

# A Buddy and a Group

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When World War II broke out, I was a physician in a station hospital in the Philippine Islands. I had been called up from the reserves to active duty some six months earlier.

When hostilities began on Luzon island, it was apparent we would soon be overrun. We retreated to the Bataan peninsula and reorganized our unit as an evacuation hospital called General Hospital Number 1. What followed was four months of heavy fighting with many casualties. We were directly bombed several times, with 500-pound bombs landing within a hundred feet, making craters thirty feet across. Occasionally, a boulder weighing several tons landed within a few feet of our shelter. As the casualties mounted, we slowly ran out of ammunition and food.

Surrender was inevitable. It came when a line of Japanese tanks passed our hospital on April 8, 1942. The commanding Japanese officer greeted us and officially took us prisoner. Because of this, our surrender was relatively subdued. It was a matter of pure luck. Most of the surrender activities were quite awful with brutalities, beatings and even beheadings. What happened to us illustrates a key aspect of survival in wartime circumstances: Luck.

My hospital group was composed of extremely capable and energetic men, well acquainted with each other and with extreme loyalty to the group. Having that sort of support is another key to survival.

Dr. Willie Perilman and I became buddies. And that is another key: It is absolutely necessary to have a best friend to help you survive.

When the Bataan peninsula surrendered and with the defenses at Corregidor still intact, we did not join the march which became known as "the Death March." Instead, we stayed to take care of the patients in our hospital who could not be moved.

An artillery duel between Corregidor and the Japanese was fought on our peninsula. There were cannons all around us. The shells whistled back and forth almost continuously for a month. Some landed near us, but there were no casualties. Again, a matter of luck.

When we were moved to a prison camp, we encountered a horrible sight. The men were thin and lethargic. The death toll was somewhere between thirty to forty every day. This was down from 300 or 400 daily we saw in the weeks before we came to the camp.

Food was scant. It consisted of rice with much dirt in it, some crude greens called 'cancon' which gave everyone diarrhea (most refused to eat it), some coconut oil, occasionally salted fish and, rarely, a bit of meat in a stew.

With this diet, deficiency diseases began to appear. I saw several hundred cases of scurvy. Night blindness was common. Beriberi was frequent, causing swollen, then severely painful feet as the swelling receded.

To survive, we had to be extremely careful. A raw vegetable could never be eaten unless it was dipped in boiling water. Mosquito nets were carefully affixed at sundown. We did everything possible to avoid getting diarrhea because of the debilitation which followed. Getting strong and regaining weight was very difficult under these circumstances.

In spite of all our precautions, 1,500 Americans and many thousands of Filipinos perished. Their deaths were ascribed to malaria and dysentery, but the real reason was malnutrition. One does not die from *vivax malaria*. I have often wondered what might have happened if we had just a little bit more protein. In a lush, tropical area surrounded by oceans, fish should have been easily available. Lack of food in those circumstances is inexcusable. Thousands of lives could have been saved with a minimum of these foods added to our diet.

In the camp, it was absolutely necessary to keep the mind occupied with something to which full concentration could be given. A bridge game or chess game, if available, was invaluable. We organized classes. Many men had special training in specific diseases. Dr. Barshop from Los Angeles, where he had been an instructor in a medical school, gave lectures on shock. We organized special classes in linguistics taught by Father Talbot. He was known as "two-gun" Talbot, a brilliant Jesuit who gave lectures in comparative linguistics, beginning with Latin and translating into French, Italian, Rumanian, Portuguese, even Romanish, a dialect in an area of Switzerland. We organized short story writing contests. A quartet was formed that sang very credibly. Some Filipino soldiers from the north of the islands made musical instruments. We called them the Cagayan Caballeros.

We read anything we could get our hands on. A dictionary was a treasure. The back of the dictionary contained so many interesting facts. Long novels such as *Anthony Adverse* (by Hervey Allen) were very valuable.

We used to have long talks with each other so that we soon knew the details of each others' families: how many brothers Willie Perilman had, the town where Dan Golenternek came from in Texas, etc.

Curiously, the sick men in the hospital used to discuss food. They would take turns roster-fashion' "Joe talks about lunch today, Bill has dinner tonight, and Sam has breakfast tomorrow." The conversation would include the name of the restaurant, where it was, what the waitresses were like, how the place settings and the napkins looked, and then the food described in full detail. Some tried to discourage this, but it was no use.

I believe daydreaming is a defense mechanism. If you concentrate deeply while daydreaming, it becomes a time of transcendence. You can't suffer continuously. It's impossible. Nature demands a respite. After a certain amount of time, you must focus on something else, and daydreaming fulfills that need.

Part of keeping the mind and morale positive has to do with studying other people. I was lucky in that way, because I was the attending physician taking care of the officers and corporals.

When people became ill and succumbed and you asked, "What happened to so-and-so?" the answer would invariably be, "He gave up." They never said, "He died." It was always, "He gave up." I felt that this was a special phenomenon, probably relating to a kind of a terminal depression. Many of these men had been very ill but were not really sick enough to die. They could have gotten well, but they threw up their hands and gave up their will to live.

I remember a soldier in Bataan, a messenger going back and forth to the front lines. He became ill in the prison camp and was in what we used to call the Zero Ward, or some such name. He was extremely sick. Since our corporals had gotten to know him and were fond of him, they offered to help him and get him things, but he refused. He didn't want to eat or even smoke. Just to force some protein into him, I said, "Look, we're going to give you some plasma." He pulled the needle out and died soon after. He had gotten into a mindset we could not break through.

I was fairly close to this mindset myself on one occasion. I had mild diarrhea for about three weeks, but seemed to be getting better. One day, I had shaking chills and felt I had malaria. Soon my skin began to get yellow. I lost my appetite. I couldn't take any food for five days, and that's a terrible thing in the tropics. When I realized I had severe jaundice, I felt it was probably amoebic hepatitis and thought my end was near. I really thought I'd had it. I was taken to the Zero Ward.

After a few days, a curious thing happened. First, the diarrhea disappeared and, rather suddenly, I had a feeling of ease. A twinge of appetite returned. I was somehow able to get ahold of a can of beans in tomato sauce. I loved them. Even now, I have a feeling they saved my life. I could eat them without nausea.

As soon as I could stand, I insisted on leaving the hospital, even though the other doctors wanted me to stay. On my way out of the hospital, I stepped on the scale we used for weighing rations. I tipped in at 81 pounds. I could barely walk but a step at a time. I would simply run out of strength.

Once back in my cabin, my friends again came to my rescue. Willie Perilman found a can of sardines. Max Andler had charge of the refrigerator where we kept a few medications and concocted something which actually tasted something like ice cream. We had some old C-rations with some cubes of sugar to be used with coffee. Someone gave me several of these, and, when I could walk no longer, I would pop part of a sugar cube into my mouth. And, just like Popeye with his spinach, my strength would suddenly return.

Keeping up our hopes was an all-important factor in surviving this ordeal. Since most of us had not been fully trained, we talked about getting residency training and planning our practice. Thoughts about marriage and family were very helpful.

Other than keeping our minds going in order to stay interested and avoid depression, we had another way of fighting depression: mobilizing anger. Picture a disheveled bunch of dirty guys all lined up and the Japanese camp commander giving them a speech to the tenor of, "You are no good. You're the dregs of the earth. You are my enemies, and our grandchildren will be your enemies, and we don't care if you ever get out of here. Your highest officer begins where our lowest private leaves off."

And in our minds, we thought, "We'll piss on your grave, you son of a bitch."

This had to be a very personal thing. You couldn't say it out loud. You couldn't make a move. So you stood there immobile but inside your anger was boiling. That's the way you had to control it. You learned to stay absolutely deadpan. I have a feeling that mobilizing anger in that way fights depression, and I believe psychiatrists would agree with me.

To summarize my feelings: You need a buddy and you need a group. You have to keep your mind interested and active. You have to exact self-discipline from yourself by avoiding dangerous activities. Finally, you must keep up your will to live. Mobilizing and controlling anger is very important. So is planning for the future and keeping up hope.

While all these factors are important, my survival was, again, mostly good luck. A bomb either hits you or it doesn't. None of the bombs that landed on our hospital struck me, although some were close. I missed the Death March. Staying behind with the hospital group and then going into the prison camp was sheer good fortune. Who knows if I could have survived the hundred-mile march?

On a prison transport on the way to Japan, a ship next to us was blown out of the water by an American submarine. The day before, that ship had been in front of us and not to the side. If the weather had been bad in Hiroshima in August 1945, Kokura, where I was a prisoner, was the secondary target. Nagasaki was a secondary target when it was bombed. Kokura was the primary target that day, but skies were overcast, visibility was poor and the bombers went on to Nagasaki where the sky was clear.

There is the will to live when you are fighting for your life, and there are survival factors which cannot be measured, such as pure, dumb luck.