemoglobin. Many individuals purchased iron and liver extract from Manila drug sources as long as contact could be made and funds were available. The Camp supply of iron and liver was reserved for individuals whose red blood count was below 3 million. One interesting observation was that the blood count rose in the late stages of severe malnutrition probably due to hemoconcentration.

The mortality from malnutrition rapidly increased in Dec. '44. The Japanese authorities issued orders that this diagnosis would no longer be used on death certificates and demanded that 8 death certificates be changed. One of the Camp physicians was jailed after he refused to comply with those orders.

An occasional internee was executed by the Japanese during the 3 years. As the military situation grew worse for the Japanese in Jan. '45, they became more desperate and on one occasion executed 4 Camp Committeemen, including the Chairman of the Executive Committee.....

The crude death rate in the Philippines in '37 was 20.97 per 1,000 Christian population. The crude death rate among the internees was 16 per 1,000 in '42; 13.2 per 1,000 in '44; and at the rate of 72.4 per 1,000 during the first 3 months of '45. For the pur-

pose of further comparison it may be stated that the crude death rate for the total population of the United States for 1942 was 10.4 per 1,000.

CONCLUSIONS--The health of 3,800 American and Allied National Civilian internees who were incarcerated in the Internment Camp at Santo Tomas University, Manila, P.I. and the 2,600 other civilian internees in the Philippines was not deleteriously influenced during 1942 and 1943, the first 2 years of imprisonment.....

The health of the internees seriously deteriorated in 1944 and 1945 during an era of forced gradual starvation imposed by their Japanese captors. Sixty persons died directly from Malnutrition. In many others, malnutrition was a contributing cause of death.

A total of 435 Known deaths occurred among the American and Allied National Civilians from Jan. 4, 1942 to June 4, 1945 in the Philippines.....

#### HELL SHIPS

<u>TATTORI MARU</u>	11 dead	Departed Manila Oct. 8, 1942 with 1,202 American PWs. Enroute 14 Americans were transferred to hospital at Takao, Formosa & 585 at Kobe, Japan. Arrived Mukden, Manchuria 11 Nov. 1942. Source: Provost Marshall General
<u>UMEDA MARU</u>	15 dead	Departed Manila 7 Nov. 1942 with 1,500 American PWs. Arrived Japan 25 Nov. 1942. Source: Lt. Samuel A. Goldblith, USA.
<u>NAGATO MARU</u>	157	Departed Manila 7 Nov. 1942 with 1,700 American PWs. Arrived Japan 25 Nov. 1942. (7 men died enroute, 150 dying men left on dock were never seen again). Source: Lts. Edward Erickson & Robert Powell - both Army Air Corps, & Lt. Frank Burwell, USA.
<u>TAGA MARU</u>	70 dead	Departed Manila Sept. 1943 with 850 American PWs. Arrived Japan _____? Source _____?
<u>SHINYO MARU</u>	668 dead	Departed Zamboanga, Mindanao 3 Sept. 1944 with 750 American PWs. Torpedoed by USS PADDLE on 7 Sept. 1944. Only 83 survivors. Source: Maj. Manny Lawton, USA(Ret); & George R. Robinett (former Army Air Corps M/Sgt) both men survived the sinking.
<u>HARO MARU</u>	39 dead	Departed Manila 3 Oct. 1944 with 1,100 American PWs. Arrived Takao, Formosa 25 Oct. 1944. Source: Dr. Julien M. Goodman, M.D., USA "...the total deaths on board were 39. Of course, we lost many more in the following days from exhaustion & mistreatment on this trip.
<u>ARISAN MARU</u>	1,795 dead	Departed Manila 10 Oct. 1944 with 1,800 American PWs. Torpedoed by USS SNOOK on 24 Oct. 1944. Source: Calvin Graef - one of 5 survivors. (Three other survivors were later reported. Source: Office of the Provost Marshall General.
<u>(UNKNOWN) MARU</u>	1,100 dead	Departed Manila 16 Oct. 1944 with 1,100 American PWs. Torpedoed 18 Oct. 1944 by unknown submarine. Source: Dr. Julien M. Goodman, MC, USA.
<u>ORYOKU MARU</u> <u>BRAZIL MARU</u> <u>ENURI MARU</u>	1,426 dead	ORYOKU MARU departed Manila 13 Dec. 1944 with 1,800 American PWs. Sunk by U.S. NAVY carrier planes off Bataan Peninsula on 15 Dec. 1944. BRAZIL MARU departed Lingayen Gulf 27 Dec. 1944 with survivors, arrived 2 Jan. 1945. ENURI MARU with survivors, departed Takao 14 Jan. 1945. Arrived Moji, Japan 29 Jan.

## WOULD YOU BELIEVE

By Manny Lawton (PNC Calvin Graef tells of his survival from the Japanese Prison Hell Ship, Arisan Maru. Calvin is one of the 8 survivors out of 1,800 American PWs.

Late one afternoon in October 1944, in a typhoon-agitated sea 100 miles off the China Coast, 1800 prisoners of war, crammed into the cargo holds of an unidentified Japanese Prison Ship, were terrified as the first of three torpedoes hit the forward part of the ship. The second changed terror into panic as the aft section was blasted. The third, a bull's eye at center, brought mass carnage and destruction as it split the ship into two halves, which drifted 150 yards apart before sinking. Less than 100 came out alive. Those few saw to it that no Japanese guards survived.

Before slipping into the wind churned fifteen foot waves, Graef filled two canteens with fresh water. Seeing no life, no boats, no land, he thought at least the fresh water would give him one weapon as he set out alone to conquer the sea.

After staying afloat for about a half hour, Graef finally bumped into a bamboo pole about ten feet in length and four inches in diameter. This was a help. Later he caught on to a similar piece of debris and with his G-string-his only thread of clothing-he tied the two together.

Sometime during the night something bumped into him. It turned out to be Don Myers. Graef pulled him over and invited him to hang on. Myers said, "No, let me go, I'm finished." To this Graef sternly replied, "No siree, you're not leaving me alone!" So together they hung on, not knowing where, why, or how, except that they resolved to try to see another day.

Later during the night, through a brief ray of moonlight, they thought they saw a lifeboat. But then, on second thought, they decided it was a mirage.

Next morning, WOULD YOU BELIEVE, bobbing on the waves nearby, was a white, shiny lifeboat? With renewed hope, after being in the lonesome angry China Sea for 14 hours, they mustered up enough extra strength to work their way over to the boat. At last they had a life-saving boat at hand, but not enough strength to climb over its three-foot sides. Just then three heads popped up from inside and their buddies, the other survivors, pulled them in.

Once aboard, the next thought was a drink of water. Screwing the cap from the first canteen he passed it to the man next to him. The first gulp brought on gasping, grimacing and spitting, which indicated salt water had fouled the precious modest supply of drink. So it turned out with the other canteen. Now, thirsty and exhausted, the five flopped over and fell asleep.

Some time later they were awakened by a bumping against the side of the boat. Peering over someone discovered a 5 gallon wooden keg being tossed by the waves. They hauled it in and found it half full of water. WOULD YOU BELIEVE that in spite of the fact that the round drain hole had no stopper on it, the water was FRESH? Feeling better and more hopeful after a rationed drink around, they began to assess their situation. They had a boat and fresh water, but no mast, no sail and the rudder was broken. As they pondered these deficiencies, someone noticed a pole floating along-side. With their combined limited energies they worked it aboard, thinking there might be use for a pole. Again, exhausted, now some 16 hours after shipwreck, the 5 spunky survivors stretched out for a rest.

Before they fell asleep, a Japanese destroyer was spotted approaching their direction. It was quickly decided that the only chance lay in playing dead. With bodies criss-crossed, motionless and each facing a different direction. The 5 awaited their doom--and yet with some glimmer of hope. The destroyer came with 100 yards and, at that distance made a giant circle. As she swung around, the men could see Jap officers on deck inspecting them with field glasses. The second time around they noticed 2 machine guns zeroed in on them. Thinking "this is it", they tensely awaited the blast that would end it all. Just as someone said the last amen, the destroyer mysteriously turned and steamed away. Shortly thereafter there was another bumping against the side. This time it turned out to be a box 2 feet square and 1 foot deep, the top of which was securely screwed on. Thinking a fellow could always find some use for the wooden box they hauled it aboard.

Another brief period of rest and thanksgiving, as late afternoon approached, they



began to explore the items of debris which had drifted their way. The pole turned out to be not just a pole, but a mast. Not just any old mast, but WOULD YOU BELIEVE, the very one which had been made for their boat? When the box was opened it proved to house a sail and pulleys and rigging--not just any old sail, but, WOULD YOU BELIEVE, the very sail that fit the mast that fit their boat? It was fortunate too, that they were too weak to rip the sail before the destroyer came on the scene.

The next project was to repair the broken rudder. One of the boys started pounding on the wall of the little compartment under the front deck, thinking to use a board from it for the mending job. Upon getting it open he found a tightly sealed tin box. WOULD YOU BELIEVE, it was filled with "hard tack" (biscuits)? Now there was a boat, a mast, and sail, fresh water and food. Now there was hope where 24 hours earlier there was nothing but despair as they tossed about in an angry sea--their newest enemy.

So equipped, and with some knowledge of astronomy, they set sail by the stars for the coast of China. Later information from Navy men revealed that only novices or fools would have rigged a sail in a typhoon. But they did and it worked, for within 3 days, the strong winds pushed them over 300 miles.

Now, at this particular time in history, with the exception of one 200 mile area, all of the thousands of miles of China coast were occupied by the Japanese. WOULD YOU BELIEVE, their navigator landed this motley crew right in the middle of the friendly area? Disembarking, these 5 physical wrecks from a shipwreck walked down the main street of a city of 150,000 people just like they came into this world--naked, hungry and weak.

### REPORT ON AMERICAN PRISONERS OF WAR INTERNED

#### BY THE JAPANESE IN JAPAN

Prepared by Office of the Provost Marshall General 19 November 1945

#### FUKUOKA CAMP NO. 1 ON THE ISLAND OF KYUSHU, JAPAN

LOCATION--This camp had 3 locations within a period of ten months, namely, from Mar. 1944 to Jan. 1945. It was first situated at Kashii, said to be a suburb of and 5 miles north of the city of Fukuoka on the Island of Kyushu, Japan. About 17 Apr. 1944 it was moved to the airport between Kashii and Fukuoka. In Jan. 1945 the third location placed the camp in a grove of pine trees slightly north of and inland from Fukuoka, about 1,000 feet from a main-line railway very close to a new Japanese military installation, and within a few miles of coal mines. From the pine trees on the land this new installation took the name of Pine Tree Camp.

The size of the compound was 1000' x 300'. The soil was sandy and level. The compound was surrounded by a wood fence topped by electrified barbed wires. Drainage and sanitation were satisfactory.

There were no markings to indicate the installation to be a prisoner of war camp.

PRISONER PERSONNEL--This camp was first occupied by British (300 prisoners) Dutch (10 prisoners) and American civilians taken on Wake Island (4 prisoners). More than 100 deaths in the group occurred in 1943.

A detail of 200 American Medical Officers from Cabanatuan reached Fukuoka No. 1 on 17 Mar. 1943. On 25 Apr. 1944-100 civilian prisoners captured on Wake Island arrived and a month later a group of 100 prisoners from Netherlands, E.I., was interned at this location. On 30 Jan. 1945-193 American prisoners starting from Manila 13 Dec. 1944 on the ill-fated Hell Ship, ORYOKU MARU, reached the camp. The total prisoner personnel listed was: American 493 divided as follows, Army 293, Navy 30, Marines 20 and civilians 150, British 150, Dutch 250, Australians 20, making a total of 913.

Col. Curtis L. Beecher, USMC was the Senior Officer; Col. Arthur Schreve, G.S.C.; Lt. Col. Karl H. Houghton, M.C.; Maj. Raymond McWilliams, A.M.C. and Maj. Walter Kosteki, A.M.C.

#### GUARD PERSONNEL:

Commandant: Yuichi Sakamoto, 1st Lt. Japanese Imperial Army, sadistic, conniving, and brutal.

Medical Ofc.: Matsato Hata, incompetent, inconsiderate and brutal.

Interpreters: Mr. Kitiyoka and Mr. Katsura

Guard: Mr. Honda, Cruel who administered many beatings without cause to sick men as well as to those able to discharge assigned work.

GENERAL CONDITIONS:

(a) Housing Facilities--This camp was comprised of 12 unheated barracks 22' x 60' ceiling of very light frame construction set in excavations of 4½' into the ground with tar paper roofs and sand or dirt floors. To enter these barracks the prisoners stepped down to a sand floored aisle. On either side were the sleeping bays single deck about 3' off the ground surring full length of the buildings. The conventional Japanese sleeping mats were fitted into the bays and the men slept with their heads to the wall in a space 2' x 7½'. The parts of the superstructure of the barracks above the ground were covered with mud plaster to protect them against the weather. 48 to 60 prisoners occupied each building and there was one small central light in each structure which was not allowed to be turned on during the day, therefore the barracks were in semi-darkness. No washing or toilet facilities other than 1 wood tub at either end of the barracks. The window openings, 6 on either side, had slat shutters. The Japanese headquarters buildings (2) and guard house were located in the prison compound.

A hospital building, dimensions same as the barracks, had been erected in front of the barracks, about 50' away, and close to this building was a small dispensary. The hospital did not contain any beds, therefore patients were allotted floor space, about 2' wide and about 6' long. Four Japanese army blankets and a pillow bag filled with rice husks constituted the bedding. Ventilation was very poor. There were 2 windows at either end of the hospital, no roof vent, and no side windows. The bath house and kitchen were behind the barracks.

(b) Latrines: Four latrines in separate wood buildings were located within 50' of and back of the barracks, straddle type, aperture in wood floor over separate concrete septic tanks, each with about 12 cubicles. Bacterial action prevented any overflow. A urinal trough was located in each latrine. There were no urinals or bed pans in the hospital.

(c) Bathing: A separate bath building, unheated and with concrete floors, had been erected convenient to all the barracks. The equipment was 5 large square vats made of wood with metal bottom 10' long 4' wide and 4' deep, with a facility under each tub to heat the water. All of the prisoners, including the ambulatory patients, used these tubs. The water in them was changed once weekly and would become so foul that many of the prisoners would not bathe, furthermore, during the winter months it was hazardous to bathe in the unheated building.

Soap was not furnished except on rare occasions. For one period of 11 months no soap was issued and then only one small cake for 4 men. It was known that soap was available which, plus the Red Cross soap, gave the Japanese a surplus quantity. There were no separate bathing facilities for the prisoners in the hospital.

(d) Mess Halls: A separate building had been erected for a kitchen, but no mess hall. Buckets of food, consisting of rice and watery soup, were given out at the kitchen to a prisoner representative from each of the barracks which representative divided the food in his barracks to the best of his ability and his moral integrity.

The kitchen was equipped with wood burning stoves, constructed of brick, and the cooking was done in flat iron cauldrons.

(e) Food: The basic ration per prisoner per day was 300 grams of a mixture of rice, kafir corn and rolled barley, 100 grams of greens and 10 grams of fish, all boiled. The food generally was inferior in quality due in large part to pilferage by Japanese camp officials of better quality camp rations, and articles removed from Red Cross parcels on a selective basis. In American measurement of this ration, the equivalent is approximately ¾ of a canteen cup of steamed rice and ½ of a canteen cup of soup. One small bun was added occasionally. This ration equalled 1500 calories. The food was prepared by British prisoner of war cooks. The diet was supplemented at long intervals by such perishable food as meat, fresh fish and vegetables, and on such occasions the regular Japanese ration was reduced. Usually some surplus of rice, dried fish and seaweed resulted when the supplemental food came into the camp. The surplus was pilfered, evidently with the knowledge of the Commandant and converted into profit by and for the schemers.

(f) Medical Facilities: Very inadequate medicines and medical supplies of all kinds made it impossible to efficaciously treat the sick prisoners in the hospital and in the

barracks. Many of the Army doctors were themselves sick in the hospital and were too ill, due to diseases caused by malnutrition, to administer to the comfort and relief of other sick prisoners. The burden of looking after the sick devolved upon any Army medical officer, supported by 2 Dutch doctors who worked to the best of their ability, all under the supervision of a Japanese medical officer. A British Army officer was in charge. The Army medical officer highly praised one of the Dutch doctors for his efforts in behalf of the American prisoners. The hospital, which was inadequately heated and poorly equipped, was used largely for pneumonia cases. There were as many seriously sick prisoners in the barracks as in the hospital. Actually there was no difference between the hospital and the barracks. The capacity of the hospital was 15 patients. There was no operating room. Upon arrival of the 193 survivors of the ORYOKU MARU at this camp 30 Jan. 1945, many of them were seriously ill. Medicines and dressings were obtained in very limited quantity and after much persuasion. A supply of Red Cross medicines and surgical supplies were in the camp, but it was next to an impossibility to obtain them from the controlling Japanese medical officer. From Apr. 1943 to Jan. 1945, an American Army medical officer who was in Fukuoka No. 1 at all 3 of its locations states that during this time, he lost by deaths approximately 100 Americans, British, Australian and Dutch prisoners in his care due to lack of medicines. The root of death, was malnutrition, and secondary to the slow starvation, was pneumonia, diarrhea or dysentery and brutal beatings of the prisoners by Japanese guards. This officer states that the camp commandant was definitely responsible for many of the deaths because of his concurrence in the brutal beatings. The hospital was badly crowded at all times.

(g) Supplies: (1) Red Cross, Y.M.C.A., other Relief:

There were adequate Red Cross medical supplies stored in a Japanese headquarters building in the camp compound, but they were made available to the doctors in such negligently amount that the use of them was frequently too late. Death had taken over. Red Cross food parcels were issued on 29 Jan. 1945 to be divided one parcel among 3 men and again in the same ratio, parcels were issued on 1 Mar. 1945. There is no record of later Red Cross issues. An Army Medical Officer who was interned in this camp in March 1943 and who remained there for more than 2 years states that during this period the prisoners received only 2 issues of Red Cross food-stuffs which were parceled out one item (not package) at a time.

(2) Japanese Issue: During the 2½ years prior to Jan. 1945 there is no reference to the Japanese issue of clothing. It is taken for granted that the issue was reasonably adequate. When the detail of 193 men from the ORYOKU MARU reached this camp in Jan. 1945 they were each given one heavy overcoat, full length cotton underwear, clean top-clothing and 6 blankets. This distribution followed the bestowal of other clothing upon leaving the ship at Moji and before starting the short trip to No. 1.

(h) Work: Enlisted prisoners worked 10 hours per day at hard labor outside of camp compound in construction of air field bomb shelters and in coal mining. They were exposed to bombing raids and were very inadequately fed for manual labor. These prisoners also did such work as grave digging, carrying coffins to burial sites and other work in the cemetery. Numerous prisoners with malaria and suffering from intermittent fever were compelled to work. Outside details took lunch with them and on some days hot soup was delivered to them at noon.

Officers were not compelled to work. Those who were able were allowed to work in the garden. This was not unpleasant work and the officers were willing to undertake it, although many were too sick to work at all.

(i) Mail: (1) Incoming: None. (2) outgoing: Prisoners were allowed to write 1 or 2 letters and 2 cards during their internment, however these communications never reached the U.S. On 2 occasions the prisoners were permitted to send radiograms through amateur network.

(j) Treatment: The American Army Officers in Fukuoka No. 1 are unanimous in their condemnation of the Camp Commandant, the Medical Officer and others of the camp command. The prisoners were subjected to frequent beatings by the guards and stoning by the civilian population. In addition to deprivations of all kinds and the confinement of prisoners in unheated guard houses in zero weather the prisoners were poorly treated at all times and 1 officer among the ORYOKU MARU detail said "a healthy pig would have died." Words out of the mouth of an Army Medical Officer interned here are expressive and they are quoted as follows:



"I would like to emphasize that the Fukuokan camp was without question, excepting the hell ships, the worst experience of all which was probably partly due to the fact that we arrived in a very distressful physical and mental condition after having been bombed and sunk on 2 ships and having narrowly escaped being torpedoed on the third ship, and without food or water sufficient to sustain life for many days. Contrary to expectation, we did not receive adequate food or medical attention and I personally had approximately 23 streptococcic infections on my legs and body which were running with pus and blood and I was refused any form of gauze or cloth to cover them. There is no question but what many who died here, died from mental distress in a defeated attitude, as we had about reached our rope's end in hopes. There was no excuse whatsoever for our buildings not being heated as there were coal mines nearby and we were willing even to mine the coal if necessary, that is, those of us who were able to provide such fuel. Unsanitary conditions and body lice, added to the discomfort and ultimate death of many of the prisoners there. I feel that the Camp Commander of this camp is directly responsible for not having taken action to save the lives of these men. I feel sure that their lives could have definitely been saved by just a little effort. Many men left this camp who were hardly strong enough to stand alone.

I furthermore would like to emphasize strongly that the Japanese doctors in this camp are not worthy of any consideration whatsoever, that they were very neglectful in their duties and at times refused to supply medicine to the American officers who were dying of pneumonia and whose lives could have been otherwise saved."

Out of 193 American prisoners who were interned here 30 Jan. 1945-53, or 28%, died before this detail moved out to Jinsen, Korea on 25 Apr. 1945. The emasculated Japanese version of the Geneva Treaty seemed to suggest the imposition of all forms of brutality.

#### WOOSUNG, CHINA

1. LOCATION: Woosung Camp is located 15 miles North of Shanghai and 5 miles Northeast of Woosung Forts. It is next to a radio station and was formerly used as a Japanese army barracks.....
  2. PRISONER PERSONNEL: The first group of prisoners to arrive in Woosung were the survivors of the USS "Wake" and the HMS "Petrel", plus the personnel captured on Wake Island. They arrived on 24 Jan. 1942. Up to the time of their arrival they were under the custody of the navy and on Woosung they were turned over to the army. On 1 Feb. 1942, the prisoners from Tientsin and Peking arrived making a total of 1500 prisoners; 700 of them were civilians, 700 army, navy and marine corps, and the rest made up of other nationalities. Col. Ashurst was the ranking officer and his assistant was Maj. Luther Brown.
  3. GUARD PERSONNEL: The first Japanese commanding officer was 1st Lt. Takamoto. He was replaced about a week later by Col. Yuse and upon his death in Sept. 1942, Col Otera became the commanding officer of all Shanghai camps. The immediate camp was under Capt. Endo who was formerly the executive officer of Col. Yuse. Lt. Akiyama was in charge of the guards. Lt. Suzuki, quartermaster, Lt. Shindo (now Capt.) medical officer and chief interpreter Mr. Ishihara.
  4. GENERAL CONDITIONS: Conditions here were poor; health and sanitary facilities were inadequate, and from the first day written protests were filed by senior officers.  
HOUSING FACILITIES: The camp was made up of 7 old wooden barracks, 1 of the 7 being a small barrack, the rest of them being approximately 210' long and 50' wide. These barracks were divided into sections holding about 36 men to a section. The men slept on raised platforms on bare boards. All the floors were of wood. The roofs were constructed of a metal covering camouflaged with paint. The windows were glass, and broken panes were never replaced. The officers were separated from the enlisted men at one end of the barracks. They had separate rooms with 2 to 4 in a room, depending on their rank. Each barracks housed about 230 men. The entire camp was surrounded by 2 electrically charged fences.....
- FOOD: Rations for the first 2 months were very meager. A small bowl of rice, a bowl of stew, and tea composed the diet. In Apr. 1942 the rations were increased to

about 650 grams of rice per man per day, plus a quarter pound of meat per man per day. Later the issue of meat was discontinued. Fish (squid) was given to the prisoners on a few occasions.

In Aug. 1942 the prisoners of war gardens began to produce, but the Japanese took most of the vegetables. The only potable liquid was tea served in cups 5 times a day. No arrangements were made for drinking water. The whole supply of water came from a surface well about 30' deep. All prisoners were warned not to drink the water.

MEDICAL FACILITIES: Both medicine and accommodations were insufficient and inadequate. The administering of the sick was left to the 3 American Doctors and the corpsmen. Capt. Thyson was the senior American doctor. He brought with him a supply of drugs and they lasted until July 1942.

SUPPLIES: In the beginning the Red Cross was not allowed to visit or send supplies, but when Col. Otera took over, clothing, medical and food supplies were delivered by the Red Cross. The American Association through donations was able to equip the camp with a laboratory, x-ray room, infirmary and a dental room. The Japanese issued a few pairs of shoes, also some clothing to the men from Wake Island. Each man received 4 cotton blankets which was insufficient for the cold winter. The men from Tientsin managed to bring their blankets and clothing with them while the Wake Island prisoners only had tropical clothing. At first no soap was issued but later a bar of soap was issued every 3 months.....

WORK: In the early part of April the enlisted men, and civilians, worked at leveling a field, which was to be used as a Japanese parade ground. The men also did farm work and repairing the roads. Later the enlisted men were ordered to polish empty shell cases. Col. Ashurst protested to the Japanese authorities and after much haranguing this was stopped. The officers were never forced to do manual labor, but in some cases they were made to supervise the enlisted men.

TREATMENT: The guards did not treat the men too well. Face slapping was a common occurrence. Mass punishment occurred on several occasions. The offenses of a few prisoners, as an object lesson to all, brought such inflictions as standing in the rain for many hours, the stopping of food for days, or close confinement. These punishments were inflicted upon groups of men regardless of whether or not they had anything to do with the particular breach of rule. All prisoners were ordered and forced to sign a pledge that they would not escape.....

MOVEMENT: On 18 Sept. 1942, a group of men, about 70, consisting of laborers, technicians, specialists, etc., were transferred to Japan. On 6 Dec. 1942, the entire camp was moved to Kiangwan. All Japanese officers and guards moved with them.

#### EXPERIENCES OF A MEDICAL OFFICER IN A JAPANESE PRISON

Emil P. Reed, M.D., F.A.C.S., Dallas, Texas

Texas State Journal of Medicine, January, 1947, Vol. 42, pp. 543-547

To gain a clear understanding of our general condition at the time of imprisonment by the Japanese during the war it is necessary to call attention to the fact that during the campaign on Bataan the American and Filipino forces were early subjected to a limitation of almost 50% normal rations. Later this was again curtailed so that by the time of the surrender troops were getting about a quarter ration. Too, it must be remembered, there were many men engaged in actual combat who were not getting their rations regularly.

During the last month before surrender I was seeing cases of beriberi among the troops of the 26th Cavalry, a Philippine regiment. There were many cases of malaria appearing, perhaps 5 to 7 a day. Early in the campaign quinine became scarce and its use prophylactically was discontinued. Cases of bacillary dysentery were appearing, which was not surprising because of the extreme difficulty in maintaining sanitary conditions.

During the last few days before the actual surrender of Bataan, the Japanese had already started their push and in several places American lines were broken and the units had evaporated. Many of the men who had spent all this time on the front line were seen wandering to the rear. The deplorable emaciated condition of these men is beyond description. It can be seen that we were well along the road to starvation before we became prisoners.

reality hypoproteinemia. Beriberi was rampant. Certainly more than 60% of the 12,000 men in the area were afflicted. Before the first Red Cross food and medicine was received the treatment for this disease was a great problem. Our group tried making yeast by planting brewer's yeast on a rice mash with some sugar added. After this had worked for 3 or 4 days and just before it started to turn to vinegar it would be rationed to the beriberi patients at one-third to  $\frac{1}{2}$  canteen cup dose. Some of the men felt they received some help from this but it was a discouragingly small amount of good. It is of interest to note that quinine was in small amounts an excellent analgesic for aching feet in these patients.

Another frightening condition that was showing up in a large number of the beriberi cases was nutritional amblyopia. This was characterized by a progressive diminution in vision and in many cases scotomata, and objectively by temporal pallor as seen in the ophthalmoscope. Most of these patients later obtained varying amounts of improvement but some also went on to optic atrophy. During 1942 there were a considerable number of cases of xerophthalmia, characterized by corneal ulcers and later in many cases by scarring. I saw only one case that could be definitely called scurvy. This can be accounted for by the fact that during the greater part of the time small amounts of fruit, especially a small tropical variety of lime could be obtained.

Pellagra became rampant after about 4 months of prison life. The medical department had been expecting it. There began to appear many men with itching, burning scrotums and at first it was difficult to explain this condition until the patients began to develop soreness of the tips and sides of the tongue with marked sensitivity to hot foods. The diagnosis was then apparent. Soon most of the men showed varying amounts of pellagra from slight oral signs to the full blown type as described in textbooks. Practically all of the pellagra cleared up or improved with the receipt of the first Red Cross packages.

The dysenteries were, like "poor folks," with us the entire time of our prison life. During the first 6 months, when so many men were dying, I believe the bacillary type was the causative factor. Constitutional signs and symptoms were marked. Later the amebic type came into its own. All types and grades of severity were encountered and the estimate of the men afflicted ran between 15 and 40%. There were surprisingly few cases of liver abscess. There was nothing to combat this disease until receipt of the 2nd shipment of Red Cross medicine in Dec. 1943.

During the middle and latter part of 1944 many cases of dengue developed. This was characterized by severe aching and headache that aspirin would not relieve. It was also about this time that the Japanese began to issue a partially decomposed fish that during ordinary times the Filipinos sell for \$2 or \$3 a ton for fertilizer. We had begged and pleaded for some form of protein and so they let us have this fish. The fish conglomeration smelled as bad as any spoiled fish can smell. By this time our whole life had become wrapped up in food and the quest for food. After some experimenting it was found that the only way this fish could be prepared in anything like a palatable way was to bake it to a crisp dryness and then to grind it into a powder. Sprinkled on rice it had a faintly fish flavor and was salty and thus could be eaten.

Soon a peculiar epidemic appeared which the soldiers called "limber neck". Subjectively there were (1) drooping of the eyelids, (2) weakness of the extensor muscles of the head, allowing the head to nod and often drop forward helplessly on the chest, (3) inability to fix the vision on objects. Less frequently there were (4) drooping of the lower lip, causing drooling, (5) weakness of the muscles of mastication, resulting in inability to eat an entire meal without periodically resting, (6) weakness of the upper extremities, (7) weakness of both the upper and lower extremities, (8) wrist drop, (9) foot drop.

Objectively all patients were found to exhibit the following: (1) lateral nystagmus, (2) contraction of visual fields for color, (3) rapid fatigue of eye and neck muscles. Less frequently found were (4) weakness of the levator palpebrae superioris, usually bilateral, (5) weakness and occasionally paralysis of one or more of the external ocular muscles (extra ocular palsies), (6) weakness of extensor muscles, of the neck. A few cases also showed (7) weakness of muscles, especially extensors of the arm and forearm, (8) wrist drop, (9) weakness of arm and leg muscles, occasionally foot drop, (10) weakness of muscles of mastication, (11) weakness of muscles of deglutition, (12) weakness of muscles of facial expressions.



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This disease struck both the healthy and sick alike and the state of nutrition had no relation to the number of cases. Exercise brought on the symptoms and rest caused the symptoms to subside or clear up for a period. The usual story given was as follows "I had been going about my affairs as usual when I noticed a marked difficulty in keeping my eyes open," or "While picking camotes up from the ground, I suddenly found I couldn't raise my head," or "While chopping wood I suddenly felt very weak, my eye-lids wouldn't stay up, my head dropped forward on my chest, and I had to be helped in from work because of weakness," or "I can't eat my entire meal without stopping to rest, as I have difficulty in chewing and swallowing." These symptoms often cleared up in a few hours only to return with attempted use of the muscles affected.

Most of the cases developed during Nov. & Dec. 1944. About 400 of the 511 prisoners in the camp were affected to some degree. Most of the cases were mild, exhibiting perhaps only the ptosis as a subjective symptom. As to the etiology, many possibilities were considered— chemical, bacterial, or virus. At first the possibility of a post-dengue encephalitis was considered. Later it was noted that a large part of a group assigned to work in the mess did not have the affliction. On talking with these men, it was discovered that they did not eat the partially decomposed fish powder which was being issued once each day to the general mess. A group of 50 men who were having symptoms volunteered to cease eating the fish powder entirely as a test. The symptoms in this group completely cleared up in 2 to 7 days. Shortly after this the regular Japanese guard left camp and we started having more or less adequate diet in most essentials particularly fresh meat, and so the fish powder was no longer served. By the time of our release, 22 days later, all cases had cleared up. I believe now this was a form of mild chronic botulism. In treatment, the drugs used experimentally were calcium, ephedrine, adrenalin, strychnine injectible, and oral thiamine. Of these, only strychnine had any apparent effect. An infection made it easier for the man to eat, but its action was very short lived.....

Because of the demands of both the officers and men, the garbage from the kitchens was passed out in turn to each barrack and the men and officers would pick through it for any peelings that had been cut too thick and for other bits of edible material.

On one occasion dry corn on the cob was issued. The corn was cooked on the cob, then removed for issue. Soon there was quite an epidemic of corn cobs impacked in the rectum. Many of the men picked these cobs out of the dump and ate them. There was a little flavor in them from being cooked with the corn itself and they filled the emptiness. By the time the masticated corn reached the rectum it had not lost its identity and these unhappy fellows that had to have their rectums emptied manually of corn cobs.

On the night of January 30, 1945, the stillness was suddenly broken by shooting all around the camp. Within a very few minutes a large group of well fed Americans were in our midst and we were herded out of camp while the Rangers and some guerrillas gave us flank and rear guard. We traveled across country all night and by the next afternoon were within our lines and under Old Glory for the first time in 3 years.

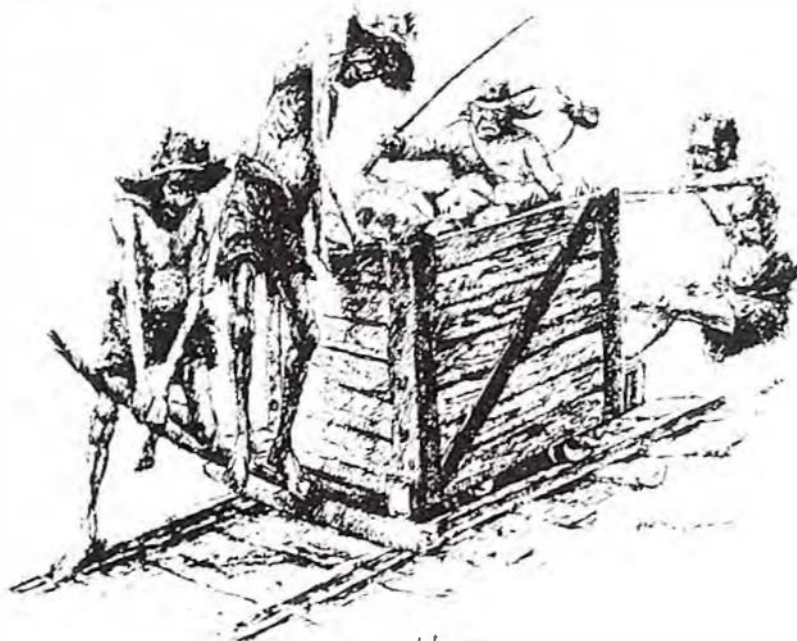
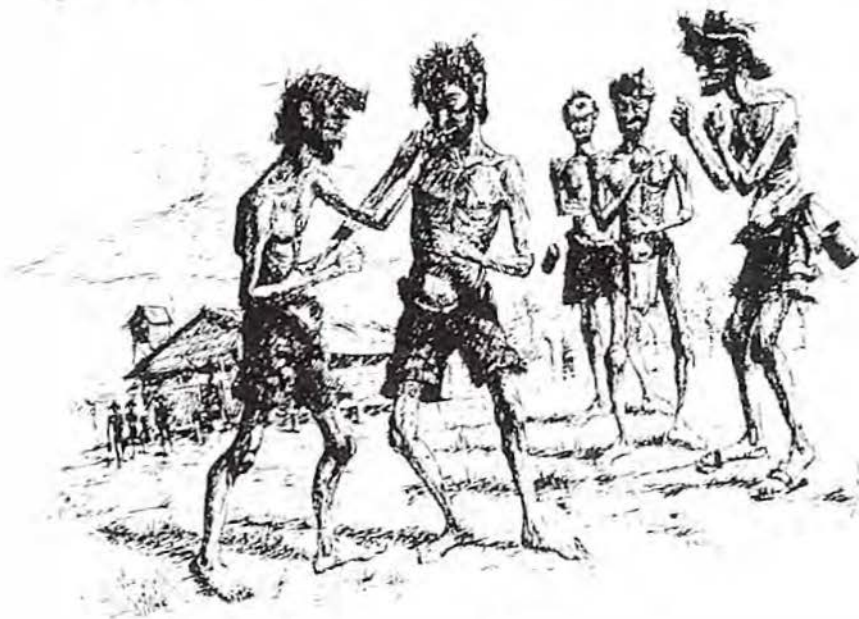
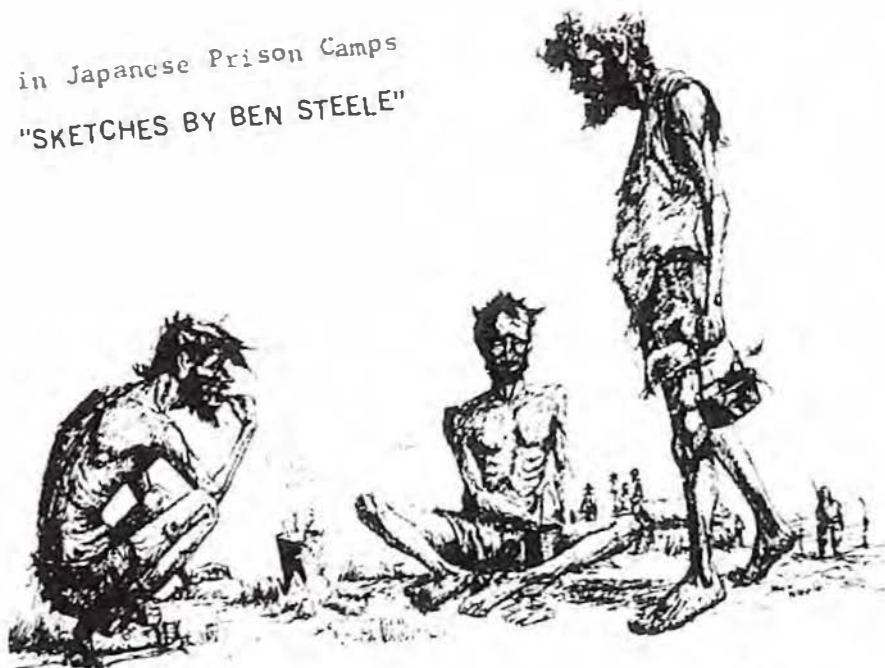
The first few meals we had after our liberation were somewhat difficult to take. Some of the men were nauseated and a few vomited. By the time we reached the states, about 6 weeks after liberation, most of us had regained our old prewar weight. One officer gained more than 70 pounds.

#### OF INTEREST

In the savage Battle of Sunda Strait the USS Houston & HMAS Perth each got her share of Japanese ships. Officially the Japanese admit the following:

SAKURA MARU	Passenger-cargo 7,170 tons	Sunk
TOKUSHIMA MARU	Passenger-cargo 5,975 tons	Sunk
HORAI MARU	Passenger-cargo 9,192 tons	Sunk
W-2 (AM TYPE)	Mine sweeper	Sunk
TSURUMI	Tanker	Damaged
SHIKINAMI	Destroyer	Damaged
SHIRAKUMO	Destroyer	Damaged
BARUKAZE	Destroyer	Damaged
ASAGUMO	Destroyer	Damaged
KINU	Light Cruiser	Damaged

Sketches of POW's in Japanese Prison Camps  
"SKETCHES BY BEN STEELE"





## THE LOST BATTALION

by CRAYTON R. GORDON, Executive Secretary, The Lost Battalion Association

Our Battalion, 2nd Bn 131st FA, was split, one battery stayed in East Java and the remainder went to West Java to confront the Japanese landing. When the Dutch capitulated the island the Battalion was imprisoned in Batavia and the other battery "E" was imprisoned in the Suerabaja area. The majority of the men of "E" Battery were sent to Japan, via Singapore.

I will use the word Battaloon from this point forward. When we were imprisoned in Batavia we joined the Survivors of the USS Houston CA-30 and were with these men from that time forward. The majority of the POWs left Java for Singapore in Oct. 1942. Part going on to Japan under Capt. LeRoy Zeigler, this was known as the technician party. Next was 193 men under Capt. Arch Fitzsimmons, left Singapore for Rangoon Burma. They were officially part of Group III, and left Singapore in Oct. Then the so-called Main or Tharp Group, officially part of Group V, with 452 men left Singapore in Jan. 1943 for Moulmein Burma. There were some left sick in Singapore at this time and I was one of them. There was a small group of men left Singapore for Thailand sometime between Jan. & May, I do not have the number or just where they went. However, 3 Houston men did go to Borneo. May 5th, 19 Americans left Singapore by rail for Thailand and I was with this group. Six of these men drop from the main group in Kan Chanaburi leaving 13 Americans going on up in the jungle to Hintok. The overall group was known as "H Force" and it was broken into group of about 600 men each. The small group that I was with arrived at Hintok with about 525 men after 18 days of walking through the Thailand jungle. The group was composed of a majority of English but with some Australains. We were housed in very old British tents, they kept very little of the rain out. We started to work on the railroad as soon as we arrived, working very long hours, sometimes up to 20 hours per day, 7 days a week. The food was the poorest that I had while a P.O.W.

Many of the men were in very poor condition when we arrived at Hintok, already tropical ulcers, malaria and dysentery had a very good start. Not too long after we arrived at Hintok we had our first cholera case. Cholera took a heavy toll on the English and Australian in the Hintok and Konyu area.

"H" Force was in Thailand only until the latter part of 1943 at which time were moved back to Singapore and I with it. After work on the railroad was completed "H" Force was moved to Kanchanaburi to a so-called hospital camp, many more men died here. Of the 525 of my small group only 116 survived to return to Singapore in late Dec. A similar group of Australians of "H" Force about 5 miles from Hintok at Konyu also had high casualties. I have a copy of an Australian's diary and he states that his group got back to Singapore with 184 men out of the original 600.

Number of 2nd Battalion 131st Field Artillery taken P.O.W.....	529
Number of USS Houston CA-30 who survived the sinking and taken P.O.W.....	368
Number of 131st FA personnel who went to work on Burma-Thailand Railroad.....	381
Number of USS Houston Survivors who worked on Burma-Thailand Railroad.....	268
Number of 131st people who died in Burma and Thailand.....	65
Number of Houston people who died in Burma and Thailand.....	66
Number of 131st people died enroute to Japan on ships that were sunk.....	16
Number of Houston people died enroute to Japan.....	2
Number of 131st people who died in Japan.....	2
Number of Houston people who died in Japan.....	2
Number of 131st people who died in Java.....	5
Number of Houston people who died in Java.....	4
Number of 131st people to die in Singapore.....	1
Number of USS Houston people to die in Borneo N.E.I.....	1
Number of USS Houston people to die in Saigon F.I.C.....	1
Number of USS Houston people to die on a Japanese ship.....	1

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We had one Houston man to die in Saigon just a few days after the war was over. We had several men to return to the States in very poor conditon, most with T.B. and died shortly after returning home. We had a few who could not take the elements and committed suicide after returning home.

# POSTAL HISTORY OF AMERICAN POWs: WORLD WAR II, KOREA, VIETNAM

by Norman Gruenzner

## JAPANESE POW CAMPS

### 1ST DEFENSE BATTALION-- WAKE ISLAND DETACHMENT

The U.S. military garrison on Wake Island surrendered to Japanese invasion forces on Dec. 23, 1941. The number of Marines and other military personnel on the island when it fell was 486. The majority of military and civilian prisoners were removed from the island on Jan. 12, 1942, aboard the NITTA MARU. The ship left Wake Island and sailed first to Yokohama and then to Shanghai, China, where it arrived Jan. 24, 1942.

The Japanese left 20 wounded military prisoners behind so their wounds could heal. Those left behind were: 15 Marines, 3 Navy, and 2 Army. It is thought that several hundred civilian workers also remained on the island to clean up after the battle. Many of the civilians later were transferred to other camps, although about 100 were executed by the Japanese because they were starving.

The wounded personnel were shipped to Japan about May 1 aboard the ASAMA MARU, which arrived at Yokohama around May 4 or 5. The prisoners were then transferred to a train. Six Marines were taken from the train to Ofuna Naval Interrogation Center, where they remained until July 1942, when they were shipped to the Zentsuji POW camp. When they arrived, they found the other 14 men from Wake Island already there! The men remained in the camp until liberation.

SHANGHAI, CHINA: The main group of Wake Island prisoners arrived on Jan. 24, 1942. The camp population was 1,800, of which 1,100 were civilians from Wake Island. There also were 30 to 40 British in the camp. After Italy's surrender in 1943, a few Italian merchant seamen were added to the roster. They later were released and allowed to return to the city. Around May 1945, a group of Marines was transferred to another location in China.

FENGTAI, CHINA: The Wake Island Marines arrived in this camp in early May 1945. It was situated just outside Peking, China. The group left in late June 1945 for Korea.

FUSAN OR PUSAN, KOREA: They arrived on June 23, 1945, and were put aboard a ship for Japan, which they reached by early July.

HOKODATE BRANCH NO.3: The Marines arrived July 6, 1945, and remained here until the end of the war. A team from the U.S. 1st Cavalry Division came into the camp on Sept. 16, 1945, ending 44 months of captivity. At this time there were 150 men in camp, most of whom were Wake Island Marines. There were also North China Legation Guard Marines, a few Army, and British merchant seamen.

The Japanese authorities allowed mail to and from the Shanghai China Camp. Once the group moved, all mail for the Marines stopped. Following is a list of the captured and killed from Wake Island:

Killed in action (includes 3 Navy)...	44	Civilians on Wake.....	1,200
Total to be captured.....	442	Killed in action....	82
Died in POW camps (Marines).....	18	Died in POW camps.....	115
Died in POW camps (Navy).....	9	Died escaping.....	2
Number repatriated (includes Navy)....	415	Executed by Japanese (Oct. 7, 1943)....	98
Civilians on Wake.....	1,200	Died after the battle.....	2
Killed in action.....	82	Number repatriated.....	901

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### WORLD WAR II, PACIFIC

	<u>Navy</u>	<u>Marines</u>	<u>Army &amp; Air Corp</u>	<u>Philippines 12/7/41-5/10/42</u>
Captured & Interned	3,848	2,274	27,465	25,580
Died While POW	901	901	11,107	10,650
Returned to U.S.				
Military Control	2,947	1,756	16,358	14,930
Number of Returnees:				
Alive on Jan. 1, 1977-	1,855	1,738	12,497	11,406
Alive on Jan. 1, 1979-	1,787	1,675	12,041	10,990

(Philippines--also known as the Bataan-Corregidor combat zone. Statistics in this column are incorporated in the Army & Air Corps totals.)

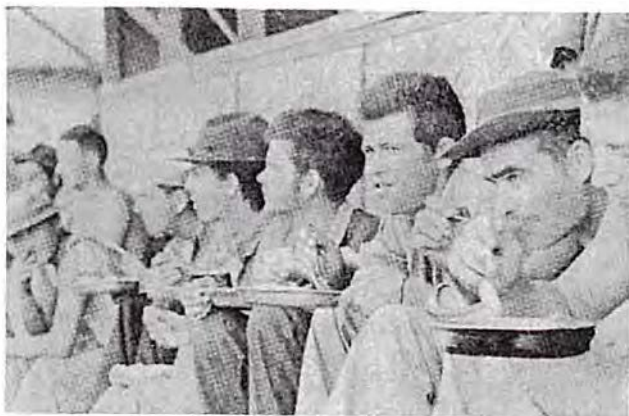




Dejection of Bataan's defenders was caught by Koyanagi when he pictured GI prisoners (above) and surrendering officers (below) on Bataan. These are commander, Gen. Edward King (right), and (from left) Colonel Everett C. Williams, Major Wade Cothran, Major Achille C. Tisdelle.







Death March survivors were photographed eating at Camp O'Donnell. Many died of starvation en route--the Japanese, unaware that the Bataan defenders had no rations left, had expected them to feed themselves. Even among those who got through, the death rate at camp reached 370 a week.



Above, immediately after surrendering to the Japanese on Bataan 25 years ago, American and Filipino PWs set off on what was to become the Death March.



American and Filipino prisoners who survived the ordeal of the Death March turned out with their mess gear at chow time in Camp O'Donnell, a Filipino installation near Clark Field, northwest of Manila. It was used throughout the war by the Japanese as a prisoner-of-war camp.

FOOD RATIONS OF THE JAPANESE PRISONERS OF WAR, W.W. II  
DURING COMBAT AND CAPTIVITY  
FRANCES WORTHINGTON LIPE

Japan's simultaneous attacks on Pearl Harbor, Hong Kong and Singapore on Dec 7-8, 1941, followed a few hours later by the first bombings in the Philippines, triggered the hostilities of World War II. This was followed by swift defeat and surrender in Guam, Dec. 12; Wake Is., Dec. 23; Hong Kong, Dec. 25; Singapore and Malaya, Feb. 15; the Dutch East Indies, Mar. 9. (\*1) Within five months approximately 300,000 Allied troops had surrendered to the Japanese. (\*2)

In most areas the battles were short-lived and food shortages became their most acute problem only after capture. In the Philippines, however, particularly Luzon's Bataan peninsula and Manila Bay's Corregidor Is., the captives were severely starved and malnourished before surrender. Some 79,500 troops fell on Bataan after 4 months, and another 16,000 on Corregidor after 5 months of intensive fighting. (\*3) By the time of surrender, many of these troops had already lost up to a third of their normal body weight. (\*4)

The Philippine disaster can be partially explained by the "Germany-first" strategy. "With the adoption of the 'Germany-first' strategy in January 1941, initial operations in the Pacific Ocean areas were relegated to purely defensive roles. The Philippines would be defended, but no reinforcements would be sent there;---Under this plan (Rain-bow-5), a powerful base in the Hawaiian Islands was essential.---In effect, the over-all war plan accepted likely defeat in the far-away Philippines and held out no hope for major reinforcements." (\*1)

A second factor was General MacArthur's mistaken judgement, that hostilities with Japan would not commence before April, 1942. He planned to have his Philippine Army Reserves adequately trained by then, thus his U.S. Armed Forces in the Far East (USAFEF) could hold the P.I. indefinitely, rather than simply staging a delaying action as prescribed by "War Plan Orange" (\*1)

Japan's early attacks on Dec. 8 caught the P.I. hopelessly unprepared, and on Dec. 23, Gen MacArthur reinstated the old "War Plan Orange" which called for a "last-ditch" defense of Luzon, withdrawal into the mountains of Bataan, defense of Corregidor, and a six-month delay of the Japanese war time-table, to allow the U.S. on the home front to prepare for winning a war. The Philippine effort accomplished its purpose by stalling Japan's offensive for five months.

"MacArthur's delay in revising his strategy was costly; his quartermasters lacked the time to furnish supplies to Bataan. Filipino-American forces subsisted entirely on what foodstuffs had been evacuated from Manila to Bataan and what commissary supplies had been stored on Corregidor." (\*3) Financial arrangements to purchase last available supplies were intricate. (\*5) Only a few submarine provisions ever arrived. "Instead of enough food for 43,000 men for six months, (as Orange Plan had specified), Bataan held only enough for 80,000 men for thirty days." All troops, including Bataan and the Corregidor garrison, went on half rations on January 5, 1942. (\*3) During January the ration provided 2000 calories per man per day. In February rations were cut to 1500 calories and during March it dropped to 1000 calories daily. "Defense required an expenditure of at least 3500 to 4000 calories a day per man." (\*6) Three weeks before surrender, average weight among men previously 175 to 200 lbs., was down to 130 to 145 lbs. (\*4) "Two meals per day were served, consisting usually of 10 oz. of rice per man per day, one can of milk per 10 men, one can pink salmon per 10 men. No fresh or canned vegetables were available at all, other than small amounts to the hospital," (\*7)

Veterinary personnel transported all possible horses and mules to Bataan; "these animals later proved a valuable supply of fresh meat." Filipinos were organized to

purchase and graze native carabao through the Japanese fighting lines into the U.S. corrals on Bataan. Slaughter was carried out daily at a field abattoir over a mountain stream. Deliveries by QM were made daily to 120 field kitchens and three times weekly to field hospitals. Approximately 4000 animals were slaughtered on Bataan; some 1200 by troops on the front lines, beyond reach of delivery trucks. (\*8) Iguana lizards, monkeys, python---any obtainable wild meat was consumed.

"To illustrate the physical incapacities of the defending troops, during the last week on Bataan, at the onset of the last Japanese drive, about 70% of the men in the 31st Infantry (U.S.) were on sick list, suffering from malnutrition, malaria and dysentery---They were immediately ordered to the front. The only way in which they could do so was to march 10 minutes and rest 10 minutes---Normally troops march 50 minutes and rest 10 minutes. It is the firm belief of many of the senior and medical officers that, had the troops of Bataan been on sufficient rations, the story, particularly after the surrender, would have been far different." (\*7)

The Japanese had made no preparation to feed, house or transport their captives. The troops who surrendered on Bataan were ordered to the main road to start marching north. A distance of 79 miles, on foot and at the point of Jap bayonets, was made in five days by the first; stragglers came in as late as 15 days later. Approximately 10,600 died on that portion of the Death March from hunger, thirst, exhaustion, and dispondent attempts to flee. Many were clubbed or beaten to death. The only food provided---after several days---a few teaspoons of rice. With little or no pure water, many drank from polluted carabao wallows. At San Fernando they were packed into cattle cars and shipped by rail to Capas where those still living marched another 7 miles to Camp O'Donnell. The intense heat and lack of air in the cattle cars caused death by suffocation for many more. (\*4, 9, 10, 11) The Death March, "resulted in the inhumane annihilation of some 17,000 Fil-Americans and the broken bodies of all survivors." "Survivors were scarred for life, and most of their lives were shortened by many years." "The men made the Bataan to San Fernando march on the marrow of their bones." (\*10, 10, 7)

On Corregidor, from the beginning of hostilities, quartermaster worked frantically to move existing supplies to disbursement locations for use during battle. Additional limited rations were arriving from Manila. By Dec. 22, some 25,800 tons of food had been transferred to wartime storage. The next day, Dec. 23, "War Plan Orange" went into effect. USAFFE headquarters were moved to Corregidor from Manila, bringing barge after barge of additional foodstuffs and other supplies. This increase of personnel required stocks for 10,000, rather than 7,000 for the projected six month stand. Cold storage facilities, which were later bombed and lost, were totally inadequate for the emergency---550,000 lbs. of frozen foods was maximum and a minimum procurable temperature was 26°F. The space was filled with carabao being slaughtered on Bataan, as fast as the freezing process allowed. (\*8) By January 24 it was concluded that Bataan was doomed. Orders were given to bolster Corregidor food stocks from depots on Bataan, in hopes of holding the harbor garrison until July 1. Reinforcements from the U.S. might be expected by that date. (\*3)

Half rations on Corregidor since January 5 consisted of two meals a day, at times supplemented by food recovered from sunken ships and barges around the island. "A barge load of dried fruit helped to balance the diet, as did wheat germ mixed with the rice. Until the end, most of the units received occasional small amounts of coffee, ham, powdered milk and jam---. Although much less slowly than their comrades on Bataan, these hard-working men lost weight steadily, especially after a 3/8th ration went into effect. One QM officer described his supper the next day as---one slice of bread, one slice corned beef, cup of tea, rice." (\*3)

The 16,000 captives taken on Corregidor were herded into an open area known as the 92nd Garage. They had no water or food at all for three days. Those caught searching for food outside the area were shot. On the third day a small amount of rice was given each man. Their only additional food was canned goods salvaged or stolen while out on



work details for the Japs. After three days without water, they were allowed to install a  $\frac{1}{4}$ " pipe from a reservoir. They stood in line 4 to 6 hours daily for one canteen full.

On May 24, after 18 days of blistering sun and what improvised shade their gear might afford, they were packed into ships and taken to Manila harbor, where they were forced to wade ashore from water some 4 feet deep, carrying their remaining meagre possessions over their heads. The many thousands of defeated, weary U.S. servicemen were then marched the entire length of Manila's shoreline Dewey Blvd..... a parade of defeat to impress the Filipino civilians. Friendly natives along the boulevard tried to give the staggering men food, candy, cigarettes, etc., but if caught by the Japs, they were slapped or beaten. Their destination was the ancient Bilibid Prison.(\*5)

The Japanese had never held Prisoners of War throughout their military history. By their Bushido Code, death in battle was the highest honor; surrender was the lowest disgrace. Their scorn and contempt for the Allied men and women who submitted to captivity was shown constantly by all possible means of humiliation, pain and starvation, until the day peace was announced. Deprivation of food, plus reducing their prisoners to the status of "coolie slaves" was part of the deliberate plan. (\*8, 12)

Japan's W.W. II had started with their 1937 full-scale war against China. Their war production industries desperately needed manpower. Japan turned their 300,000 Allied captives into their work-force. They built roads, railroads, and airfields. They constructed and operated all types of factories, producing war materiel. They mined all mineral ores in Japan and operated smelting plants. They built dry docks and ships, and worked as stevedores. Officers were usually relegated to growing gardens and administrative work for all camp functions. For the work performed by most, they should have been fed about 4000 calories per day.

"The POW were given practically no food or water during the first week of captivity, and a minimum of rice, soup and water rations thereafter. Prisoners were denied all fruit even though it was everywhere and rotting on the ground near some of the camps." "The Japanese distributed one each of certain items in order to be able to say that their POW had been fed eggs, fruit, and other foods." "They were under-fed, over-marched, under-clothed, beaten and executed at the slightest provocation." (\*2, 13)

By Japanese regulation, prisoners were divided into groups. Each group detailed a mess sergeant and a necessary number of cooks to prepare meals. Each established a kitchen. The mess officer issued food to groups in accordance with numerical strength. Food was usually eaten in the sleeping areas, as few camps had mess halls. (\*13)

"A typical diet varied greatly. At the very best, it was almost never adequate, being composed of a poor grade of rice and weeds. A half-canteen cup (about 8 oz. or 160 calories) of a thin rice gruel (lugao) twice, and on occasion, three times daily, was standard. The rice contained much foreign material, as insects and fine gravel. The weeds were from polluted water buffalo (carabao) wallows. There were days when no food was available. About once a week, a water buffalo was slaughtered by the Camp Veterinarian to feed some 5000 to 12,000 prisoners in camp. After the Japanese chefs removed the choice cuts for themselves, there was never more than a few grams (4-16calories) of protein for each prisoner." (\*10)

"At Camp O'Donnell, the daily diet consisted of approximately 12 ounces of dry rice of poor quality, from 2 to 4 ounces of native sweet potato, and three ounces of sweet potato tops, all boiled together in soup. Once a week, a quarter ounce of meat was issued to each prisoner. This was a never varying diet for the captives at this camp. At Cabanatuan, the daily rations were somewhat better. Here, about 16 ounces of rice and 4 ounces of vegetable, sweet potato or corn, were included in the daily ration. Once each week, 1 ounce of carabao meat was issued, and in season, one thin slice of cucumber was given to each man daily. At 2-week intervals, 2 ounces of banana were issued, cooked with cornstarch and sugar in the form of a pudding. One  $\frac{1}{4}$  lb. of hydrogenated coconut oil for the soup was issued per man per week." (\*7)

In several studies from Modern Military Records, some sixty camps are described. Of these reports, 10 are from Indonesia-Indochina-Burma-Thailand area; 9 are from the Philippines; 11 are from China-Manchuria-Korea; 28 are from Formosa-Japan; and 2 are from the "Hell Ships" which transported Allied POWs. Close study and comparison of these military reports documents the following information regarding food rations. NOTE: presentation of data is not uniform in terms, thus reports vary as to types of measures.

QUANTITY in grams ranges from 238 (Changi, Singapore), 280 (Java R.R. camps), 350 (Mukaishima), 360 (Manchuria), to highs of 750 grams. Throughout Japan, in heavy work camps the daily ration was +/- 750 grams for those on full work, mines, factories  
500 grams for light and administrative work  
300 grams for hospital patients

One camp gives a 4th category below others---for officers. Several camps tell of reduced rations when the war was not going well for Japan, or when bombings were near. Burma-Thailand camps recorded "NO rations" for those unable to work.

QUALITY OF FOOD varied from "fair" to "inedible". Rice often was floor sweepings with dirt, gravel, weevil, worms, etc. Rice, often was diluted with other grains. Charcoal was found in a kaffir porridge breakfast. Latrines, more often than not, were close to the food preparation areas and/or the eating areas, resulting in live flies at times being eaten in the rice. Meat and fish were described as putrid or decomposed.

BASIC STAPLE item of the POW diet was RICE in the P.I., Indonesia, Indochina, Burma, Thailand, China, Formosa and Japan. In China there were some supplies of barley and wheat (used in: noodles and bread). In Japan there were some camp reports of barley, millet, soya beans, corn and wheat. When these items were issued, other foods were decreased. In Manchuria the staples were KAFFIR CORN AND BEANS, with some wheat flour. POWs transferred to Manchuria had all been on basic rice diet previously. This sudden change was traumatic on the digestive system, and resulted in painful illness.

VEGETABLES were consistently a part of POW diets. "Vegetables" were comprised of greens, vegetable tops, camote (sweet potato), camote tops and vines and roots; others were carrots, radishes, seaweed, field weeds, okra, lilly roots, water chess, and cabbage. Vegetables were boiled into soup, and small amounts of meat added at times.

MEAT was issued in minute portions----1 ounce per man per week, to 1 ounce per week. If it was beef (carabao), it was usually bones, stomach, or other edible offal. Much of it was "unfit for human consumption: , decomposed." Often, when meat was served, it was only a trace for flavor in the soup. Some form of meat was usually added to the diet for special holiday meals, but it might be meat stolen from Red Cross Food Parcels, confiscated livestock from POW farming efforts, or the camp mascot goat. Meat issues came from CARABAO, HORSE, PORK, RABBIT, OCTOPUS, SNAKES, DUCK, FISH, DOG, CAT, etc. On one instance in Karenko, Formosa, when the POWs were very near starving to death, vultures circled the camp for days. Suddenly they disappeared and the next day the Japs announced "Duck Soup". The POWs called it "Buzzard Broth". (\*8) In Hong Kong human flesh was reported to be disguised as "dog Meat" and sold at 90¢/lb.

ADDITIONAL NUTRIENTS furnished from place to place, were banana buds, papaya, mango beans, bread (usually sour). Sugar, when mentioned was said to be fair in amounts or rare issue. Salt was often mentioned as deficient.

CANTEENS-COMMISSARIES were allowed at a few camps, usually in metropolitan areas where supplies could be purchased from outside the camp. Food supplies included limited amounts of fresh fruits, canned goods, jams, jelly, coffee, tea, cocoa, and mango beans. Frequently supplies were so few that the POWs drew lots to see who could buy the items. One Hong Kong camp tells that officers gave half their earnings to EM who had no money to buy canteen supplies.

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Many thanks to Mrs. Francis Lipe, MedSearch Committee, for her well research and accurate report.

RED CROSS FOOD PARCELS (as well as medical supplies) are mentioned in almost every report. Jap officials totally refused them in some camps. In others they were stashed away and never given out. Many camps delayed issue and then gave out very small amounts at a time. When canned goods were issued, they were punctured to force immediate consumption. Throughout all reports concerning R.C. food, these supplies are credited with having spanned the gap between death-by-starvation and managing to survive. Had all parcels been delivered to the POWs as intended, the extent of starvation in captivity would have been lessened appreciably. PERSONAL FAMILY PARCELS FROM HOME were authorized only once. Under Red Cross, many were sent, some were received in the camps, and almost all were opened and ransacked by the Japanese before delivery to the POW.

CAMP GARDENS AND LIVESTOCK RAISING should have been of great nutritional help. Officers were "invited" to "volunteer" to raise camp gardens and livestock. They were "allowed" to pay all expenses from their personal funds. Their efforts were back-breaking and productive. However, the products of their efforts were confiscated and went to the Japanese and collaborators among the Allied troops.

FOOD STOLEN AND "BLACK MARKET" FOODS were obtained whenever possible. Several officers were severely beaten for trying to pocket a few peanuts as they worked on a Jap peanut farm. One American man tells of sneaking into the stash of R.C. supplies nightly to supplement his diet. Whenever available, food was secretly bought from outside and resold to the POWs in the camps.

FOOD IMPROVISED for daily survivable was incomprehensible. Any dog, cat, grasshoppers, lizards, earthworms, crows, rats-----any obtainable animal was consumed. One POW tells of the camp "Official Rat Trapper" who improvised traps and was in charge of the camp supply. A colonel in Formosa bragged of his fine rat traps----"rat stew" was their prize. (After his return from the war, that colonel caught a rat at his home; as he threw it in the trash his eyes filled with tears. His quiet aside was, "It was such a big fat one.") Weevil in cereals were considered "just a bit of added Protein". Large snails for one last mess on Formosa were a life saving nutrient at Karenko. "Cathered snails for one last mess before departure" was a June 2, '43 diary entry of J.W. Worthington. After the war, Gen. Wainwright autographed one of the snail shells in memory of that feast.

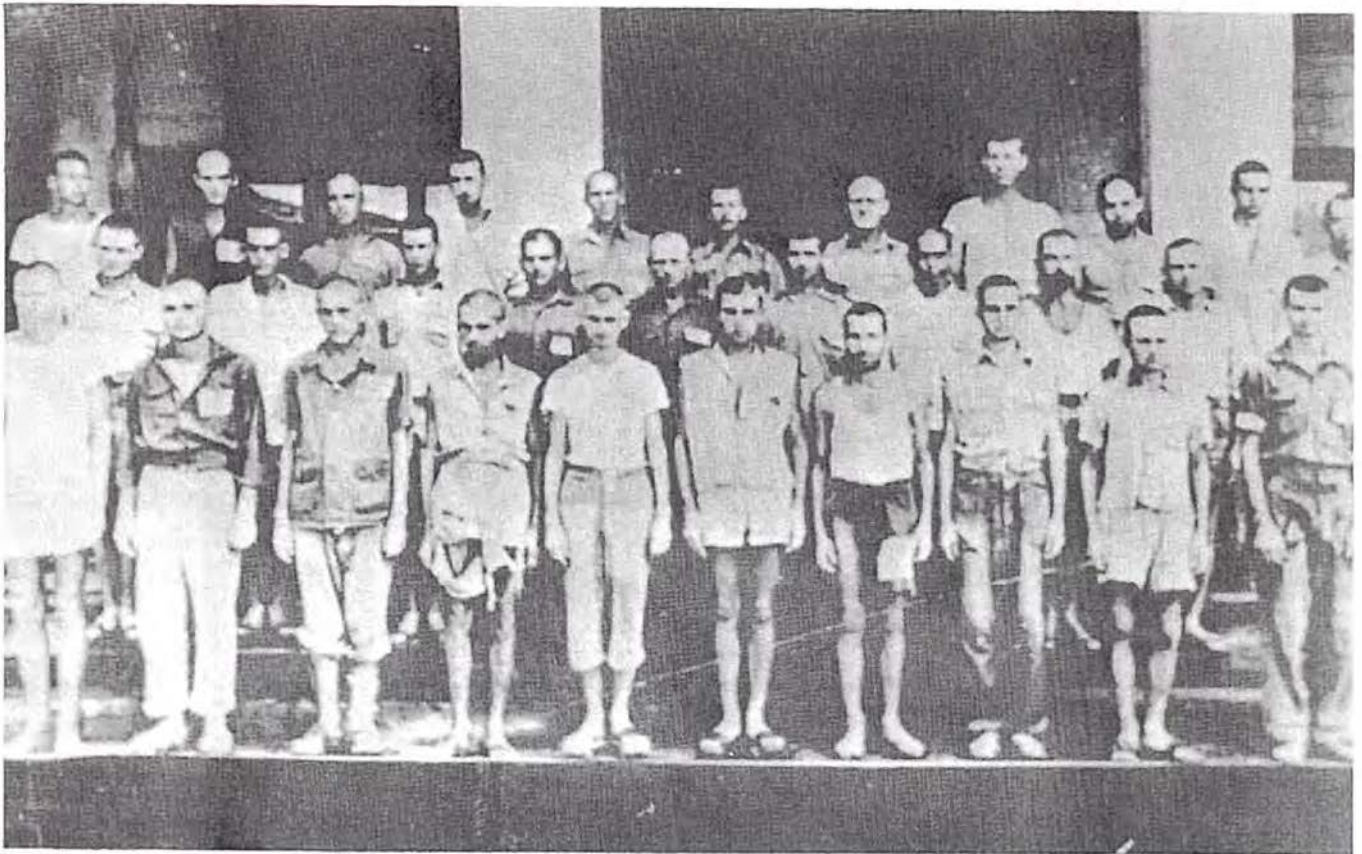
RATIONS ON "HELL SHIPS" consisted of nothing but a few ounces of "lugao", a thin watery rice gruel. It was lowered to the men in ships holds in buckets, to be passed out. These men all lost much weight in voyages that lasted from days to months, often under bombardment by U.S. planes. There was no POW identification on the ships, but they were sometimes recognized as such by the bodies of the dead in the path behind.

Regardless of location of camps, the POW's official rank, his normal weight, his height, the work he performed-----all were reduced to about 90 to 110 lbs. It therefore must be concluded, that the FOOD RATION TO THE JAP POW would only sustain that amount of body weight.

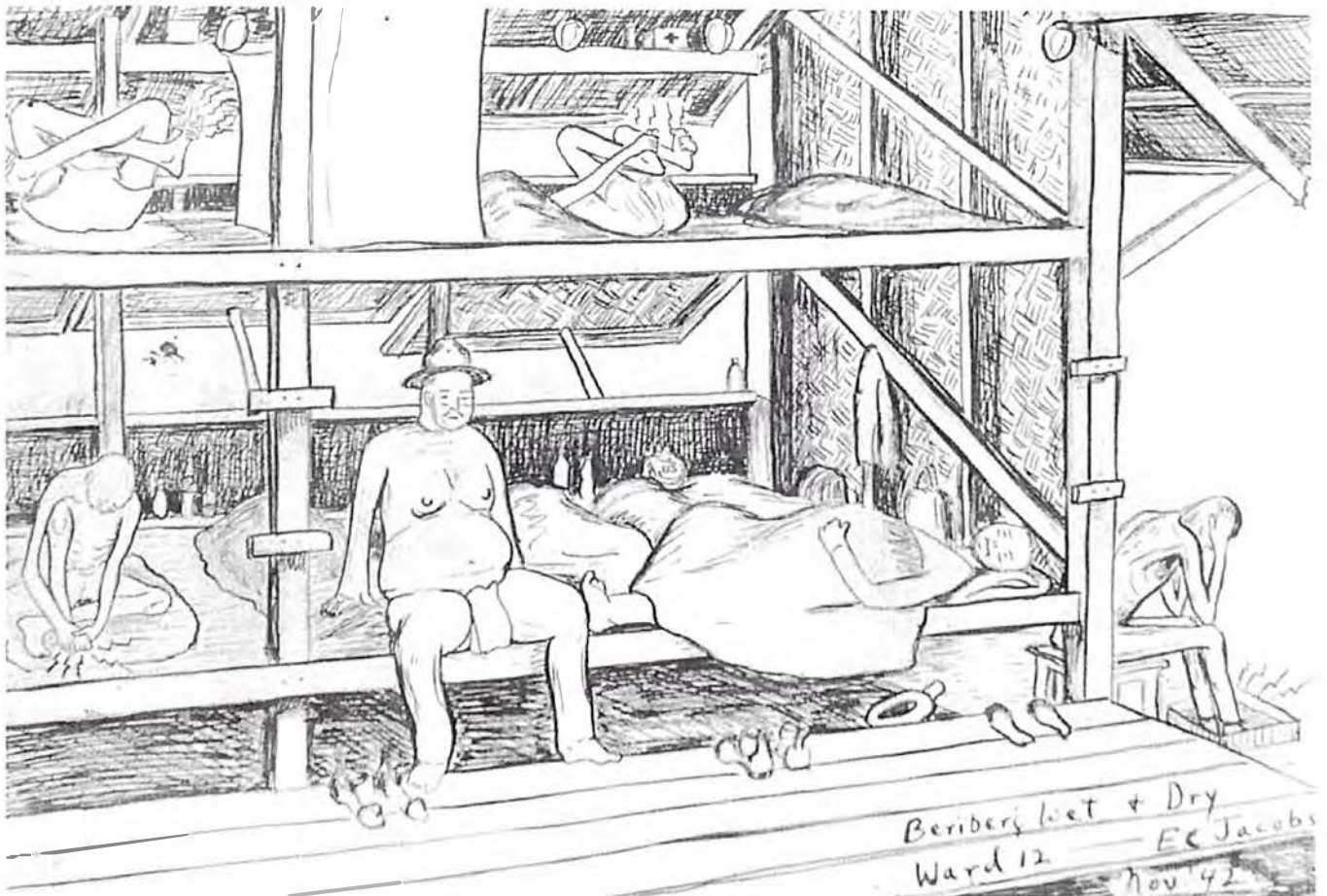
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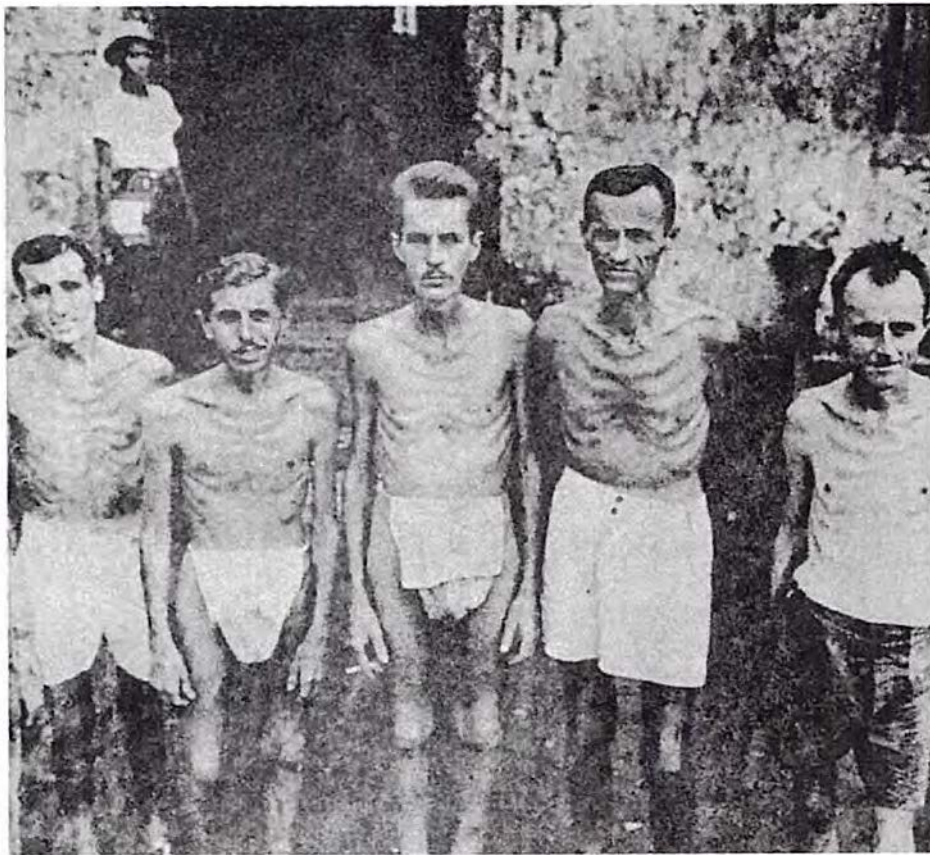


These American POW's are about to embark on a Japanese hell-ship going to Japan from the Philippines.

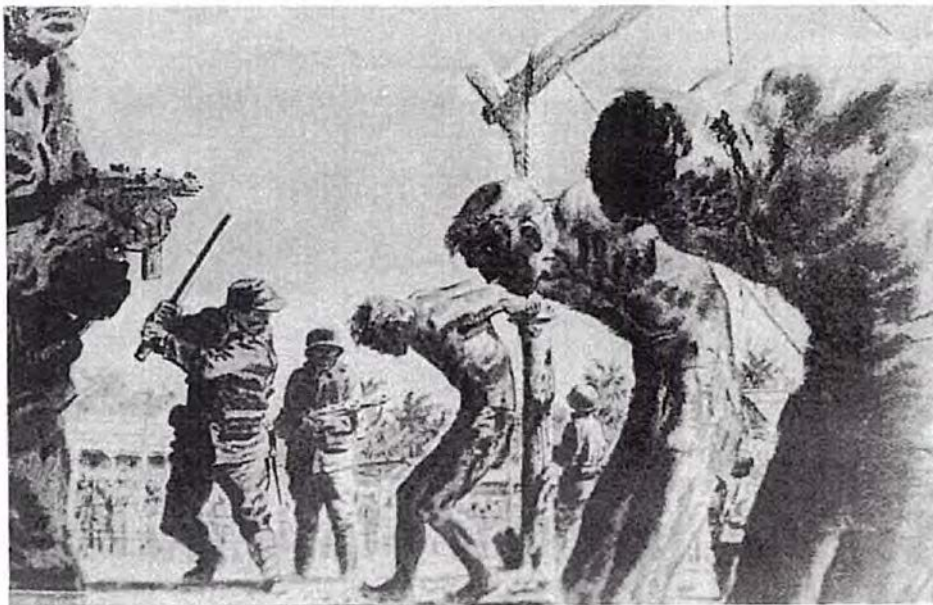


Beriberi Wet & Dry, Ward 12, furnished by Dr. Jacobs.





American Ex-Prisoners of War shortly after liberation from Bilibid Prison.



Three American about to be beheaded in Cabanatuan, Camp #3

STUDY OF THE HEALTH OF WORLD WAR II PRISONERS OF WAR

H.R. 8848

S. 3903

September 15, 1950

EVIDENCE OF PERMANENT PHYSICAL & MENTAL DISABILITIES AS A RESULT OF  
IMPRISONMENT OR INTERNMENT

REPLIES FROM PHYSICIANS FORMERLY PRISONERS OF THE JAPANESE GOVERNMENT

(1) "It is my opinion that virtually none of the released prisoners of war of the Japanese who underwent internment for 3 to 3½ years, escaped without some residual impairment of their health. This may vary from minor mental or physical symptoms to gross crippling disease."

(2) "I have been examined by at least 6 physicians including the professor of medicine at \* \* \* University and a diagnosis satisfactory to me has never been made. Many of the POW's have some specific disease which can be evaluated such as blindness, or severely damaged hearts. These conditions usually have been evaluated by the VA and compensation given. Others like myself with a vague history of repeat attacks of abominable pains, swollen joints, high blood pressure, lack of energy have entered the VA hospitals for treatment and evaluation and came out Not improved and Not service-connected and No compensation.

"It is my opinion that the average physician in the VA hospital has no conception of what 3½ years of starvation can do to a man and has no idea how to evaluate the disability. This statement is not intended as a criticism of VA physicians as it also holds true for the average physician out of the VA.

"As to whether any ex-POW's (Jap) escaped the persistent effects of malnutrition, I would estimate that less than 1% may have escaped it."

(3) "Speaking for Jap POW's it is my opinion that those who have survived are not desirable insurance risks. It is my opinion that their duration of life will average probably 10 to 15 years less than that of the general population. This is due to the fact of multiple deficiencies and the long-time effects of tropical diseases and intestinal infestations. \* \* \* In addition to the decrease in longevity the POW's who have been under my care have less resistance to infectious diseases and in many instances have been unable to return to previous occupations due to gastrointestinal disorders which were brought on by barley and seaweed diet. As a result, their income in many instances has been severely impaired.

"Others, due to the torture and starvation that they have experienced have developed unstable emotional patterns which was previously nonexistent. \* \* \* I must reemphasize that the result of multiple vitamin deficiency in the human is not correctly understood by many physicians who have never had occasion to see and treat these deficiencies in individuals who had them from months to years. This is not to be interpreted as a reflection upon either Army or VA physicians who have examined such POW's for pension ratings. This is merely a blunt statement of fact."

(4) "It is a fact that all prisoners of the Japanese suffered to some extent from malnutrition and many from infectious diseases, and there is no doubt in my mind that all of these former prisoners of the Japanese at present suffer from some permanent sequelae. The degree of the sequelae, however, may vary from little to very severe."

(5) "I have talked to several neuropsychiatrists interested in this problem who tell me that they find abnormal electroencephalograms in a very high percentage of cases and that these people with the abnormal electroencephalograms present this confusing syndrome of which you are inquiring. It seems reasonable to me that because these symptoms are those of fatigue and emotional instability, lack of concentration, and other symptoms referable to the central nervous system, these symptoms may well be on an organic basis because of the electroencephalogram findings of these investigators. I do believe that it is impossible for the average physician to diagnose or understand these patients, as I have reviewed clinical records on these patients prepared by other doctors in which it became evident to me that the physician had no insight into the patient's problem."

(6) "Of those from whom I have heard I know of only 3 or 4 who might be put in the class of having entirely escaped from mental or physical injury due to the exigencies present in the camp. These 3 or 4 have been only superficially observed and not thoroughly questioned or examined and therefore may also be suffering from sequelae."



(7) "In my professional capacity \* \* \* I continue to see ex-prisoners of war who are disabled from the diseases and privations incident to imprisonment. It is true that many of these individuals present a superficial appearance of well-being. Often the usual examinations and laboratory tests are negative. Nevertheless, these patients may show recurrent edema of the legs, paresthesias involving the lower extremities, repeated attacks of unexplained diarrhea, muscular weakness, fatigability, irritability, insomnia, nightmares, depression, emotional instability, and difficulty in mental concentration. These symptoms I believe are the residuals of prolonged vitamin deficiencies and starvation plus the trauma to the mind caused by prolonged incarceration by a hostile unsympathetic enemy.

"The degree of residual damage to ex-prisoners naturally varies as some individuals suffered fewer diseases as prisoners and showed less degree of effect from prolonged starvation. This is in part explained by the fact that the inherent constitutional resistance or immunity to disease and privation varies in different individuals. Under practically identical unfavorable conditions some individuals will die and others will survive. All are impaired to some degree."

(8) "I believe myself to have escaped with as little physical and psychological damage as any; yet, this apparently permanent damage remains. It is negligible in amount, I believe, but it confirms me in the opinion that no one came out of Japanese prison camp, at least, without some permanent damage, however slight, if their detention was at all prolonged. \* \* \* I believe the average physician would fail to understand such a problem. Those men in Walter Reed and Murphy had a far better comprehension than the average civilian practitioner, and even some of them might have failed to grasp it, had it not been made plain in professional language."

(9) "It is my considered professional opinion that there are definite, permanent aftereffects which are virtually universal among former POW's. This I have seen in those men who have come under my scrutiny while I was consultant for the Veterans' Administration, and in mental-hygiene clinics. \* \* \* It is my opinion, on the basis of my training as a neuropsychiatrist and physician and also on the basis of my own personal experience with these men, many of whom were exposed to more rigorous treatment and brutality than I was, that it would be almost impossible for the average physician not 'educated', shall we say, in a very severe school, to pick up the difficulties, and almost impossible for him to understand the causation. \* \* \* POW's of the Japanese are 'damaged goods'—rubber bands with the elasticity gone—"

(10) "I can only state that none that I have interviewed and none that I have known personally have escaped without both mental and physical damage, of varying degree. I must state that the records will not bear me out, because many of us were too disgusted with long waiting and much processing, and much administrative detail and took the quickest way out of it all to answer the pathological urge to get out and make up financially for the time lost in prisons, etc. Many of us who in the Regular military service were embittered by the fact that others had been promoted (and fairly so) while we were kept at a standstill."

(11) "I believe that all prisoners for 30 months or more, and many prisoners for less time, have suffered permanent physical and mental damage. True I believe that many of the sequelae are masked so that a casual observer might easily miss them. The longevity will and already has been shortened by these experiences. I don't believe any prisoner of 30 months or more will have completely escaped permanent injury."

(12) "It is my opinion from having had personal observations and experiences in POW camps in the Philippine Islands and Japan, 43 months, that it would be next to an impossibility to have lived, or existed rather, for that period of time under the conditions we were subjected to, of malnutrition, and diseases, for any POW to have escaped without having some form of permanent, physical disability or mental disorder."

(13) "Those ex-prisoners who survive are bound to show, in a high percentage of individuals, latent manifestations of their prison-camp experiences. However, I personally know of but few individuals now suffering disabilities; and, being welfare officer of the local Barb Wire Club, I have interested myself in all cases of whatever nature that have come to the club's attention.

"As time goes on, I feel that more and more latent manifestations will appear which can be traced to the lack of adequate nutrition experienced while prisoner of war."

(14) "However, this much I can state: There is no way to prognosticate what latent

ill effects may come from prolonged starvation, for no well-documented experiment of any magnitude has been carried out."

(15) "I am also convinced that the damage to the nutritional machinery was such that without prolonged study the average physician is not able to evaluate, determine, or appreciate the full extent of damage that has been done, and that the physical and mental sequelae \* \* \* very likely may result in decreased longevity in most or all of the prisoners of war. The likelihood, I believe, is directly connected with the length of time that the individual was subjected to the starvation diet."

(16) "It is my opinion that certainly no more than 5% got by without evidence of malnutrition which was produced both by the poor rations and by the severe and frequent attacks of untreated or poorly treated malaria and dysentery. \* \* \* Again it is my impression that continued malnutrition did create permanent irreparable damage, even though not evident at the present time, and that in most cases longevity may normally be expected to be 6 to 10 years loss than the otherwise normal."

(17) "Since the war, I have seen beriberi, pellagra, psychoneurotic conditions, general fatigue and loss of stamina in many of the POW's, plus a great variety of individual diseases. Some of the cases have been severe, others have been milder. But I believe all of the Jap POW's have permanent residuals and varying degrees of disabilities from the imprisonment."

(18) "Virtually 100% of the POW's were affected to varying degrees, but usually severely, with the following conditions: (1) malaria; (2) amebic dysentery; (3) severe malnutrition, including deficiency of calories, vitamins, proteins, and fats; (4) severe mental strain due to uncertainty as to longevity of life, beatings etc."

(19) "Since my return to the United States and since the war, I have had occasion to observe many men who were confined in the Japanese prison camps. These observations were oftentimes casual conversations, and oftentimes professional in nature. It is my opinion that no one who suffered the prolonged starvation, degradation, and physical suffering experienced by this group has been able to make a full recovery, either physical or emotional. It is also my opinion that no one who has not experienced such a situation has a concept of the problem presented by these men."

(20) "There is no question that prisoners of war who were in concentration camps for a prolonged period of time have suffered permanent damage. \* \* \* There is still another group, and one of which I belong. These men were starved for years and emaciated, subjected to the rot of close confinement, lived under the threat of execution as a retaliatory measure for American victories. Many of these men do not have a scar to show for their experience. Their scars cannot be seen because they are scars of the mind. These men will never be the same."

(21) "From my own observation, I would say that more than half of former prisoners of war, in the Asiatic theater, are suffering from various degrees of constitutional ailments. It is my opinion that a very high percentage have damage to their gastrointestinal and neurological systems from which there probably will be no complete recovery. I believe there is also a relatively high percentage who have suffered cardiac damage which will manifest itself only as time goes on. Also, a smaller percentage who are no longer useful citizens due to mental conditions brought about by the horrors of prison life."

(22) "We all recognize that there are wide variations among individuals with respect to their capacity to withstand adverse conditions such as we experienced as prisoners of war. \* \* \* I personally believe, therefore, that those prisoners of war who present no obvious objective or subjective signs of permanent injury may very well have exhausted a large percentage of their 'reserve.' It would seem reasonable to me to assume that there had been permanent damage either in the form of obvious disability or the intangible loss of reserve vital capacities in any individual who had for a period of 3½ years presented a picture of gross malnutrition. \* \* \* With reference to those former prisoners of war who present detectable evidence of these disabilities, it seems probable that the effects of this long-continued starvation will be reflected through future decreased capacities to meet serious disease or injury and/or an acceleration in the aging process. \* \* \* It is therefore, my opinion that the survivors of the Philippine Campaign who were imprisoned for 3½ years can be considered to have suffered some degree of disability by reason of their experience."

(23) " \* \* \* it is my definite opinion that some either mild or severe permanent

aftereffects to the health, either mental or physical, has occurred in the majority of ex-prisoners of war in the Far East theater due to lack of proper food, constant mental hazards in the form of fear, punishment, etc., and due to physical ravages that have been caused from low diet intake, especially in relation to poor vitamin intake. \* \* \* There is no question that the food in all of the POW camps that I was in was in no way satisfactory as a minimum diet from any standpoint, with the possible exception of 2 months in 1944 when some Red Cross meat became available. The same is true of medicines. At no time was there any way near an ample amount. \* \* \* It seems to me that minor complaints should not especially be considered 'permanent damage' provided adequate provision is made so that if at some time in the future, with proof the 'minor complaints' should develop into major trouble there would be some provision for them. By 'minor complaints' I mean essentially aching, tingling feet at night, persistent asymptomatic swelling legs, etc. We practically all have these."

#### OPINIONS OF MEDICAL EXPERTS NOT FORMERLY PRISONERS OF WAR

Q = question    A = answer

Q— How long does it take a moderately deficient diet to cause permanent organic damage or change in a normal individual? How long for a seriously deficient diet?

A— It is impossible to answer categorically how long it takes a moderately deficient diet or a seriously deficient diet to cause permanent organic damage in a normal individual. For example, American prisoners of war in the European theater, if they survived, apparently suffered little if any permanent damage. On the other hand, prisoners of war in the Pacific theater have apparently developed optic-nerve damage and peripheral neuropathy which in some instances still remain, 5 years later.

From Musselman's articles, it is apparent that symptoms of beriberi and nutritional edema had begun to appear by the time of the capitulation of the Bataan forces in April 1942. This was after a siege of about 4 months. Following capture, by mid-August 1942, "hot feet" and signs of pellagra began to appear.

Q— On the basis of prevailing opinion in the scientific literature, to what extent does prolonged malnutrition leave permanent after-effects?

A— The prevailing opinion in scientific literature is that most signs and symptoms of malnutrition respond fairly rapidly to adequate therapy. This is obviously not true, for reversibility will depend upon the nutrient involved and the tissue affected. Neurological damage, particularly to tracts in the spinal cord and to the optic nerve, are extremely apt to be irreversible. For example, the neurological changes occurring in the experiment animal as a result of B-6 deficiency can be prevented by giving B-6, but once it develops it usually is irreversible even to large doses of B-6. A long continued mild deficiency of thiamine giving a peripheral neuropathy is much more difficult to reverse than an acute deficiency of short duration giving a more severe neuropathy. Some of the former never completely recover.

Q— What types of permanent sequelae have been commonly observed?

A— (a) Optic-nerve degeneration; (b) degeneration of the tracts of the spinal cord; (c) advanced peripheral neuropathy; (d) cirrhosis of the liver is also relatively irreversible; (e) gonadal atrophy, I would suspect, occupies about the same position as atrophy following mumps or chitis.....

Q— To what extent do you believe prolonged malnutrition would affect longevity?

A— Nations and races and groups of people who are well nourished and well fed have definitely better health records than nations, races, and groups of people who are malnourished.

Q— Is there a significant body of evidence from autopsies that malnutrition causes organ atrophy?

A— The records of autopsies from prisoners of war immediately after the liberation disclosed high incidence of heart atrophy, testicular atrophy, and atrophy of the mucosa of the gastrointestinal tract.....

Q— Do you believe the average American physician, because of comparative rarity of malnutrition here, would have difficulty in recognizing the residuals of malnutrition for what they are?

A— Yes.....

Q— What types of permanent sequelae have been commonly observed?



A— Some items are: restricted visual fields, actual deafness (auditory-nerve atrophy) osteomalacia with spontaneous fractures, gynecomastia and sex-hormone imbalance, hyperhidrosis, ataxia defective postural adjustment, partial alopecia, cutaneous dysesthesia, loss of teeth from scorbutic gingivitis, myocardial weakness from beriberi heart, etc. Common complaints difficult to evaluate and to ascribe to the nutritional history are fatigue, dyspepsia, muscular weakness, sensitivity to heat and cold, irritable colon, obesity, headache, extreme nervous irritability, and so on.....

#### "THE JAPANESE POW SYNDROME"

Quoting from "THE SHORT FUSE" by Maj. Charles T. Brown, MC (Colonel, Retired, M.C.)  
Printed in: DISEASE OF THE NERVOUS SYSTEM; Vol. X; No. 11, November, 1949.

"One of the gaunt and emaciated skeletons who passed thru the gates of Old Bilibid, (Manila, P.I., Feb. 1945) was heard laughingly to remark, that although free, it was his belief that the Japanese had placed on invisible hand grenade about his neck ....set with a very short fuse.

Following, homecoming, and when the shouting had subsided, there became manifest a malady so characteristic and so frequently encountered among ex-prisoners, that it has been a psychiatric entity. This psychiatric disorder, for lack of a better descriptive term, has been called the JAPANESE POW SYNDROME. It has been essentially an anxiety reaction of a most severe and chronic nature. So protein are its manifestations, the disease with its usual psychosomatic coloring might also be termed the "anxiety rainbow", inasmuch as those so afflicted, manifest the entire spectrum of the anxiety state. The affliction was born out of the agony of BATAAN and the despair that was CORREGIDOR, to be nurtured by 3½ long years in the fertile soil of danger, misery and starvation. Simmering in a veritable witch's cauldron...the affliction did not reach its full maturity until transplanted to the shores of the United States.

Anxiety, like the pangs of hunger, was a part of the daily existence of the POW. He (also) had to reckon with the ravages of nutritional disorders, dysentery, malaria and other tropical diseases incident to his imprisonment. The residual of these difficulties was the equipment he brought home with him.

The typical case of POW SYNDROME encountered is that of the well integrated pre-war personality who has been rendered more or less non-effective due to his experiences as a Japanese Prisoner. It may be postulated that men who were well integrated prior to the War have, as a rule, made the best adjustment. However, hundreds of this class of individuals have suffered from the malady under discussion. The clinical picture is indeed puzzling to the average physician, due to the fact there may be no objective findings of organic disease. It must be considered that there remains the possibility of obscure pathology. Their complaints are usually all out of proportion to the findings and in some cases one can only marvel at the paucity of pathology, considering the experiences which they survived. Let us not be misled; many prisoners have returned from the Japanese wearing the mask of good health."

Medical Department, United States Army

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MALNUTRITION IN THE FAR EAST

Repatriated American Soldiers

After the war ended in the Pacific, the results of the imprisonment of the captured American soldiers became and remained the subject of some discussion. The length of their imprisonment averaged about 39 months. Harris & Stevens <sup>24</sup> state that official studies conducted at the time of liberation or shortly thereafter indicated that almost all had suffered from severe malnutrition in multiple forms, and from many other diseases, during imprisonment. This is confirmed in the report of the U.S.S. Haven, published Jan. 1946.<sup>25</sup> In this study, 66% of the men who survived gave a history of beriberi; 58%, dysentery; 43%, malaria; 20%, skin disorders; 19%, pneumonia; 14%, pellagra; 6%, tuberculosis; and 9%, malnutrition otherwise unclassified— 45% of the men exper-

experienced edematous swellings. Over 75% of the prisoners at Cabanatuan had burning feet. Hibbs,<sup>26</sup> in a study of beriberi in Japanese prison camps, said that 2% of the prisoners developed motor paralysis. Recovery in many of these men was rapid. A survey by Brill<sup>27</sup> of neuropsychiatric examinations made from 1 to 8 weeks after liberation of 1,617 men who had been prisoners of war for 39 months, or longer, revealed only 5 of them with psychoses, only 0.7% with psychoneuroses, and 12.7% with some psychologic disturbances, generally of the overanxiety type. There were 13.1% with peripheral nerve disorders, but most of these were not severe. There were 64 cases of optic atrophy in this group. It was stated that the overall mortality during imprisonment of the Pacific prisoners of war was 37.2%. The expected mortality in this age group would be less than 1%....

The worse part of the imprisonment was in the Philippine Islands from March to Oct. 1942 where the prisoners were kept in Camps O'Donnell and Cabanatuan. At the close of the Battle of Bataan, American & Filipino prisoners of war were maintained by the Japanese on diets far below the accepted standards in the United States. Of a total of from 14,000 to 16,000 American prisoners and 60,000 Filipino prisoners, over 1,500 Americans and 2,700 Filipinos died during the 60 days they were at Camp O'Donnell, and over 2,100 Americans died in Cabanatuan in as short of a period. This can be ascribed to the exertions of the "death march" as well as to malaria, dysentery, and poor sanitation or to malnutrition and actual starvation, although these were perhaps the most important causes.....

On 30 Aug. 1945, The Surgeon General established the "Board to Survey & Evaluate the Medical Problems of Repatriated American Prisoners of War Returning From the Far East." It is unfortunate that the men were not brought into this survey until, having been released for varying periods of time, they had received therapy for their nutritional disturbances. Nevertheless, much can be gained by a review of the board's report.

For example, certain prominent signs and symptoms of nutritional deficiency as obtained from the history were listed according to their incidence. Pellagra as evidenced by cheilosis, glossitis, stomatitis, dermatitis, and diarrhea was present in from 50 to 70% of the patients. The incidence of pellagra was much greater in the Philippines. Only a rare case, in fact, developed in Japan where the prisoners were sporadically given soybeans to eat. Typical pellagrous photosensitivity dermatitis of the exposed parts was relatively infrequent. This in spite of the fact that the men were constantly exposed to considerable sunlight.

The occurrence of a scaly, sometimes erythematous weeping dermatitis of the scrotum accompanied by extreme tenderness and, in some cases, edema was reported as being relatively common. Occasionally, scrotal tenderness without dermatitis occurred. About 55% of the patients with a history of glossitis and stomatitis gave a history of scrotal dermatitis. Cheilosis occurred in 5 cases in the absence of glossitis and stomatitis. In 3 cases, glossitis and stomatitis occurred in the absence of cheilosis.

Beriberi was exceedingly prevalent in the group and occurred both in Japan and in the Philippines. A history of "wet beriberi" (with massive edema) was obtained in 77% and a history of "dry beriberi" (without conspicuous edema) in about 50%. Many individuals had had both types. Often when wet beriberi disappeared, symptoms of dry beriberi developed. Usually, however, the latter preceded the former. Diarrhea was seldom present or severe during the phase of wet beriberi. Massive spontaneous diuresis often took place.

The clinical symptomatology of the dry beriberi was striking. Burning, hyperesthesias, and paresthesias were exceedingly severe, and in some camps hundreds of men would walk the floor during the night because of severe pain. Feet were often soaked in ice water, cooled in the snow, or exposed during the cold nights in attempts to alleviate the pain. The feet were so tender that even the slightest touch provoked severe pain. In one case, a handkerchief was accidentally dropped on the foot of a sleeping soldier. He immediately awoke crying out in agony. Often, just the vibration caused by some one passing within several feet of a soldier with dry beriberi was sufficient to aggravate the pain.

In the interesting summary of the board's report, it is noted that in many individuals, after the intake of a high-caloric diet when they were first liberated, glossitis, stomatitis, and edema reappeared or became more pronounced. Anemia was observed in 52% of the first 1500 RAMP's studied and diminished appreciably in incidence as successive groups were examined until it was found in only 35%, 6 weeks after the study was begun.

The anemia was macrocytic in 73%, normocytic in 23%, and microcytic in 4%.

The losses of weight ranged from 20 to 110 pounds. There was noted a remarkable ability to regain weight without corresponding improvement in the fundamental nutritional state. Many patients had protuberant abdomens commonly called rice bellies, while their shoulder girdles and extremities showed very marked wasting. The immediate results of a normal diet of American food in these people paralleled the widespread development of a similar edema under similar circumstances in the European theater. The reason was not clear to these observers who suggested, among other factors, that the diet contained more salt and fluid than that to which the prisoners had been accustomed. Although they associated the scrotal dermatitis with the stomatitis and cheilosis, they were not at all sure that it was part and parcel of the riboflavin deficiency syndrome. This relationship has been subsequently proved.

Almost without exception, the patients had suffered from attacks of diarrhea at some time during their imprisonment. It is necessary to distinguish between diarrhea that most individuals have from time to time in normal life and the true dysentery consisting of prolonged periods of watery or bloody stools. Of the prisoners, 1,359 had one or more attacks of true dysentery.....

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NATIONAL REHABILITATION SERVICE OF THE VETERANS OF FOREIGN WARS OF THE U.S.

#### TECHNICAL INFORMATION BULLETIN

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#### PRISONERS OF WAR

by RAYMOND W. MURRAY, M.D., Medical Consultant, V.F.W.

It is most appropriate that special attention and consideration be given to the experiences of veterans who have been, or who are prisoners of war in enemy prisons, camps or concentration areas for variable periods of time ranging from a few months to many years. It is extremely difficult to realistically evaluate the physical, mental and emotional effect of such imprisonment on the veterans. There are many variables in individuals with respect to physical and mental reaction and resistance, and equally variables in short term and long term effect of prisoner of war experiences. Presently the national conscience is constantly being reminded of prisoner of war imprisonment, and the physical and mental effect of malnutrition, deprivation, degradation, torture, punishment, lack of communication and little or no medical care and attention. Suffering, torture, malnutrition and disease have been described in detail by escapees, survivors and various observers internationally concerned with prisoner of war evaluation and welfare. It must be remembered that prisoners of war receive little or no care and attention, medical or otherwise, individual records are not kept and communication with home, loved ones or friends is practically non-existent. The provisions of the Geneva Convention are consistently ignored and while it is known that hundreds, perhaps thousands of Americans are prisoners of war at the present time, very few individual names are known and contact through recognized international sources is impossible. No one has factual knowledge of the hundreds that die as prisoners of war. They are disposed of and forgotten, and records are nonexistent. With the end of hostilities repatriation calls attention to prisoner of war survivors and the evidence of man's inhumanity to man. Malnutrition, starvation, avitaminosis, dysentery and the multitude of diseases, parasitic and otherwise suffered become evident. Tuberculosis is a common experience together with other respiratory and metabolic diseases. It is exceedingly important to evaluate the emotional, mental and neurological condition of every repatriate, as prisoners of war frequently suffer changes in their personality with intellectual deterioration, loss of memory,



lack of concentration, fatigue and mental disturbances. This "syndrome" is a progressive one and results in further deterioration in time.<sup>(1)</sup> More will be said of the prisoner of war syndrome later. Memory is short and the experiences of one generation are rapidly forgotten in the next. Memory is also personal and while time may soften suffering, the memory and the effects remain, at times becoming more significant with the passage of years.....

It is most alarming, but significantly apparent, that effects of torture, starvation, malnutrition, mental stress and maltreatment of prisoners of war in World War II & the Korean Conflict are only just now becoming evident. Few, if any, statistics are available with respect to individual experiences as prisoners of war. Following the cessation of hostilities prisoners were repatriated. The evidence of torture, atrocities, starvation, malnutrition, disease and mistreatment both physical and mental was obvious, based on observation, statements by the individual and affidavits by comrades. These are the only records.... There was seeming rapid recovery in the great majority of cases and these men were returned to duty or discharged as physically fit and with apparent disability.

In the period immediately following World War II relatively few claims were made to the Veterans Administration, for recurrent illness, or disorder, based upon prisoner of war experiences or for latent manifestations significant of, or due to, prisoner of war conditions. Ten to 15 years ago it became increasingly apparent that prisoner of war service connected claims were, percentage wise, significantly higher. Such problems are never ignored by those charged with responsibility for veterans care and benefits, primarily the V.A., the Congress and Veterans Organizations. It was quite evident that few statistics were available to permit proper evaluation of such claims and medical history of disease, illness and latent complications offered little factual scientific help. The questions that were raised with respect to the possible lasting effects on the health & mental condition of prisoners of war, from the severe privations suffered, offered an excellent opportunity for research on such questions. Accordingly the Veterans Administration requested the Nat'l Research Council to develop a program of epidemiologic and follow-up studies on U.S. servicemen who were prisoners of war in World War II & the Korean campaign. Such research and investigation has been most revealing and significantly representative contributions of this program here, and in foreign countries, together with authoritative medical texts will be considered in this article. These studies afford a current evaluation of ex-prisoners of war with respect to what extent their prison experiences have affected their survival, their health and their adjustment to civilian life and peacetime environment.....

In Feb. 1970, M. Dean Nefzger published an article: Follow-up Studies of World War II & Korean War Prisoners, in the American Journal of Epidemiology. This work was within the program of follow-up studies on veterans developed by the Nat'l Research Council and financed by the Veterans Administration.<sup>(4)</sup> The report was a continuation of the work of Cohen & Cooper, extending the follow-up to about 20 years and including Korean prisoners in a follow-up of about 12 years. Again I shall summarize the report with respect to particularly pertinent findings, observations and conclusions. The report indicates that prison experience is a manifold of inadequate food, exposure, disease, physical abuse, and emotional torment. The findings of Cohen & Cooper were confirmed and, further, it was shown that mortality among Korean prisoners was 40% greater than expected, and was in general higher than their World War II counterparts. Tuberculosis and cirrhosis of liver were found to be the cause of significantly higher mortality than in control groups, suggesting a direct effect of infection during imprisonment or an indirect effect of later infections which are a reflection of lowered resistance, as a consequence of malnutrition. In 12 years of follow-up, statistics indicated to far greater percentage of mortality among Japanese and Korean prisoners of war than in comparable control groups. It was concluded that the apparent excess of deaths from diseases of the digestive system, including cirrhosis, resulted from malnutrition during imprisonment<sup>(4)</sup>.....

..."In many cases, the effects of such malnutrition would escape detection in ordinary physical examinations because some symptoms are not as detectable as they are in such disorders as beriberi and pellagra. Moreover, the after effects of malnutrition vary and, in certain cases do not show up until long after the prisoners of war have been released from confinement".....

It has been stated that medical authorities have incorporated in current textbooks of medicine effects of malnutrition and deprivation both in the civil population and in pris-

oners of war. Both short term and long term effects are described, and the fact that symptoms may not be apparent for years is repeatedly described, and the fact that symptoms may not be apparent for years is repeatedly stressed. I would cite Cecil-Loeb Textbook of Medicine, 12th Edition (7) where under the heading undernutrition, starvation hunger edema and anorexia nervosa, it is indicated that prolonged inadequate caloric intake is accompanied by progressive loss of adipose tissue and body protein causing lassitude, loss of ambition, hypotension, collapse and death. When survival is possible long term effect is observed in anorexia nervosa and in terminal cancer, particularly of the esophagus, and wasting diseases.....

From the text Cardiovascular Disorders 1968 (8) it is indicated that beriberi heart disease, while rare in the United States, is found in the Orient, in prisoner of war camps and is due in large measure to lack of thiamine which interferes with the removal of pyruvic acid in carbohydrate metabolism. Clinical features are variable and there is no laboratory diagnosis possible.

From the textbook Heart by Luisada (9) page 404 - "Malnutrition and starvation may be followed by severe cardiovascular disturbances. Prolonged starvation causes reduction of size and decreased functional capacity of the heart"--"Prolonged protein and carbohydrate starvation and electrolyte imbalance seem to be responsible for these changes even with vitamin deficiency.....

There are thousands of veterans who are former prisoners of war, many from World War I, many more from World War II & the Korean campaign. The references cited in this article have definitely indicated that residuals of prison experience in World War II were far more significant than in World War I and further that disabilities and residuals were much greater in those who were prisoners of the Japanese in World War II than in prisoners from the European or Mediterranean area. Significantly prisoners of the North Koreans suffered equally if not more than those of World War II.....It should be evident from the research and data here presented that this was inevitable and to be expected. It has been shown that "prisoner of war syndrome" is a progressive one and medical and mental residuals become evident over many years, proportional to the degree of torture, mental and physical effects of malnutrition, starvation and lack of sanitation, care and suffering experienced over years of imprisonment. Korean disability claims on the basis of residuals of prisoner of war experiences are proportionately increasing and they will continue to increase proportionately as time goes on. Further deterioration in the physical and mental condition of these veterans must be anticipated and expected. Experience from World War II has proved this to be true. Understanding, sympathetic care and treatment must be given these men and complete evaluation made of their disabilities in terms of being residuals of their prisoner of war suffering.....

...It is the residual effect of imprisonment, not apparent at the time of release: from active duty that concerns me and certainly concerns the Veterans Administration. The long term physical and mental effect of starvation, malnutrition, maltreatment, disease and mental stress may at any time become significantly apparent and unfortunately not be recognized as service connected. These veterans, former prisoners of war, must remain the concern of the Veterans Administration for as long as they live and latent disability recognized as service connected from prisoner of war experience. The research and studies of former prisoners of war prove unequivocally the lasting residuals which adversely affect their health and survival.

Title 38, United States Code, "Veterans Benefits", is a codification of laws in the field of veterans' affairs coming within the jurisdiction of the Congress of the United States. These laws are altered from time to time, including compensation and pension tables. These are the laws in force, and as amended are administered by the Veterans Administration. Public Law 91-376 (S.3348) approved Aug. 12, 1970, amended Title 38, section 310 to include the following:

"That in the case of veterans who were prisoners of war for a period of 6 months or more of the Imperial Japanese Government, or the German Government during World War II, or the Government of North Korea, The Government of North Vietnam or the Viet Cong forces during the Vietnam era, and who develop certain diseases related to dietary deficiencies such as (1) avitaminosis, beriberi (including beriberi heart disease), chronic dysentery, helminthiasis, malnutrition (including optic atrophy associated with malnutrition), pellagra or any other nutritional deficiency, which became manifest to a degree of 10% or more anytime after such service or (2) psy-

chosis which became manifest to a degree of 10% or more within 2 years from the date of separation from such service, effective Jan. 1, 1971."

NOTE: The following is quoted from the Report from the Committee, House of Representatives, which is interesting:"The Committee is highly sympathetic with the problems of former prisoners of war and wishes to stress its desire that the Veterans Administration administer this provision of law, as well as all existing laws and regulations on the subject, in the most liberal fashion possible."

It is sincerely hoped that the amended version of Title 38, U.S. Code will be administered by the Veterans Administration with sympathy and sincere understanding, to "Care for him who shall have borne the battle". and suffered the consequences as a prisoner of war.

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#### "STATUS OF 30 SURVIVORS OF THE BATAAN MARCH OF DEATH:

CONFUSED IDENTITY-- THE KEY TO GROSS INEQUITY IN THEIR COMPENSATION,  
ACCURATE DIAGNOSIS, AND APPROPRIATE MANAGEMENT:  
A FIVE YEAR INDEPENDENT STUDY"

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Texas Dept. of Mental Health, P.O.Box 231, Big Spring, Texas 79720

#### CIRCUMSTANCES SURROUNDING THIS STUDY

When I opened my office for private practice as the first person in my specialty in this community, I soon had more referrals from the local medical community than I needed. However, a few months previously, Ft. Bayard V.A. Hospital had just been closed and, as a result many disabled veterans, service-connected for psychiatric reasons were forced to travel long distances for out-patient guidance. Feeling an obligation to these men, under the circumstances, I responded to the V.A. officials' plea to see them on a fee-for-service basis. Having been for the majority of the past 5 years the only one in my field in the southern half of New Mexico, I'm confident that I have seen a representative number of veterans falling into the above mentioned category. Further, it has been my rare opportunity to have had as patients 30 survivors of the Bataan Death March.

It is of significance, I believe, to point out that, except for the first ex-PW who consulted me, each of the others have come to me only after my having been recommended by a fellow ex-PW. Each has stated that he has attempted to give a history pertaining to P.O.W. life to Armed Forces and V.A. psychiatrists, but has felt that his history had not been believed. And as such has left them feeling worse, they have been reluctant to seek further help in V.A. facilities.

Now, at this point, let me make it crystal clear that this report is not for the purpose of blaming anybody, particularly V.A. physicians, for the inequities that will become apparent. On the contrary, it is most likely the fault of neither V.A. physician nor the ex-PW.

Each of my patients, as were all military and naval repatriated P.W.'s from the Far East, was surveyed and interrogated in a general hospital by examiners working with a special board of officers appointed by the Army Surgeon General, including the late Brigadier General William Menninger. The findings were reported by Morgan, Wright, and van Ravenswaay<sup>5</sup>; and the most significant ones, according to there authors, were the clinical impressions, which did not lend themselves to compilation on machine-card devices. Each examiner concluded that the men taken on Luzon represented "a select group".



## CLINICAL FINDING OF THIS STUDY

All of the men in this study have "confused identity", survivor "guilt", and periodically feel the compelling need to relate some of their prison experiences to somebody who will understand; they are not looking for praise. Each of them utilizes both suppression and repression in order to live with his horrible memories. They can relate to another ex-P.W., and each of them maintains that he can "spot" another ex-P.W. of the Japs even though he has never seen him before "if he's around him long enough". Further, identification (positive or negative) with the examiner is prompt, as they also maintain that they can decide within a short while whether or not they'd want him as a comrade, if they had to endure another similar ordeal. If transference is negative, prompt referral is indicated, as only harm can be done. I am proud to report that such has been positive in each of my cases.

Periodical depressions associated with anxiety, irritability, insomnia, and dreams of combat, prison life, hunger, and torture are seen throughout the series. "Anniversary syndrome" is common in April. (Bataan fell on April 8, 1942) Vague G.I. symptoms are very common and practically every man in the series has some residual of beriberi, neuropathies being the most common. Three men have evidence of beriberi heart disease. Many of them have impaired vision, necessitating frequent changes of glasses. (I believe this to be due to presbyopia, which was almost constant in Dutch prisoners of the Japs.) All of them suffer physical discomfort, particularly if one position is maintained for any appreciable time, with reference to the shoulders and back. Surprisingly few are service connected for these disabilities, which are, no doubt the result of having been beaten with clubs and rifle butts. One man sustained a fracture of the left 4th lumbar transverse process, while still in the Philippines. American physicians applied a mud cast (the best material for a cast available to them), but the Japs insisted on keeping the man on work detail. He still has back pain, as would be expected. No mention of trauma from clubs or rifle butts is to be found on their out-patient cards. Residuals of dengue and hepatitis are not uncommon. Many have had malaria and may still have it. Some have difficulty in maintaining normal weight. A few of them tolerate social drinking at the most; many are total abstainers as alcohol causes them digestive discomfort. None are alcoholic. Secondary gain was not observed. They seem to apologize for their legitimate complaints—just the opposite of some Stateside veterans with much secondary gain and poor motivation.

As to ethnic origin, there is almost equal distribution of men of Spanish-Mexican-American origin and Anglo-Saxon-American origin, with 2 of American Indian origin.

Over the years, there have been un-official predictions that these men from Luzon and other ex-P.W.'s of Japan, whose confinement was of long duration, under conditions of starvation, forced labor, deprivations, no medical care, and subjection to torture, would "lose from 10 to 15 years off of their lives". Inasmuch as all of the men of my series are now showing manifest symptoms of premature involutional reaction (non-psychotic), I am in agreement. Howard Rusk of New York has reported premature aging in 100 Jewish refugees, who were in Nazi concentration camps. My patients are in their late 40's and early 50's, but are becoming concerned about feelings of worthlessness, impending disaster, fear of not being able to continue to work and support their families, decreased libido and impotency associated with anxiety about the same. They often express these feelings as "being over the hill of life".

There have been no suicidal threats, gestures, nor attempts. I am of the opinion that excluding organic CNS disease, none of these men will become psychotic. Of course, only time will tell.....

...I believe that when an ex-P.W. of Japan visits the consultation room of any physician in full-time employ of the Government, subconscious mental mechanisms promptly come into play, namely symbolization and projection. The doctor (sub-consciously to the patient) becomes symbolic of the government that, for a short period after his capture, he felt had abandoned him, the same defense mechanism of projecting blame for the most stressful situation of his life to the Government is temporarily revived, making it impossible for both the ex-P.W. and the physician to evolve an adequate history. Exceptions involve physicians with unusual insight into the P.O.W. experience.

I cannot blame even the new generation of young V.A. psychiatrists for their inability to establish rapport with these veterans when they have not been believed, in many cases, by members of their own families and other original peers. In my series, the

techniques of community psychiatry as practiced in V.A. hospitals has only compounded the problem of confused identity; and, in my opinion, is contraindicated. Hospitalization reminds these men of prison life--certainly another factor beyond control of the V.A. And, of course, no system of adjudicating claims for compensation has been without pit-falls for error and inequity.....

#### HAVING TO GET AFFIDAVITS OF WITNESSES TO ATROCITIES HARMFUL

Having had the opportunity to personally attend, as a spectator, some of the hearing of the International Military Tribunal in Tokyo and having heard the admissions of Japanese officers and guards, considering the fact that it was Gen. Tojo's own memorandum to Field Marshall Teraguchi regarding the Siam "Railway of Death" and the "No work-no food" order that convicted him, I am at a loss to see the rationale of requiring each ex-P.W. of the Japs, who applies for a raise in compensation and mentions atrocities to get affidavits from eye-witnesses to such--something that is already documented in great detail and was universal in Jap P.W. camps both for the military and civilians internees. It serves to aggravate confused identity and gambles with losing the veteran's confidence.....

#### COMMENTS

The findings of the 5 year clinical study confirms the clinical impressions from a survey by a special board of officers appointed by the Army Surgeon General in late 1945, upon repatriation of these men and the reported findings of others. Blaming nobody for the gross inequity in compensation and avoidance of V.A. facilities when they have really needed treatment, I am convinced that mental mechanisms associated with "confused identity" has been the barrier between V.A. physicians and ex-P.W. of Japan. These men and others like them represent the largest U.S. military organization in the Far East at the start of the War; they comprise the majority of all P.W.'s in all theaters in enemy hands at the end of the War. That they all suffered from inhumane treatment at the hands of their captors has been documented in much detail, even mentioned in legislation now on the law-books.....

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#### FOLLOW-UP STUDIES OF WORLD WAR II & KOREAN WAR PRISONERS

##### II. MORBIDITY, DISABILITY, & MALADJUSTMENTS, by GILBERT W. BEEBE

This review is by Perry M. Nealis, Ph.D. of the University of Wisconsin, Dept. of Psychology. Mr. Nealis also wrote, "Is the POW's Life a G.A.S." (March 1975 Bulletin).

#### MORBIDITY & MORTALITY IN WORLD WAR II & KOREAN PRISONERS OF WAR

The specific causes of immediate and longterm effects of captivity on the repatriated prisoner of war are difficult to identify because of the multidimensional nature of such stress. The prison experience may include numerous components such as malnutrition, social and perceptual deprivation, disease, and physical abuse. Any of these conditions taken singly, or collectively, could be the etiologic factor in certain illnesses that persist beyond the actual period of captivity.

To further complicate diagnosis, the medical histories of prisoners of war for the period of imprisonment are rarely available to medical investigators who seek to identify specific causes of illnesses that appear related to the prison experience. A method of study which is often employed, however, is a follow-up procedure that involves repeated observations of the patient made at periodic intervals following repatriation. These observations may include physical examination, mental health questionnaires, analysis of health records and similar data collection procedures.....

Responses to the questionnaire revealed that PWJ's apparently experienced more severe malnutrition during captivity than PWK's or PWE's. For example, PWJ's reported an average weight loss of nearly 40%. Swelling of and pain in the lower limbs were also report-

PWJ = POW, Japan

PWK = POW, Korea

PWE = POW, Europe

ed by approximately three-fourths of the PWJ's studied. Additionally, more than 70% of the PWJ's had malaria or severe intestinal disease during captivity.....

Hospital admissions for these groups tended to reflect the severity of their prisoner experience. The PWJ was hospitalized an average of 1½ times between 1946 and 1965. This figure was almost identical for PWK's. For PWE's the hospital admission rate was about half that of PWJ's and PWK's.

Beebe also compared ex-prisoners of war with controls as to the causes of hospitalization from 1946 to 1965 (1954 to 1965 for PWK's). World War II Pacific prisoners of war tended to be hospitalized more frequently than controls for infective and parasitic diseases, nutritional disorders, and mental disorders. The same comparison for PWK's revealed similar trends toward hospitalization more often for infectious diseases and for mental disorders than for other causes. PWE's generally did not differ from controls with respect to causes of hospitalization, except for a 3 year period immediately after World War II when a significantly high number of PWE's were admitted for psychoneurotic or personality disorders.

Hospital admission rates for individual diagnosis were also reported by Beebe. Forty-two diagnostic categories were included such as respiratory diseases (e.g. tuberculosis), nervous disorders (e.g. diseases of brain and peripheral nerves), endocrine disorders (e.g. diseases of lymph nodes), heart diseases (e.g. arteriosclerotic heart disease), and psychiatric problems (e.g. anxiety and psychoneurosis). Ex-prisoners of war were compared with controls by statistical methods for each of 42 diagnostic categories.

This analysis revealed some startling results. In all but 6 of the 42 categories PWJ's differed significantly from controls. Some of the most frequent diagnosis for hospitalized PWJ's were pulmonary tuberculosis, nervousness, schizophrenia, anxiety reactions, alcoholism, arteriosclerotic heart disease, and osteo-arthritis. PWK's differed from controls in 14 of the 42 categories with the greatest differences found in diagnosis of pulmonary tuberculosis, dysentery, infestations (e.g. worms), and anxiety reaction. PWE's rates exceeded control rates in only 4 of the categories: anxiety reaction, psychoneurosis, nervousness, and upper gastro-intestinal tract symptoms. Again, these findings suggested that the severity of the prison experience for PWJ's and PWK's was more pronounced in some respects than for PWE's.

The Cornell Medical questionnaire revealed that PWJ's and PWK's also reported a greater number of complaints about their health than did PWE's. While PWE's did not differ significantly from controls on the various survey items, PWJ's and PWK's more frequently complained of fatigue, dizziness, headache, muscle pain, and sleep disturbance. This trend of increased morbidity among PWJ's and PWK's was also reflected in compensation diagnosis for VA benefits. Both groups had a higher percentage of cases in a majority of the diagnostic categories than did non-POW veterans. For example, PWJ's and PWK's were more frequently diagnosed as having beriberi, peptic ulcers, pulmonary tuberculosis, skin diseases, and psychiatric disorders than controls. PWJ's were particularly high in number for VA diagnosis of arthritis (7%), conditions of the spine (2%), malaria (27%), and diseases of the digestive system other than peptic ulcers (25%).

In summary of Beebe's study, it appears that PWJ's and PWK's experienced unusually high numbers of health problems due to infectious and parasitic diseases. PWE's were more fortunate in this regard although these men were hospitalized quite frequently for psychiatric disorders, in fact, to about the same extent as PWJ's and PWK's. It can also be noted that medical diagnosis correlate well with the POW's reports of personal health during captivity. Although this correlation does infer cause, it does lend credibility to the accuracy with which ex-prisoners of war can recall in detail their health problems during captivity.

Morbidity and disability appear to be elevated for ex-prisoners of war relative to control veterans and civilians, especially for PWJ's. Perhaps the most remarkable difference between ex-prisoners of war and controls is the seemingly long-lasting psychiatric disorders common to the POW. Additionally, PWJ's and PWK's apparently suffer from persistent diseases of the infectious and parasitic type.....

...These findings taken collectively are not surprising in the light of the official Army casualty figures for prisoners of war: only 60% of PWJ's and PWK's survived to repatriation whereas 99% of PWE's survived captivity.

These survival rates suggest that the repatriated prisoner of war may have been of better than average physical health and emotional stability. If this is the case, then



the excess morbidity experienced by these men in the years that follow repatriation is quite alarming. If for no other reason than this, it would seem appropriate to devote additional study to health problems experienced by ex-prisoners of war.

In closing, it should be noted that the findings discussed here are based on summary data that are contained in the 3 follow-up studies previously cited. One must exercise caution in generalizing from these results, which are based on group averages, to individual cases because individual differences often are greater than group averages suggest. In other words, the individual should view his particular case independently of any other case, but he should seek adequate medical advice and treatment with consideration given to the information contained in these follow-up studies.

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### THREE DECADES LATER: RESIDUALS OF JAPANESE PRISONERS OF WAR

By Col. Eugene C. Jacobs, MC, USA, Ret.

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The Bicentennial of the United States found us to be the richest, most productive, and best-fed country in the world. We were, we discovered, also a source of food for many other countries, including some that have been quite unfriendly to us in the past.

It is not surprising that chronic deficiency diseases and their residual effects are rarely diagnosed in this country. When seen, they are usually secondary to other conditions, such as alcoholism, malignant neoplasms, mental illness, faddism, or senility, rather than starvation per se.

Our medical textbooks consider deficiency diseases as rather mild, frequently reversible, and often without residual effects. It is not surprising that well-trained physicians diagnose chronic deficiency diseases only after every other condition has been ruled out.

Seeing thousands of Americans with far-advanced acute and chronic deficiency diseases is an experience unknown to most American physicians, unless they are so unfortunate as to have been incarcerated in the Orient, as when the Japanese Imperial Army overran the Far East. Many of the survivors of the Japanese prison of war camps are having serious problems even now as a result of that inexperience on the part of American physicians, who are often difficult to convince that the former prisoners have sustained permanent and service-connected disability as a result of wartime experience.

This experience began in 1941 for those American troops who were stationed in the Philippine Islands. President Roosevelt decided that it was more important to rescue England from the Germans than to save the Philippines from the Japanese. Military supplies, including food, were rerouted. Within a few weeks, it became necessary to reduce the rations of the forces in Bataan. Several weeks later, rations for soldiers on the front lines and in the foxholes had to be cut in half. Before the "Battling Bastards" of Bataan were overwhelmed by starvation, dysentery, malaria, and the Japanese Imperial Army (April 9, 1942), every gradation of acute dietary deficiency disease had appeared within the fortress. The defenders of Corregidor suffered a similar fate before being overwhelmed a month later.

The Japanese Army had made no preparation to feed, transport, or house any captives. This led to the hundred-mile Death March from Bataan to Camp O'Donnell at Tarlac. In the next 40 months, thousands of American, Filipino, and other Allied prisoners died in this and other Japanese prisoner of war camps as the result of starvation, disease, and the brutality of their guards. Those who survived were scarred for life and in most cases their life expectancy was shortened by many years.

The "typical" prison camp diet varied greatly from day to day, as I can attest from my experience as chief of medicine at the Japanese Prisoner of War Camp No. 1 at Cabanatuan, Philippine Islands. At the very best, the diet was inadequate, composed of a poor grade of rice and weeds. A half-full canteen cup of thin rice gruel or luao (about 8 ounces, or 160 calories) twice a day was standard. On rare occasions, prisoners received 3 half-cups of lugao. The rice was of the polished variety, containing much foreign material (sand & insects), while the weeds had been harvested from water buffalo wallows and were of doubtful nutritional value. At worst, there were days when no food was issued at all.

About once a week, a carabao, or water buffalo, was slaughtered by our camp veter-

inarian to feed the 5,000 to 12,000 prisoners. After the guards removed the choice cuts for themselves, no more than a few grams (4 to 30 calories) of protein were left for each prisoner.

During the first 6 months of captivity, 20 to 50 prisoners died each day and were buried in common graves. After that, prisoners were permitted to purchase extra food once a week from the small commissary. This was limited to a can of condensed milk and/or a small quantity of bananas or mongo beans. Some of the healthier prisoners planted small gardens, but they had to guard them carefully, since vegetables frequently disappeared before they were ripe.

Most of the prisoners suffered from amebic or bacillary dysentery, or both. Consequently their bodies could absorb very little of the food they were able to get. Actually, prisoners on work details were fortunate because they were usually able to get extra food by "buttering up" to the guard.

At Christmas in 1942, 1943, and 1944, most of the prisoners received 1 or 2 Red Cross packages containing 10 pounds of food. This supplement made the diet adequate for 1 or 2 weeks. During 1944, no meat was available in the camp. A few prisoners trapped stray dogs; some became hungry enough to eat grasshoppers, lizards, and earthworms. Even with the food from every available source, the daily diet rarely reached 1,000 calories. Fat and salt were never available.

After the liberation of the Allied prisoners of war in 1944 and 1945, an adequate diet supplemented by the required vitamins and minerals rapidly improved most of the acute symptoms of the deficiency disease, (1-6) but most of the individuals who had been prisoners of the Japanese of 6 months or longer were left with one or more of the following permanent residual effects:

amblyopia	hyperesthesia	neuralgias
angina pectoris	impaired memory	nightmares
arrhythmia	insomnia	nyctalopia
congestive heart disease	irritability	paresthesia
deafness	chronic malaria	polyneuritides
dysentery	muscle cramps	tinnitus
hernia	tuberculosis	

After returning home, many of the former prisoners of war vowed they would never "go without" again. They overate, oversmoked, overdrank, and overmedicated, and--just as detrimental to their health--underexercised. They indulged in their craving for the things they had missed in prison camp. They preferred diets rich in fats, cholesterol, and salt, and they drank lots of coffee.

Unfortunately, the many ex-prisoners who have chain-smoked since the end of the war have complicated their residuals with the following tobacco-related diseases: (7-9)

amblyopia	myocardial infarction	thromboangiitis obliterans
bronchitis	hypertension	cancers of lips, tongue, bronchus,
bronchiectasis	peptic ulcer	stomach etc.
diabetes	strokes	emphysema

Some have become chronic alcoholics, further damaging their brains, hearts, livers, stomachs, and nervous systems, and a few have become addicted to drugs.

One sad result of these added complications is that some former prisoners of war have difficulty persuading the Veterans Administration that their disabilities are service-connected. Most of the ex-prisoners are suffering from one or more of the residual conditions, and are fully entitled to disability under Public Law 91-376. Yet cases are brought to my attention continually where such individuals have been unable to convince the Veterans Administration of the validity of their applications.

It is my experienced and honest opinion that anyone who was a Japanese prisoner of war for 6 months or longer, who has survived the trials and tortures of imprisonment in the Orient, should be considered to have at least 50% permanent service-connected disability, and most often 100%.

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AFFIDAVIT by H. HEKKING, MD.

General statement, The Hague, Dec. 25, 1978

TO WHOM IT MAY CONCERN:

I the undersigned, Henri Hekking, M.D., ex-medical officer of the former Royal Dutch East-Indian Army, Medical Corps, declare that as a P.O.W. of the Japanese, I was stationed in different camps along the well known "Railway of Death" in Burma and Thailand, from June 1943 till August '45.

During most of that time, by order of the Japanese commander, I was attached - as medical officer - to a group of American Field artillery and Navy (USS Houston)-servicemen, nowadays united in the "Lost Battalion Association" and the "U.S.S. Houston Survivors Association."

Since 1956 I have visited their annual reunion several times and apart from that, till now, I have been in close contact with many of the members of the above mentioned organizations; reason, why I am rather good informed about their weal and woe, and above all about their present state of health.

In the past I made several statements about American ex-POW who returned to their country from prison camps along the Burma Railroad. They came back home alive, yes, but damaged in body and soul. My statements were necessary in their struggle-that started some years later-for a war-connected pension.

For most doctors of the pension-boards, it was extremely difficult, to insert the not always directly visible traces of the tremendous impact of the POW-time on body and soul, into the general state of ill-health that caused the disability for which the pension was claimed.

The last few years I received a growing number of requests for assistance in the form of medical statements for men that were with me in Burma. As the drawing up of the requested reports-especially for an old and busy man, in a for him foreign language-is rather time-consuming, I decided to make this general statement. In my opinion this is quite justified, because all the men along the Burma railroad sustained the same hardships and suffered from practically all diseases mentioned later on in this statement. The only difference is the variability in resistance of the different victims.

Let me start with a description of the general camp conditions and the treatment of the POW along the different camps in Burma. Most camps consisted of miserable huts, built by the POW from bamboo, dry twigs and leaves and hardly giving protection against the rough climate conditions. The dry season was dry indeed, with just enough water for cooking and seldom for body-cleaning. I remember quite well that on many places the dust was 20 till 30 cm thick. The wet season was damp and cold and really wet. The dust changed into a sticky mud, that made walking and working extremely hard and tiring, and I have seen many chronic sick men, forced to join the daily labor parties, completely exhausted after the relative short walk from the camp to the working area.

The tropical rain-showers were a great nuisance because the roofs of the huts were leaking like a basket. The latrines were long, open ditches teeming with grub and millions of hatching "blue-bottles"; an ideal breeding ground for all possible tropical disease germs; the flies looking after the spread of the germs!



The treatment of the POW by the Japanese and Korean guards was a mere shame.

Although 3 quarters of the camp population was permanently ill, the guards would allow only 15% no-duty on account of disease. If you had only a little more missing on the morning parade, a beating for the missing patients and for the doctor ensued. "No work, no food" said the guard; so there were no rations for no-duty people. Reference to the Geneva Convention was soon given up, because Japan never signed the Convention and the guards promised you an extra beating if you would use the word "Geneva" again.

Physical and mental torture were daily happenings in the camps and there was much beating during the labor on the railroad tract, if the work did not proceed fast enough. The fatigue uniform was provided by the imperial Japanese army and consisted of a small black loin-cloth, the so called "G string".

About medical supplies I can be short. Apart from a few chinine tablets, jodoform and some bandages in the first month after my arrival in Burma, I could never squeeze out medical supplies from the guards; they had very little for their own use!

The food: The supply from the hinterland before the railway was finished, was entirely insufficient. Our daily food consisted of old, musty, by bugs completely decorticated rice and a little salt. Sometimes, but so seldom that it was negligible, there was a little meat unfit for consumption by the Japanese soldiers and a bit of pumpkin, just enough to divide among some very emaciated patients. As already mentioned there was an abundance of flies in the camps and it was difficult to eat your rice without swallowing some living flies at the same time.

From the medical view-point there are some crucial camp conditions to be mentioned, especially from the Burma period, lasting for more than a year.

1. The heavy labor under exceptional climatological influences, ranging from unbearable heat till periods of cold, tropical rains; the constant emotional stress and the fear for unexpected punishment by the guards. The living in insanitary, overcrowded huts (60 cm pro man) ideal for the promotion of T.B.C. and other pulmonary infections. In many camps normal sleep was impossible by the armies of body-lice and bed-bugs that fed upon the emaciated bodies.

2. The food consisting of mere carbohydrates with no vitamins and no fat, and only small traces of unfit (not derived from animal food) proteins. The dubious value of even this entirely deficient diet was still more of even this entirely deficient diet was still more diminished by the diarrhoea-dependent rapid bowel movement.

3. The whole range of infectious-and deficiency diseases, especially the enteric conditions with profuse diarrhoea, from which practically everybody suffered. The absence of mosquito-nets and chinine causing real epidemics of malaria. Although in the beginning in spite of lack of indispensable nutrients-the body's reserves and regulatory systems could maintain homeostasis for sometime, finally they broke down by inanition and the body started to consume its own cells and tissues, with consequently much irreparable damage. What damage has been done to the intricate system of the many enzymes, necessary to maintain life, one can only guess. There probably won't be a single tissue or vital organ not badly affected for life by all the influences mentioned above.

At a rough estimation I have the firm conviction that the mortality by all different causes, in the Burma group is markedly greater than the national average; the same applies to diseases and medical disabilities as well. Even if a direct link between incident during POW-time and the present ailments is not clearly detectable, the possibility never can be denied that this ailment only could find expression in a body weakened by the tremendous impact of the POW-time, and this also means war-connected. The above mentioned statements are confirmed by countless articles in the international medical press and in the great textbooks of medicine.

In case of war service connected claims, the pension boards should in general adjudge a pension, according to fair and humane consideration and with sincere sympathy for the ex-POW, who in fact is a very vulnerable creature. It is better to give 10 persons an undeserved pension, than to withhold one man a rightful claim. It is not fair to force a patient to prove that his disease is war-connected. The pension-board should prove that the ailment is not war-connected and with the least possible doubt should give the man the benefit and grant the pension.

I sincerely hope that this, my general statement, will give support to all ex-POW from the above mentioned groups, who serving their country, sustained the terrible hardships of the camps along the "Railway of Death", and tell now are suffering from the after-effects.

The Hague, December 25, 1978

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H. Hekking  
ex-member of the Veterans Affairs Board  
of the Dutch Ministry of Defence.

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To All Who Should Be Concerned With Our Ex-POWs

February 3, 1979

From the beginning of the War, December 8, 1941, to our surrender on April 7, 1942 to the Japanese on Bataan, I was Group Surgeon for the Provincial Tank Group (192nd Tank Battalion, 194th Tank Battalion, 17th Ordnance Company, Headquarters & Headquarters Detachment.)

Our Provisional Tank Group (part of the armored forces) from Stotsenburg (Clark Field), to Lingayen Bay to Bataan was in excellent health and weight. After a couple of weeks on our entrance into Bataan, our rations were cut to about three-fourths, then a couple weeks later they were cut in half. Since the tankers were in the front lines, by the time what rations did get up front, really amounted to about one-third of a ration.

In the last month of the war most of our men lost between 10 to 50 pounds. Many of them had swelling of the feet and legs due to lack of protein. The injuries from bomb-fragments, etc. refused to heal despite the fact we used various sulfur preparations on them. This was all due to lack of nutrition (protein). Practically all the men had malaria, dysentery (some bacillary and some amebic).

Three weeks before our capitulation to the Japanese, I weighed several of our company's men. They averaged between 130 & 145 pounds, men who formerly weighed 175 to 200 pounds. It may be of interest to note that when Bataan surrendered there was just one-half ration per man left.

In the last 2 or 3 weeks of the war, March 16, 1942 to April 7, 1942 casualties continued to mount as did the sick. Many of the war injuries developed gas gangrene. At the hospital the casualties were in a very distressing condition. Many looked like skeletons. Casualties came from all over, sick and wounded, the malnourished, anemic and wounded soldiers were on their last lap. Some were in such poor condition that just starting the anesthetic took them away.

The Death March for all purposes depended upon where you were captured. From Begac to Camp O'Donnell it was 120 miles, from Begac to San Fernando it was 90 miles, etc. The march lasted from 7 to 10 days.

Our men, American and Filipinos, were down about a third of their normal weight at the surrender of Bataan. Practically all of them had malaria, beriberi, malnutrition (many had done without food for 3 or 4 days) and dysentery. Some of them had wet beriberi with legs so large that they resembled a case of elephantiasis. Many of these edematous legs had sores which were covered with pus and in some that were bandaged, maggots had worked their way to the surface of the dirty dressing. Such was the condition of our men at the surrender of Bataan and the beginning of the Death March.

On the march the first 2 or 3 days there was no food and little water. Men were beaten if they dropped out of line. Many drank from contaminated caraboo wallows. Finally those who made the march arrived at Camp O'Donnell.

At Camp O'Donnell conditions were worse. The Japanese did not provide any medicine and little food. Our diet consisted of carrot tops and rice, probably about 38 grams of protein in the total daily meal. After a week or 2 we received a half-mess kit of rice and boiled sweet potato greens. With this diet, lack of sufficient protein, men began to use up their own protein (muscle, heart muscle), I don't think that in the entire stay in this camp that we had a meal which had the entire protein requirement that we needed.

There was little difference in the diet of this and other camps that I was in. Food, medicine was available by the Filipino Red Cross and the Women's Federation but the Japanese would not allow it to come in.

Transportation from Philippines to Japan

For 30 or 40 days while on the prison ship, the food was about the same, practically without meat or protein in animal form.

The lack of protein had a devastating affect on all, some more and some less. Young men, 16-20, who were still growing, needed more protein.

Malnutrition, avitaminosis and disease left its effect on all the POWs. Some had more resistance than others, those who didn't perish, those who lived had irreversible effects from this malnutrition, avitaminosis.

In the Japanese camps the conditions were no better. At the capitulation of the Japanese, in the camp at Shira Kana I weighed about 98½ pounds.

I feel that the effects of malnutrition not only had affected the body but also the nervous system. It has been shown that starvation affects a person's brain cells, as well as the nerve cells in the body. As for myself, I have had numbness in my legs and toes that is the same as it was at the capitulation of the Japanese, also some night blindness.

Sincerely,  
Alvin C. Poweleit, M.D.  
802 Scott Street  
Covington, Kentucky 41011

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DI JU NANA BUNSHYO-NIGHTMARE-REVISITED

Dec. 1978

by THOMAS H. HEWLETT, M.D., F.A.C.S., COL, U.S. ARMY RETIRED

We were expended as F.D.R. predicted and thus became guests of the Emperor. As such we departed Manila on 24 July 1943 in the hold of Mate Mate Maru, 500 adjudged fit for heavy manual labor by Japanese doctors. Our cruise ship had a 155 mm cannon lashed to the bow with heavy rope, this represented our anti-aircraft fire protection in case our cruise was interrupted by American air attack. Two doctors and a medical warrant officer were assigned to keep the detail in good health. En route Manila to Japan our ship stopped at Santa Cruz and took on Manganese ore, July 31st found us enjoying the beauties of Taipeh Harbor in Formosa. Jerry Okonski one of the group became very ill during the Formosa visit. The gracious Formosan and Japanese guards could not see fit to move him ashore for the necessary emergency surgery, so utilizing a hatch cover table and dental novocain in the spine, removal of a ruptured appendix was carried out in bright sun light. About 7 days later Jerry Okonski was able to walk off the ship carrying his own possessions. However, the government would not compensate him for loss of the appendix. We finally arrived in the Port of Moji 9 Aug. 1943 and after a brief delay termed a "Quarantine" we traveled by train to Omuta where the civilian population stoned us in welcome as the first contingent of prisoners of war to enter Camp 17, Fukuoka Military District. Contrary to a recent publication our trip was a safe one, we lost no men and thus buried no one at sea. As POW's we worked in the mine and foundry.....

I have chosen to review with you factual material from a medical report on Camp 17 which was compiled by the Medical Staff: Capts Ian Duncan & Richard Parker, Australian Army, Lts Harold Proff & Theodore Bronk, U.S. Army and Lt. Gerit Bras, Royal Dutch Army.

It is ironic that this report was accepted into the Australian Army Museum for its historical value. Our meager records including the death list were not acceptable to a U.S. Courts Martial since they were not typewritten. I was young and inexperienced with the system in those years so at this late date I apologize for not keeping a typewriter with me. The medical report was completed Aug. 25, 1945 while the medical staff was still together in a complete state of recall to review the period, utilizing our private records as concerned each nationality group.....

As the camp increased in population, doctors who joined us were assigned to work in their field of interest, we were young and not fully trained, as an example Dr Bras interested in laboratory work arrived in camp with a crude microscope constructed of bamboo tubing and field glass lens. Thus we gained an additional capability in diagnosis and it became possible to cross match blood.

Medical supplies for the camp was a joint responsibility shared equally by the Mitsui Corporation and the Army. Eventually hospital space increased from a combined dispensary and ward building to one adequately large clinic building and 6 ward buildings: 1 isolation ward of 9 beds, 3 medical wards of 30 beds each, 2 surgical wards, 1 of 30 beds, 1 of 58 beds, to a total of 187 beds or mats. Thru the humaneness of Baron Mitsui, a 1919 Dartmouth graduate, we did have bed space for the sick and wounded.

Those of us who remained at Camp 17 following the exodus of the guard detail in Aug.



1945, set out to scavenge the city of Okuta. Early in the exploration we found several warehouses packed with Red Cross food and medical supplies. The dates of receipt and storage indicated that these items had reached Japan prior to Aug. 1943. Thus while we suffered from lack of food, essential medicines, surgical supplies, and x-ray equipment, these items, gifts of the American people, were hoarded in warehouses during our two years in Japan. The reason we were denied these essentials remains a top secret of the Imperial Japanese Army.....

Deficiency diseases were a continuing medical problem and despite repeated pleas to the Japanese command we were never able to obtain any dietary improvement. The Allied Medical officers considered the basic problem to be total dietary deficiency while the Japanese considered it as beriberi, the so called classic patterns of Vitamin B deficiency. The first case of deficiency edema (swelling) that appeared in the camp in Dec. 1944, this patient literally wasted away. Within 10 days after the polished rice was introduced into camp, edema was noted in increasing number of prisoners, as polished rice eliminated our only source of Vitamin B and reduced the major nutrients.....

GASTRO INTESTINAL DISEASES: There was a consistently high disability rate from diarrhea. To clarify one point, Amebic dysentery was never a problem in Camp 17, only 7 cases were diagnosed by microscopical exam and 3 of these were under treatment in Aug. 1945. Medically we used 4 classifications for gastro intestinal diseases:

1) FOOD DIARRHEA-(HIROHITO'S CURSE): On at least 3 occasions 75% of the prisoners were struck by an epidemic, in the fall of 1943 following questionable fish soup thru the mess hall, whale blubber, or the rare issue of clams always produced such a temporary epidemic, usually these outbursts tended to recede in 48-72 hours. These patients always demonstrated undigested food in the stool. Purgation and total abstention from food were effective in handling such epidemics.

2) ACUTE ENTERITIS-(BENJO BOOGIE): These patients gave a history of 3-4 days of diarrhea, with as many as 15 stools per day. They did not respond to an aniline purgative available in small amounts from the Japanese Army. Bed rest was our only successful mode of treatment.

3) ACUTE COLITIS: This condition was undoubtedly bacillary dysentery, it was prevalent during the summers of 1944 and 1945, at which time 30 hospital beds were constantly utilized for its treatment, during both periods Japanese denied the existence of the disease outside camp bounds: Yet prisoners employed in the mine reported Japanese miners suffering with it. One Japanese civilian employed in Camp 17 died of the disease in the early summer of 1945. Sanitary public health measures within the camp were instituted, but no public health measures were taken in the Japanese guard housing area and none in the surrounding civilian areas.

4) CHRONIC INTEROCOLITIS: Required long hospitalization and bed rest and a strict diet of lugao with warm tea enemas. This could be a terminal disease in severe malnutrition cases.

RESPIRATORY DISEASES: PNEUMONIA: Our most dreaded killer, pneumonia continuously maintained the highest mortality rate of any of the infectious diseases. In the winter of 1943-44, among the men of the first detail, the morbidity rate was 8%. The same group, during their second winter in Japan, showed a morbidity rate of 3%. Both the Australian and Dutch details who arrived in camp for the second winter showed the higher morbidity and mortality rates. It should be noted that the second Australian detail which arrived Jan. 1945, showed the highest morbidity and mortality of any group in this camp. They arrived from the tropics during the wintertime. In considering the Pneumonia in this camp, one cannot ignore certain living conditions which contributed to the development of this disease:

1) Starvation diet.

2) Continuous exposure to extremes of temperatures 32°-105° in the mine; some men worked in water.

3) Persistent upper respiratory irritations in all miners as a result of the irritating gases encountered.

4) Lack of adequate heating facilities within the camp.

Diagnosis of pneumonia depended upon the physical findings. The lower lobes were the most constantly involved.

Total pneumonias for the period reached 250 cases and were classified as follows:  
1) Broncho-pneumonia-----20%                      2) Lobar-pneumonia-----80%.....

Due to the limited supply of drugs available, treatment was not instituted in any patient until positive consolidation could be demonstrated. X-ray was never available.

Total deaths from pneumonia were 48, of these, 10 were in a state of extreme emaciation when they contracted this disease. The highest incidence of the disease occurred during the winter of 1944 and spring of 1945. During these periods 50 to 60 were in the hospital. In March of 1945, there were 14 deaths from pneumonia. This was the highest total for any month. The average period of hospitalization was 20 days, followed by 30 days of convalescence in quarters.

TUBERCULOSIS: Most Americans with even minimal tuberculosis died early in Philippine Island prisons. Pulmonary tuberculosis first appeared in the first detail of this camp in March 1944, after 7 months of mine work. It was impossible for this prisoner to have had contact within the camp bounds with a case of active tuberculosis. One of the Japanese overmen assigned to his group apparently was troubled with a chronic productive cough. This overman stated that he was troubled with consumption. This case was diagnosed by stethoscope and later confirmed by x-ray. There have been in the camp a total of 11 proven cases and 4 suspects. Of the 11 cases, 8 were from the American group and 3 of the 8 lived in the same room during the first winter in Japan. Treatment of these patients was limited to hospital bed rest. Six of the 11 proven cases died prior to Aug. 23, 1945.

FUKUOKA FEVER: Dengue type fevers are endemic in all far eastern countries. Navy personnel will remember Caute Fever of the Philippines. For want of a better name a local endemic fever encountered in this camp was termed "Fukuoka Fever". Very little satisfaction was ever obtained from the Japanese concerning this condition although the disease ranged from 60% to 70% of the entire camp. It may be described as an atypical aching, profound malaise, loss of appetite, and profound weakness. There is no rash and the length of the disease varied from 6 to 15 days. The prevalence of the disease coincided with the mosquito season. The temperature showed a tendency to run high the first 2 to 3 days of the illness returning to a low level for a period of 5 days, to rise again for 2 to 3 days prior to cessation. The severity of the symptoms varied with the temperature, the response to salicylates and codine was only fair. The disease conferred no immunity and 1 recurrence was likely during the season. It was impossible to keep these patients from duty status except when temperature was demonstrable. Subjective symptoms had to be ignored. This condition was developing a high morbidity rate during August 1945.

MALARIA (BLACK WATER FEVER): Of the population in this camp, 88% had suffered from malaria in the tropics. Increased numbers of malaria cases were noted within 2 to 3 months following the arrival of the respective details from the tropics. It was noted that the Estivo-autumnal type died out after about 3 months in this climate. The tertian type was persistent but was rare after 2 years. Many patients received their first complete course of malarial therapy in this camp. No treatment was instituted without positive blood findings. Quinine-Atebrin routine was used in this manner; 7 days of 30 grains followed by 7 days of 20 grains with 3 tablets of Atebrin per day.

A severe form of malaria in which the urine is black with blood is termed "Black Water Fever". Three patients developed Black Water Fever within 3 months after their arrival from the tropics. During the period they were hospitalized with Black Water Fever, no parasites were demonstrable in the blood. The treatment consisted of rest and support with intravenous fluids & transfusions. Recovery was complete in each instance. Dr. Bras from Java had great knowledge of malaria & took personal care of the Black Water patients.

Although from time to time the morbidity rate for malaria was high, the only fatality from this disease was one patient with cerebral malaria.

SURGERY: Just prior to the departure of "A" detail from Cabanatuan instruments were requested from the senior American medical officers, having spent a year on Corregidor with a 500 man labor detail I was well aware of the need for surgical instruments, and the fact that the Japanese did not furnish instruments for use on prisoners. My request was refused by the senior American officers, they were naive enough to believe that all essentials would be supplied once we reached Japan. The instrument kit that I had

put together on Corregidor was minimal at best, my friendship with certain enlisted men working in medical supply at Cabanatuan made it possible to supplement my kit to the point that at least we would be able to handle emergency surgery while enroute to Japan. The individual instruments were placed in the baggage of a number of prisoners; thus they escaped detection during the inspections we were subjected to. The instruments were reassembled after we settled in Camp 17.

Our only available anesthesia consisted of several vials of dental novocain tablets. Two of these tablets dissolved in a small amount of the patient's spinal fluid, and injected into the spine gave about 45 minutes of anesthesia, giving us time to perform most operations that had to be done.

Dutch torpedo technicians, who eventually came to Camp 17, were able to make surgical knives out of old British table silverware.....

As a general rule if a prisoner suffered an injury in the mine some physical punishment was administered underground before he was brought to the surface. This punishment was handled by the civilian Japanese overmen. If the patient suffered a broken bone in the mine, x-ray examination might be carried out at the mine hospital, we might get to see the films 2 to 3 weeks later, so we treated fractures without x-ray.

Japanese surgeons operated in cotton gloves, since rubber gloves were not available. We operated bare handed, the fingernails of the surgical team stayed black as a result of our using bichloride of mercury and 7% iodine in preparing our hands before surgery. Despite our primitive equipment and environment our infection rate in surgical patients never exceeded 3%.

During our first 2 months in Japan several prisoners underwent surgery in the mine hospital, these operations were done either without anesthesia or with very weak local anesthesia and the patients were returned to us in rather severe shock.

Hand injuries which were repaired at the mine dispensary required thorough exploration as soon as the patient returned to camp, usually such wounds were filled with coal dust and severed tendons had to be repaired. Eventually after a number of these mismanaged wounds were demonstrated to the Camp Japanese Army doctor, he ordered that injured prisoners be returned immediately to the camp hospital.

Sharpened bicycle spokes were used as traction wires in the treatment of hip and leg fractures. Plaster of Paris was never available. We observed that simple fractures healed in approximately 2 months in the first year, by the second year in Japan the same type fractures required 4 to 5 months healing time, this we attributed to our worsening nutritional state.

PSYCHOLOGIC & SOCIAL PROBLEMS: I am troubled that the V.A. can recognize a broad range of psychologic and social problems in our current society, and not be cognizant of the fact, that some of the patterns they encounter in former P.O.W.'s are long term results in individuals who had no help available when the emotional or psychic traumas occurred during long confinement. The philosophy of the prisoner of war is a strange one, individually developed to make survival possible in the most hostile environment. He first learned to laugh, at the tragedies that comprised the every day life, he completely obliterated the pangs of hunger. The starving man would willingly trade his meager ration for a few cigarettes. In many instances he would risk his rations gambling with professionals, who pursued their trade without compassion for any life except their own.

The language problem was ever present, interpreters either Japanese or English speaking tended to put themselves in a command position so they created an atmosphere of distrust.

One prisoner of the A detail was executed for attempting to learn to read Japanese, he was utilized as the target for a bayonet drill by the guard detail, his body when examined showed over 75 stab wounds.

Early in the course of starvation hunger is overwhelming and the theft of food by such a person is not a criminal act. The Greek "Pavlokos" was starved to death in the guardhouse for stealing food, it took them 62 days to accomplish this execution, benefit of trial was denied.

For a minor infraction of rules a 19 year old Australian soldier named David Runge, was forced to kneel in front of the guard house for 36 hours, during the period he developed gangrene of both feet: bilateral amputation was carried out 10 March 1945. He was carried on the backs of comrades to keep us reminded of the benevolence of the Japanese. Runge has only recently retired from an active life.



In camp the prisoners life was subject to the individual whims of the guard on duty, the prisoner could be aroused from rest to undergo punishment or humiliation, which ever met the sadistic needs of the guard.

Underground the prisoner was faced with falling walls and ceilings, blast injuries and entombment, he lived each day with the possibility of sudden death or permanent disabling injury.....

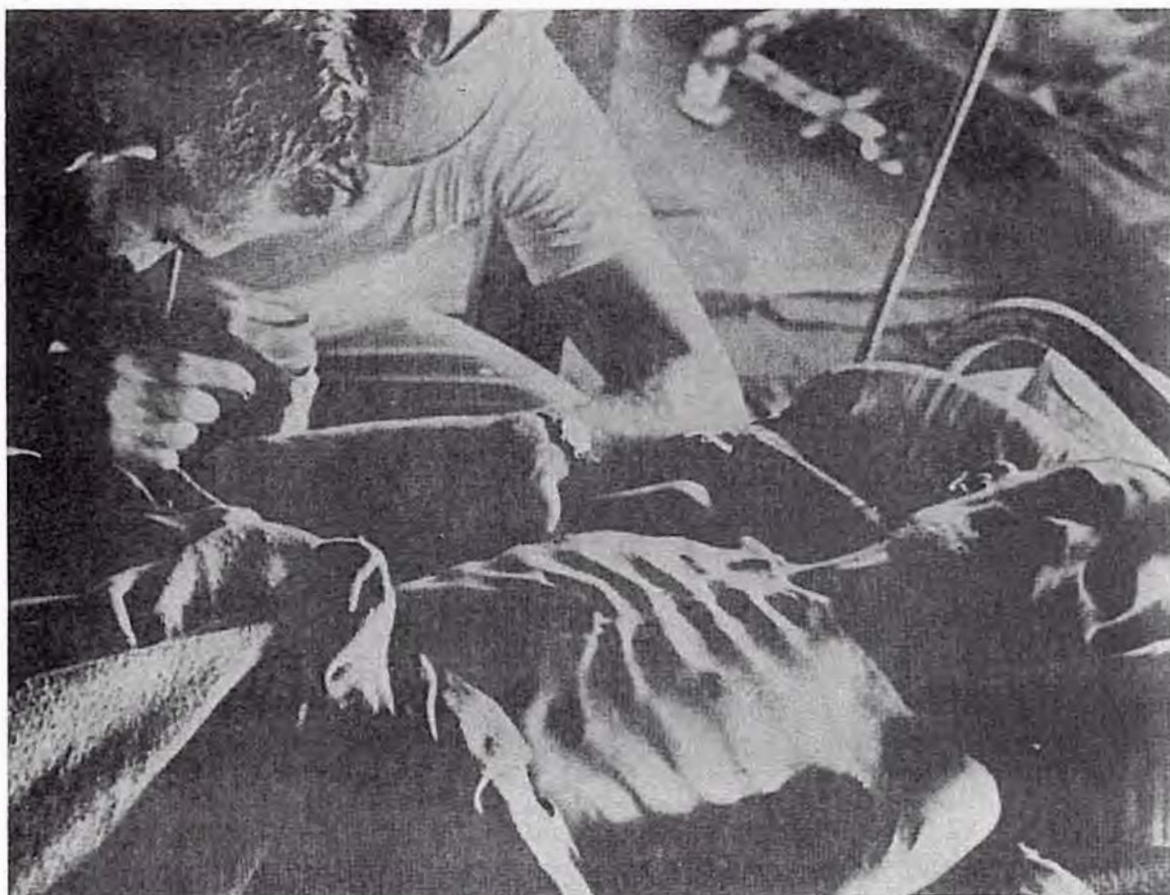
MORTALITY: Our mortality is recorded, and I might comment that it is lower than Dr. Proff and I predicted it might be after our first two months in Camp 17. One hundred twenty six men died in the 2 year period; 48 deaths attributed to pneumonia, 35 to deficiency diseases, 14 to colitis, 8 to injuries, 5 to executions, 6 to tuberculosis, and 10 to miscellaneous diseases.

#### MORTALITY RATE

			mortality rate
Total population	1859	(126)	6.7%
American	821	(49)	5.9%
Australian	562	(19)	3.3%
British	218	(17)	7.7%
Dutch	258	(41)	4.2%
("A")	500	(21)	4.2%

What has just been presented to you is not documented elsewhere in the medical annals of this country, the proverbial land of plenty. Certainly no human would knowingly submit to a controlled laboratory study aimed at duplicating this experience. I believe along with Dr. Jacobs, that we survivors still face disabling physical and emotional problems which can be traced to our experience. Medical computers and the young physicians of the V.A. are I believe, completely confused when called upon to evaluate our problems. Medicine is not an exact science, it has chosen to deem the profession an art and a science; our hope must then lie with those physicians who evidence art in dealing with the whole patient.

There is no summary to a nightmare that was permanently tatooed in our brains, but that is how it was for those who were "expended".....



American POW suffering from dry beri-beri in Bilibid, P.I., Prison Hospital





POW Camp, Branch 10, Nagoya Main Camp. POW's eating first meal dropped by planes after Surrender of Japan.



Men rescued from the Jap Prison Camp at Cabanatuan by the 6th Ranger Infantry. Left to right: Pfc. Julis Cobb, Navy Gunners Mate 1C Clarence Hall, British Army Sgt. Robert Bell Burnley, U.S. Army Capt. Robert J. Duncan.

## EPILOGUE

(by Capt. Walter G. Winslow, U.S.N. (Ret), author of "Ghost of the Java Coast (Saga of the U.S.S. Houston) and the Battling Bastards of Bataan. He is a survivor of the U.S.S. Houston and spent 3½ years as a POW of the Japanese.)

When the Department of the Army published its multivolumed History entitled, "THE U.S. ARMY IN WORLD WAR II", one of the three stated objectives in so doing was, "To accord a well-earned recognition to the devoted work and grim sacrifices of all who served." Although the various combat operations in the Pacific theatre of war are extensively covered, it is indeed ironic that the only reference made to American Prisoners of War in those areas is a brief account of a few hapless souls liberated with the recapture of Luzon. It is as though the thousands of Americans captured throughout Southeast Asia never existed to be properly acclaimed among those who were "devoted to duty", or "made grim sacrifices." Perhaps such an omission, intentional or not, lends some Freudian insight as to the lack of official concern which resulted in relegating these ex-POWs to their ultimate fate.

As early as July 1942, the Japanese commenced transporting American POWs from Manila to their northern strongholds. This barbaric movement of prisoners, in what came to be known as "Hell Ships", continued until the end of December 1944 when MacArthur's forces were poised to land on Luzon. With the recapture of the Philippines, therefore, only a few hundred, half-dead heroes of Bataan and Corregidor were left to be liberated from the vile prisons in which they had been confined. It would take nearly nine more months before Japan capitulated, and the remainder of the American prisoners were rescued.

Those Americans taken to prisoner-of-war camps in Japan, Korea, Taiwan, or Manchuria found living conditions no better than those in the Philippines. In many, they were worse. Men who survived the terrible trip by ship suffered from malnutrition and various diseases rarely known in the United States as amoebic dysentery, scurvy, pellagra, beriberi, gynecomastia, malaria, avitaminosis, amblyopia, and others. Nevertheless, they were quickly forced to work like coolies in unsafe mines, on docks, and airports, in railroad yards, factories and shipyards. Harassed and degraded at every turn by ignorant guards, they were always undernourished, and inadequately clothed to stave off the bitter cold of winter. They rested their emaciated bodies not on beds, but on rough boards usually covered by a thin straw mat.

The grievously ill received little or no medical attention, and some were subjected to crude, often gruesome experimentation by Japanese doctors and medics. Brutal beatings for infractions of outrageous rules or trumped-up charges were the order-of-the-day. Men, too sick to work, were often beaten because they couldn't work. Sick men, who tried to work rather than face ruthless guards in camp, were beaten because they couldn't keep the pace. As a result of sheer Japanese brutality and neglect, thousands of Americans died and their ashes rudely scattered to the winds, or their bodies buried in mass graves.

According to the official U.S. Army History, "United States Army in World War II - Fall of the Philippines", U.S. Army troop strength throughout the islands on November 30, 1941 totaled 31,104, including 11,988 Philippine Scouts. Eliminating the Scouts leaves a total of 19,116 Americans of whom 5,609 were men of the U.S. Army Air Corps who fought as infantry on Bataan following the destruction of their aircraft during the first week of war.

The United States Asiatic Fleet, in the face of Japanese air superiority, was forced to operate from bases far to the South, but left behind to help defend Bataan and Corregidor were 1,643 Marines and 2,558 Navy men. Altogether there were about 23,317 American military personnel in the Philippines; about 21,917 of them were on Bataan and Corregidor while the remainder were in the Southern Philippines.

The exact number of Americans killed in action, died as POWs, or were repatriated will never be known. The following figures derived from official reports (such as they are), and discussions with responsible former Japanese POWs are, I believe, reasonably correct. Of the 23,317 Americans of all services in the Philippines, about 1,000 were killed in action, 400 (mainly men of the 19th Bombardment Group) escaped to Australia, leaving 21,917 as Japanese prisoners. At least 12,195 of the prisoners died from all causes, and 9,732 managed to survive and be repatriated.



During the years from Aug. 1945 to Aug. 1979, more than 4,500 of these defenders of Bataan and Corregidor have died. When one considers that most of these American POWs were young men in their teens, or early twenties, the death rate, attributed to the barbaric treatment accorded them by the Japanese, is shocking enough, but the manner in which those who survived have been bandied about since their return to the United States by the various services, the Veteran's Administration, and the U.S. Congress is reprehensible.

When World War II ended, these American POWs were, without exception, walking skeletons. Having somehow managed to survive, all were near death's door, and most could not have lived another four months as POWs. When these men returned to the States, however, many of them looked as though they had been well-fed and were fairly fit. Snide remarks were made to the effect that they had sat out the war in relative comfort while others did the fighting. Such comments, made by small, ignorant minds were cruel and heartbreaking to the survivors. Why they appeared healthy is another story.

First of all, the majority of Americans imprisoned by the Japanese were not immediately recaptured. Some waited several weeks for the Army to come ashore and bring them out of the camps. During this time, American planes bombarded the POW camps with tons of food which helped the inmates regain strength and weight. After being rescued, they were transported to bases in the Philippines, Guam, etc. where for several more weeks their diseased bodies were medically treated and they were permitted to eat whatever their hearts desired. Consequently, their emaciated bodies regained additional strength and weight, but it should be noted that much of this weight was caused by edema, a concentration of pathological fluid in the body tissues. This edema puffed out faces and other parts of the body giving the impression that the former prisoners were fat.

Far from being fit and fat as they appeared upon arrival in the United States, these men were sick; being overwhelmed with the ecstasy of being free, most of the former POWs failed to realize or admit this. To return home to loved ones and begin living normal lives was foremost in their minds. Unfortunately, there were no elaborate medical facilities set-up to care for and counsel these survivors, such as was provided for returning Viet Nam POWs, and few - if any - doctors with the knowledge and experience to properly process them. It is little wonder then that, following what in most cases resulted in a perfunctory examination, they were quickly released from active duty to civilian life.

Because it is axiomatic that former prisoners would rather forget than reflect, recounting their experiences is such an unnerving task that they invariably understate them. That civilized minds can never fully comprehend the many traumatic things to which these POWs were subjected is poignantly reflected in the fact that even doctors, in many instances, found their watered-down stories so grotesque that they wrote men off as pathological liars.

It is indeed an unfortunate fact that no senior military doctors were astute enough to suggest that residual effects of the harsh privations suffered by these returning POWs might surface during the ensuing years to claim their victims. As a result, many former prisoners were given a clean bill of health, and their medical records closed, in most cases, without recording diseases or injuries suffered while in enemy hands. Coincidentally, the medical records failed to even suggest that there might be latent effects that could claim their lives.

Soon after returning to civilian life, the years of physical degeneration began to exact their toll, and the former POWs turned to the Veteran's Administration for help. Here they were stonewalled. Having been released from service with no noted or apparent physical defects, their maladies, in many cases, were not considered service connected by the VA, and medical treatment was denied. Their appeals for help to the Armed Services, which once urged them to fight to the death, fell upon deaf ears. And in the halls of Congress, where once their heroic last ditch fighting on Bataan and Corregidor evoked eloquent acclaim, all, but a compassionate few, greeted them with handshakes and hollow promises.

Throughout the years following repatriation, practically all the survivors have, to varying degrees, become physically disabled - victims of the "Prisoner-of-War Syndrome". These same years have been fraught with anguishing frustrations as the men, attempting the monstrous task of proving their disabilities service connected, get lost in endless paperwork. In many cases medical records have been lost or destroyed; witnesses, who could attest that the claimants had been savagely beaten, tortured, or had incurred

certain diseases while POWs, are dead or whereabouts unknown. Meanwhile, hundreds of former prisoners, unsuccessful in their quest for proof, have died because doors to Veteran's Administration hospitals were closed to them.

Ironically, the cruel deprivations suffered by prisoners-of-war in the Philippines have long been documented in the voluminous records of the "International War Crimes Trials". Some of these trials, held in Tokyo and Manila following the end of World War II, resulted in the execution and imprisonment of numerous, former members of the Japanese armed forces who were convicted of atrocities inflicted on American POWs. If the evidence warranted such drastic punishment of their captors, by the same reasoning it should suffice to prove the case of surviving POWs. If those in authority within the Veteran's Administration cared enough to examine these documents, there is little doubt that they would quickly arrive at the same conclusion. The conclusion? That anyone who survived the living hell, to which these men were subjected, should automatically be given the benefit of any doubt and, without further proof, be unequivocally adjudged 100% disabled.

General Sherman once said, "War is hell." Wars are also hellishly expensive, and when our country engages in one, it should be ready and willing to pay for the sacrifices of those who fight it. To some extent this is done quite well. If an American is killed in action, dies while a prisoner-of-war, or as a result of service connected factors his widow and children (if he has either) begin receiving a modest amount of money which helps to defray living expenses. The widow gets these funds as long as she lives, but they terminate if she remarries. The children's individual compensation continues until age 18, or age 26 if they attend college. There is also free medical attention provided at VA hospitals, and additional funds for the widow should she wish to attend college or vocational school.

Here, it should be noted that any veteran adjudged to be 100% disabled due to service connected causes receives a tax free pension for life. His dependents are accorded the same medical attention and educational benefits as those of a man who died of service connected causes, and, when he dies, his widow receives a tax free pension, if he dies of a service connected disability or was adjudged to be 100% disabled 10 years prior to his death.

All of the foregoing is fine and as it should be, but what about the veterans who survived as ex-POWs? Having stared death down many times, they somehow clung to life until their prayers were answered, and they were rescued. The ending, however, is not as happy as one might be led to believe. Unknown to these men, they were firmly locked in the grip of an insidious physiological process, induced by prolonged starvation, disease, avitaminosis, and the stress of harsh confinement known as "PREMATURE AGING". Studies by competent medical authorities in at least four countries, including the United States, deduce that "PREMATURE AGING" shortens the normal life span of former POWs by 10 to 15 years. For this reason alone, the former POWs should be granted 100% disability!

It is a shame that authorities within the V.A. are unaware of these significant studies on "PREMATURE AGING". On the other hand, it would be a national disgrace if they were and, at this late date, have not directed VA doctors to take these findings into account when evaluating the claims of ex-POWs. That this has not been done is evidenced by the fact that when former POWs are plagued with physical problems associated with "PREMATURE AGING", as they inevitably are, they still must prove to skeptical VA doctors that their ailments are service connected, or treatment is denied. This results in prolonged appeals for help by sick men who do not have the expertise or strength to track down the proof. Meanwhile, as bills for civilian doctors mount, wives and children desperately struggle to make ends meet, and the hapless ex-POW, unable to work, suffers the cruel mental anguish of the damned.

How depressing it is to watch these men as they falter in health, and are denied the help they so richly deserve; and how maddening it is to stand helplessly by, unable to do anything about it.

There is something terribly wrong when thousands of aliens, who never raised a finger to defend our country or contributed one cent in taxes, can come here to begin receiving welfare checks, Medicaid, and other social services while, many long years after World War II, heroic survivors of barbaric Japanese prison camps continue to be haunted by those words:

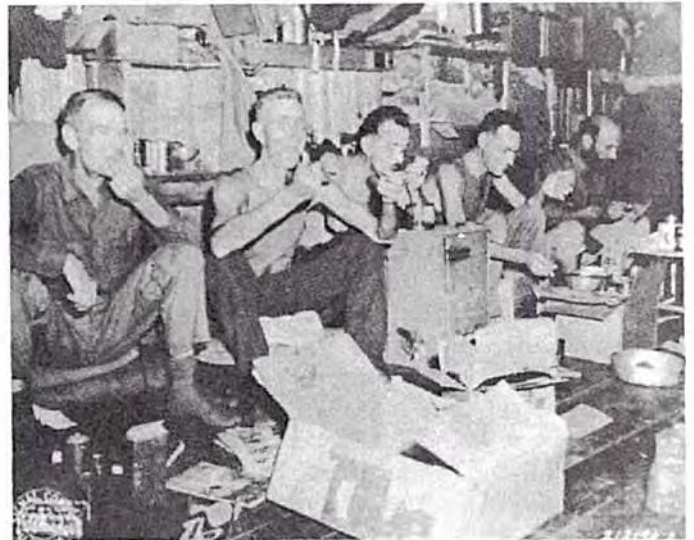
"WE ARE THE BATTLING BASTARDS OF BATAAN...AND NOBODY GIVES A DAM!"

FORMER AMERICAN POW's ENJOY THEIR FIRST DAYS OF FREEDOM  
EARLY SEPTEMBER 1945

Photos: THANKS TO CHARLES A. MORGAN, JR.



Nurse Jean Fitty taking pulse of Thomas McGee in back of Thomas is Bob Tennell.



POW Camp Roku Roshi  
Happy men enjoy first rations dropped by parachute.



Checking over items dropped by B 19



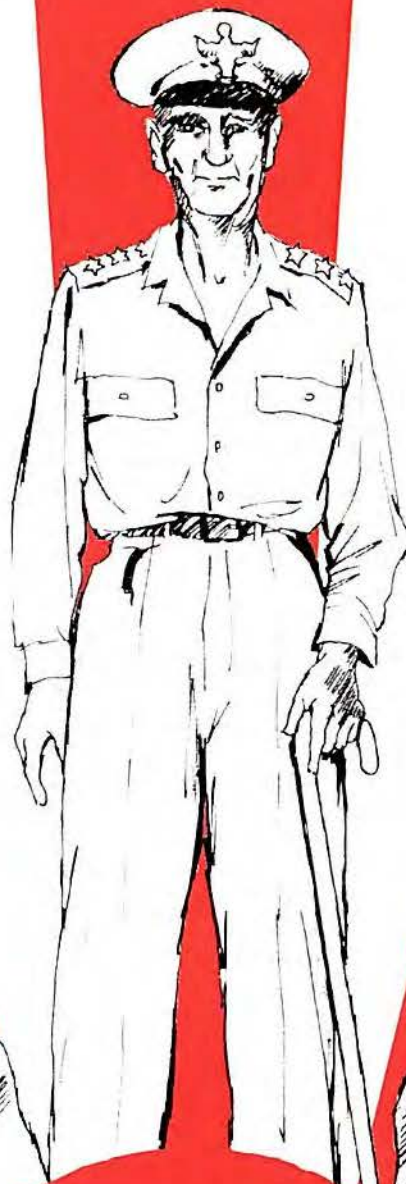
Money not needed in this PX line  
Philippine Island 17th Replacement Depot, September 1945





AMERICAN EX-POW  
NATIONAL MEDICAL RESEARCH COMM.

PACKET #10



# THE JAPANESE STORY

*Shirley Thompson*