

*National Museum of the Pacific War*

*Nimitz Education and Research Center*

*Fredericksburg, Texas*

Interview with

**Dr. Adanto A. S. D'Amore**

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### **Interview with Dr. Adanto A. S. D'Amore**

Dr. Lindley: This is Dr. James Lindley and we are interviewing Dr. Adanto D'Amore and he's going to tell us his story of his physician experiences prior to and during World War II.

Dr. D'Amore: My name is Adanto A.S. D'Amore. I was born in Italy of American parents. And ah, living in Youngstown, Ohio and went to the Youngstown public school. Went to college at Ohio State University in Columbus, Ohio. There I was a member of the OSU fencing team in which I lettered. I was also in the Army ROTC, Pershing Rifles as well as a few other activities. I graduated from the medical school in 1936 with a B.A. and M.D. degree. I proceeded to have an internship in my hometown of Youngstown at St. Elizabeth Hospital, a general internship. Then a residency in surgery with the U.S. Public Health Service Marine Hospital in Buffalo, New York. And my whole ambition was to be a pilot and especially, of course, in the Army Air Corps. **But** by the time I was ready to be able to go into the Air Corps at age 21 I was a junior in medical school. So you can see I continued on to graduate medicine. And after my two years of medical internship and residency, I applied for a regular Army Medical Corps position. I went to Suffrage Field, Michigan where I was given three days of writing and a day of interviews and I was one of a thousand throughout the United States to take the examination and I was

selected as one of 30 to the regular Army Medical Corps. Which I gladly accepted and left home and my first duty station was Plattsburgh Barracks, New York. There, of course, they had me do the sick call, because the staff was only four doctors; a Captain, two Lieutenant Colonels and a full Colonel for the 26<sup>th</sup> Infantry of the First Division. And of course we had a full regiment on base which was rare in those days and that was the 26<sup>th</sup> Infantry of the First Division. I served there, of course, in the surgical field as well as the first aid guy for all the federal marches in the small towns. At one of the celebrations of the flag, the 26<sup>th</sup> was one of the only ones that had a motorized facility, no horses. We had a Chevrolet station wagon as our ambulance. From there, of course, in the regular Army career, if you were a regular, and after you had a couple of years tour of duty with troops, you were then sent to the Army Medical School at Walter Reed Hospital in Washington D.C. From there you went to the Field Service School at Carlyle Barracks to learn the field part of medicine in the service. And of course, I gladly left the Army and the foot soldiers to join the Air Corps which was my primary mission. From the School of Aviation Medicine at Randolph Air Force Base where I graduated, this was in 1941. As you know, there was a little bit of world condition and the increase in troops and barracks and so forth being installed throughout the country and my first station was Langley Air Force Base, Virginia. Where I not only practiced in the hospital but most of the time I was out in the field; what they called the 2<sup>nd</sup> Army in Pennsylvania, Maryland, Virginia, to select fine cadets to join the field service work, to qualify those

with two years of college to go into the Cadet Flying Program which was mandatory there. The Army, and the Medical Corps was part of the Army, and the Air Corps was just a subdivision of it, the Army had gotten some film of the German invasion of Crete where they used airplanes to jump the field soldiers to take over the island. And the United States had no paratroopers. So they started the paratrooper system at Fort Benning, Georgia. And the Lieutenant Colonel Miley(?) and, Lee rather and Major Miley, the Operations Officer and there was just one tower at Fort Benning to practice with and this was January, February of '41. And the, apparently two of the first trainees failed to pull the rip cord and of course died, and they had no medical people at all. So they asked the Army Air Corps, that's their flight surgeon to do their examinations since they were connected with the airfield and the aircraft. And I did, then started the aircraft selection for the field training. In other words, where before they just took the soldiers out of the barracks with no qualification or understanding, then we started the first real selection of the paratroopers. For instance, I did Captain Gavin, who later as you know, became a General and combat jumper and I did his physical at that time. And I also went to the field to obtain troops. So when the, and myself also, between my physicals, qualified as a jumper also with six jumps, which was the standard at the time. The 501<sup>st</sup> Battalion and then the 502nd were organized at that time. June, July of '41 we were beginning to have an active program in the paratroopers and I decided that I didn't want to remain as a surgeon for the infantry and went back into the Army Air Corps. I was then

sent to Albuquerque where the latest aircraft, the B-17E, that's the one with the tail gunners, were going to be assigned to this organization and the organization was stationed at March Air Force Base and moved to Albuquerque to the airbase at Albuquerque that just opened up and, of course, filled the cadre for the, because, for the law, they were taking a full unit and divided into three and making three battalions or three divisions out of one. With the activity, the ah, game was to, as you know, the war game was beginning and there was quite a bit of tension and we were building all these new bases for training people and ah, the bomb group, the 19<sup>th</sup> Bomb Group which I was selected to be its surgeon, that's found at Albuquerque and from there we were sent to the Philippine Islands. The air crews flew the Pacific to Clark Field where we arrived with the basic troops which I was, even as a flight surgeon; I was selected to be in the regulars, to take them overseas to Clark Air Force Base. And so we arrived at Clark Air Force Base in the fall of '41 around about October. Clark Field, of course, was the landing strip base at Fort Stockton in the Philippine Islands on the main island of Luzon. While there, they were just starting to put up the abutments for the airplanes that were flying in to, for protection each one being in an area with sandbags and dirt all around it so small fragments would not disturb it. And as you know, the great day of December the 8<sup>th</sup>, we were all alerted that something was going on in the Philippines, in Hawaii. And we were in the Philippines and of course we were closer to Japan and we expected to get hit also. Everything was quiet for the morning, and ah, along about 11 o'clock, 12

o'clock, we were typical American soldiers who were in the dining room at that time and the Japanese decided to attack Clark Field and our airplanes. At noon on the same day that they were doing Hawaii. So we were then, as you say, under an air bombardment and I got my first experience at running between different abutments taking care of the soldiers that were injured, and triage, there was so much to do but the time we'd barely been there, we didn't have too much facilities and the hospital at Fort Stotsenberg was a small, active facility for the active soldiers because all the real surgeries and sick ones were sent to Manila, to the main general hospital. That was my first experience with the bombing and strafing by the Japanese. And a—

Dr. Lindley: Were you the only physician there?

Dr. D'Amore: No, there were, the Army, that was the base for the First Philippine Army Division, Stotsenberg, which was under the leadership of the American officers. And at first, they had a small hangar with three B-18 bombers, which of course we complimented, and the Japanese realized that we were building up something and so they started the war, as you can imagine. Since there wasn't much we could do, because most of the damage was done by the original strafing and very few airplanes were able to get into the air, after about two or three weeks, it looked like there wasn't much to do and the Japanese would probably invade, General McArthur went into his wartime role of going into Bataan, which was the peninsula across from Manila Bay in central Luzon. The priority, of course, was to move munitions into Bataan and they kind a left the food, the rice and so forth, for the last mission and

didn't get too much in it and that's what happened while we were there. By January, of course, the Japanese were in control of the area and the military formed their lines of defense on Bataan. But the 19<sup>th</sup> Bomb Group was a, key people for the Army Air Corps, was selected, not to stay there, to move us to the island of Mindanao, which was a southern island in the Philippines where they had a potential airstrip being made at Malaybalay, on the plains, in a great big pineapple plantation, which, of course, they leveled off a runway there, and we were then, in this SS Milan, one of the island ferry boats, arrived with the 19<sup>th</sup> Bomb Group squadron people to go and start the airbases in the, Minabua(?) (word unintelligible) for the Americans to come into if they could. We leveled off fields, set up fields, set up on the Mindanao Island area, at Malaybalay, at this plantation, and then sweated out the Japanese activities. Of course, the fighting in Bataan got very serious and the Americans, of course, really had plenty of ammunition but no food, the food rations got to be very slim up there although ours wasn't a problem. By April, of course, they surrendered Bataan and of course, technically the surrender included us and all the islands of the American troops and so we then, we were picked up by the Japanese at Malaybalay and moved to the prison there in Davao, the largest city in Mindanao on the gulf, one of the deepest ports in the world. The Japanese concentrated all the troops in Mindanao, which was primarily the 19<sup>th</sup> Bomb Group, which I was in charge of the ground set up. And we survived this Davao Penal Colony, 2,000 (word unintelligible) and it was the penal colony where the Filipinos put their prisoners, and they had rice

fields, fruit fields, mangoes and all the activity for their survival. And the Japanese used it as their breadbasket, so to speak, and the prisoners, us, were used to cultivate the fields and the different nourishment that they—

Dr. Lindley: Were you allowed to practice medicine there?

Dr. D'Amore: I was the doctor, since we were the 19<sup>th</sup> Bomb Group there, and I was the main doctor so we did our sick call, fortunate for us, as a doctor you would expect, you would have the same type of diseases or surgical conditions. But really, the rice diet that you were on and the, mostly green vegetables, the leaves from the side of the creeks and so forth that you grow to survive, they wouldn't let us use any of the mangoes and all these lovely food in the island. No, you only got this very strict caloric intake that they gave you which amounted to about 1,100 calories. So you're definitely downgrading the health of the command. And as far as sick call is concerned, the only thing I had was primarily some aspirin and a little quinine. And that disappeared, we used it up, they didn't give us anything at the time. While we were there, they brought in a group also from the main island, in the fall of '42, one of the members in it was Captain Dyess, he had a squadron of dive bombers from Bataan and of course they had no airplanes to fly and eventually they went into the fields where we were, and complemented the, collecting the groceries, the island rice. Matter of fact, I provided Captain Dyess with quinine and some of the first aid equipment when he took off with a group of seven or eight prisoners and was successful in leaving the island and bringing the first information about Bataan and what the Japanese had been doing, to the States.



Problem was, the Japanese used the retribution system; that every ten people that lived together in an area, if any one of them escaped, they would then kill the other nine. To make sure you didn't escape. They made it, and they made it as a group, and I survived. They didn't know I contributed, because I lived separate from the troops. From there, the war had gone on and different activities, but for us it was a matter of timing, and when the time came that they were taking the islands, you know, from Australia and coming up and New Guinea and on up. Of course, they started, they took the Davao Penal Colony and took us back to the main island of Luzon, to Cabanatuan. I lived there for twelve months because they had these other doctors taking care of their component, we were just extra so we were used, including myself as a doctor, used to go out to the field, to the rice patties, cultivate it and so forth, which you did for twelve months. And then in August of '44, when all the island (word unintelligible) and the Philippines were concentrated up at Diltrean(?) and they were going out of there and the Americans were getting pretty close, as you know, with their bombing. Especially the submarines, they were sinking these, they called Hell Ships. Usually what they were, were 6,000-ton max freighters with hulls in the front and back. And what they did, they would put in 1,000 prisoners each of the forward hull of one of the ships. Apparently they used them as troop ships to go to invade but going back, they put us in it, the prisoners. And you'd go into that hatch and line up and go into the outer periphery of that hatch and just keep moving around and around until all 1,100, and that would be the size of each movement, 1,100, and that

would fill that. And in the middle, you had half of a barrel, which was basically the toilet. Meanwhile you had these starved, especially those that remained in the Cabanatuan where there was very little food or anything, and they were in horrible condition and the heat of the area, so you're in this sweltering hole with 1,000 people, just sweating and just. Basically you can imagine with the tremendous malnutrition and the stench of dying of these soldiers. Fortunately I left on this, August of '44, to go on the last, actually that was the last boat that made it to Formosa and the inland Sea of Japan. So 1,000 of us Americans were, got to Japan and they put us in railroad cars going through the main island of Japan. Every 50, 100 miles they would stop, off-load a couple hundred American prisoners for different work camps en route. I was, as a doctor, for some reason or another, I was kept to the last, to the end of the line where a few of us officers were selected, or whatever the case may be, we were fortunate to end up at this Omori O-M-O-R-I Prison Camp, on an island sandbar across from Tokyo, Kawasaki. And another mile away from our sandbar, there were other sandbars in front of Tokyo where they had the anti-aircraft batteries so that, while we were there, the camp that I was in, was ah, had ah, two officers and a Corporal. And the two officers were all in front, the Corporal went into camp. His name was Watanabe. And he got to be, if you've read the prison activity, they called him 'The Bird'. Now I was The Bird's doctor, meaning I was his right-hand man so every time the Americans would lose an island, he'd take me to the woodshed and beat on me. He would do everything he could to make me fall down. One of the

things they would do to each other, at that time, was strike one on the ear. Most of the younger Japanese grades had a runny ear because each rank would take their authority out on the one below and the biggest way was to cup their hands and hit the lower rank ones on the ear and try to break their eardrums. I managed to miss having my eardrums busted but it must have contributed to the hearing loss I suffer today. As I say, Watanabe, The Bird. Pretty famous as one of the leaders of the camp. Here he is a Corporal, at a headquarters camp in Tokyo, running all the prison camps, everywhere, the Colonels and everybody up there marching. As you know, in March, April '45, the American B-29s had gotten into the islands up high and they were beginning to make surveillance flights over Tokyo. One day, they burned Tokyo, they flew in there, including the bomb group I was assigned with, it has been reformed into B-29s, and they firebombed Tokyo. It was a beautiful day like today with clear, blue sky and they came over at nine o'clock in the morning. At 15,000 feet, low-level and they plastered all of Tokyo and Kawasaki, that whole area. By ten o'clock, there was an eclipse of the sun. If you can imagine, burning, and their houses were mostly pine and mostly, shall we say, paper, thin windows and so forth and the floating pieces of paper and everything in the sky, it was just a gray day. Fantastic. And of course, the big thing in the camp, you had to stay indoors. But like everything else, you have to go to the benjo (the toilet) and there was this steady line (laughter) making their way to the toilet as an excuse to get outside and see what was going on. So we saw the whole work. Now this Omori prison camp was an international

camp. It was not just Americans or British from the Hong Kong. It was basically those that they found shipwrecked; the Japanese and the Dutch soldiers and officers, the Canadians, and the Australians. It was an international camp. The Italian ship officers and so forth. The B-29s, of course some of them were shot down, and they started picking up a few of the Americans that survived from jumping out of the airplanes. They brought them into our camp. But they were divided, so you could not communicate, in other words, the new arrivals, coming in '44, '45 could tell us what was going on and they didn't want us to know what was going on, so the camp was divided so that there was no communication. They separated all the new arrivals from us. Well, as you know, this fire bombing really leveled Japan, Tokyo and its suburbs and there was no need, because the main troops at our place were British caught from Hong Kong, and they were a wiry bunch and they went out on detail and the main job from that camp, not for the officers like myself, I was the benjo I was the health man for sick calls, it's very unusual, and you as a doctor know that, the least amount of food, and complicated food, the less intestinal diseases and so forth. You may have a little diarrhea but as far as the individual being down, it's very good, I mean being overweight is not a healthy sign. And so we didn't have very much to worry about that way. The camp itself provided the work force for the Japanese; and as you know, as in Europe, the railroads always come through the center of town but they don't cross. In other words, they would then have, you'd see people moving the freight from the east to the west train or the

north to south as the case may be. And that's the job they did in Tokyo. So when they burned Tokyo, there was no need for any workers. But, of course, all they were doing was feeding us and that was not very good. So when Tokyo was completely leveled, they moved us inland, from this camp, at least the American groups into a camp on the tree line in the Mount Fuji area. And the reason for the tree line was apparently that's where the power, the wood from the forest up on the top end and they built a camp and we went there and it looked like an American frontier post on the side of this hill right in the tree line with a big hole in the middle. And so here you are, you're in a typical American frontier post and the point there was to burn, in these large, large pans, the red dirt that was in the area. They were making pig iron out of this red dirt. That's how far behind they were for real military construction, or weapons. And it was very obvious, if and when the Americans would invade, they would put us all into this hole, throw the fuel oil and gasoline, light it up and if you tried to get out, of course, it would still be over. And this is very surprising, the do-gooders think we shouldn't have used the atom bomb and it was the best thing that ever happened to the Americans and to the war that you didn't have a half a million loss in trying to take the island, I mean the main island. Look what it took to get Okinawa. So my last tour was in this camp as a doctor. Of course, I didn't go to fire, or the cauldrons to make pig iron. I'd watch them. Now we're into '45, May or June. And in August, I've forgotten the actual date, but in August is the Autumn Festival all over the world, where the harvest is, the people have a vacation, especially in Europe

and all those countries. So they, apparently we had a break in the, in other words, we had the weekend off so to speak, due to this thing. And while we were being, we heard the rumor that something unusual had happened. And then they announced that the Emperor was going to talk to the people. And you know that was a rare occasion; he never talked to the people. So he was going to talk to the people and apparently we heard that he was going to be very nice and save the American lives and so forth instead of destroying us, and surrender. So no one went back to work, in the middle of August, as you know, that was the end of war. And within two weeks, the Americans were there, signing the, so forth and we were, no more work and no more irritation, food was a little better. They put us into a, from camp, on a train into Mount Subic(?) the airbase/airport in the harbor. We were examined in a troop ship, in a hospital ship and going through, took all the clothes and de-loused us, the first time with DDT in those days and gave us all clean clothes, military clothes and in going through the line, you got x-rayed. And the chief of the x-ray in this hospital ship was a classmate of mine at Ohio State Medical School. (words unintelligible) From there, I went to Okinawa, instead of directly down to Manila. And was picked up in Okinawa to the Major General, Medical Corps Humphrey (or Humphries?) to, that was the surgeon for Doolittle, Lieutenant General Doolittle, headquarters was on a hilltop in Okinawa. So I was pulled off, and I slept in Doolittle's bed! Imagine that, nice bed after sleeping on the ground. So my first experience being a freed American, my friend, who was my instructor at the school of medicine, and he

was a deputy surgeon general and surgeon to Doolittle. So I slept in Doolittle's bed and got Doolittle's steak, (laughter) well anyway. Of course, then went down to Manila, got into the rest of the business, returning people, getting cleaned up, notifying your relatives where you were, what was going on. I took a leisurely trip back home on a troop ship, but very comfortable to San Francisco where, of course, we went through the San Francisco Army Hospital and were there for a week as this is where the returned Prisoners of War were processed. From there, you were sent back to your origin and mine being Ohio I went back to Ohio, general hospital just for authentication, getting my orders and my home being in Youngstown, I had three weeks vacation to report down to Miami for rest and relaxation. So I came back to the state and met my family again and got my assignment to go to Brooke General Hospital in San Antonio. For refresher, to make you current again and being a regular, making me current in my specialty, surgery at Brooke General. While there, they were running out of doctors to even serve. These big barracks were nothing but hospital beds, one of them was ears, nose and throat facility and I had done quite a bit of that, in aviation medicine we did hearing and so forth so instead of having me keep practicing doing hernias and gastrectomies or something, they said, "You don't need this anyway, you're going to be running this facility. You go over and take over the ward." So I spent four months, and you talk about constant, deviated septums, everybody had been in a fight during the war, so we were straightening noses and in those days, penicillin was just out and you were trying to clear the

nostrils out. And anyway and then I met my bride, my war bride, she was a nurse instructor—

Dr. Lindley: Let me ask you some questions about the medicine, where the POWs. I had the experience of caring for the POWs. I was in the Navy, and cared for the POWs that came back from Vietnam.

Dr. D'Amore: Basically I didn't have any. You made some strips for band-aids and so forth but all we had, as prisoners of the Japanese, they'd give us twelve sulfa tablets for acute (laughter) the Corporal would justify my diagnosis that we needed sulfa and gave me twelve tablets. So for any inflammatory condition you thought they had, the only treatment you got was a handout of twelve aspirin.

Dr. Lindley: Did you see, I'm sure you did, what kind of vitamin deficiencies were you able to identify just from looking?

Dr. D'Amore: Well, primarily of course, the mucus membrane, the red eyes, dizziness, vertigos, diarrhea, which you had no treatment for, but fortunately, the skin was pretty good, they'd throw water on us and so forth. You never even got appendicitis in the whole deal, there was nothing there to go inside one of those little things and block it up and make inflammation, so basically there was very little care that you could render, or that you had.

Dr. Lindley: One of the things that was a common problem for the returnees from Vietnam was internal parasites. They had lots of bloody diarrhea, things of that nature.

Dr. D'Amore: We didn't seem to have any of that. If there was, it was simple stool, liquid type. There was no amoeba type and so forth. Even at, as you know, when we went through Bilibid to get on the troop ship to go to Japan, everybody had



a stool done and they checked to see that you didn't had any amoeba. Otherwise you were eligible to leave, to go to Japan. The only way you could not go, was you'd have to have an amoeba culture. Apparently, in the areas that I was, like in Bataan and Davao the conditions that you entered were pretty stable, nobody occupying that area so you didn't have anybody bringing in the organisms. So to me, the POWs weren't very sick except the lack of food, the malnutrition. So you had the bad knees and arms, swollen abdomens you could just feel the liver.

Dr. Lindley: One of the other things that I thought was interesting in Vietnam, the Red Cross, the International Red Cross boxes were delivered. Did you see any evidence that the Red Cross boxes got there?

Dr. D'Amore: In Davao, one time only did we get a Red Cross—

(end of tape, side one)

Dr. D'Amore: There was very little food distribution. For instance, when I got to Japan, all I had on me was a t-shirt, rather a shirt and trousers, khaki. My t-shirt was a white towel that I had folded, split it in the middle, so I had a t-shirt that was a towel. And here I am in—

(tape goes blank)

Dr. Lindley: This is a continuation of the interview with Dr. D'Amore. Go ahead.

Dr. D'Amore: And when I reached Japan, the only thing I had was a khaki uniform and this t-shirt, (chuckle) which was a towel, slit and, it was cold. They had American GI overcoats, but they wouldn't issue me one, I was a non-producer. I was in camp therefore I only got two-thirds of the rations and fortunately, the

Americans that are dipping the food and they didn't know what a third ration was, but it was cold up there and all I had was a Japanese blouse, you know, with no collar, and all I could do was wait for them to come in from detail to warm up the barracks.

Dr. Lindley: How much weight did you lose?

Dr. D'Amore: I entered the service at 185 pounds. My first weight in the ship, after two days of eating was 125. So the minimum I lost was 60 pounds. For instance, right now I am 175. But then I was all muscle. Today, of course, I don't get the exercise either. But I lost at least 60 pounds. Everything was nice and smooth, nothing nowhere sticking out. (laughter)

Dr. Lindley: What interaction did you have with the Japanese? One of the things that has been interesting to me as I have done these interviews, some of these interviews I've had the opportunity to interview the officers, Japanese officers from that era. Many of them have told me, that as far as they were concerned, personally, the war ended when, maybe six months earlier, and they were beside themselves why it continued. Did you have any sense from the interaction with the officers or men in the—

Dr. D'Amore: In the previous camp, like in Davao and the others, you never got to really see, unless you were the American headquarters of the conflict. But in Japan, where I then was a doctor for this Omori prison camp, where there were two officers, so called camp commanders and a corporal. Now the corporal who was running, the corporal, Watanabe who you may know as The Bird, his father and mother ran a fancy restaurant in Tokyo and they had all the

connections with the three and four-star generals; Tojo and the whole works. He had three brothers that were killed in action. And in Europe they always tried to keep one member of the family at home, and he of course was right there and he was running the international camp when the headquarters where all these people were. So we didn't meet those running the camp at the other camps. So he was the only, basically, connection between me and the Japanese. Any time I needed some drugs, you know, some sulfa, I'd have to get everything from him or try to make him get it. But he enjoyed strafing me, every time, this was when they were losing an island, so you knew there was another war and of course we had the G2 system where they'd come in from the war, the Canadians and the British limeys so we knew some of the invasion in the war going on. But everything was between me and this Corporal and every time there was a loss, of an island or some other thing, I would be the first to know because then he would have to take it out on somebody. But I never had an officer that I could communicate with or would discuss, you know, like the American would, if you had a prisoner you'd want to know who his mother and father was, what they do for a living, there was no such thing as personal communication, only that they wanted to vent their spleen on you.

Dr. Lindley: The Vietnam era prisoners, managed to figure out a communication system, which they used to keep their command structure intact. When you were segregated, what kind of communication system did you all manage to figure out to—

Dr. D'Amore: I wasn't in contact with the outside. But these limeys, that was the main contact from the headquarters camp, because the others were ship captains, colonels, majors, you know, the different services. So there was no communicating except between ourselves. The information we got was mostly from the GIs working the railhead. And, of course, they had their contacts with the civilian; and every once in a while, of course, they had some sources and they learned to read the Japanese. Now the Japanese had that fancy (word unintelligible) but they also had that smaller language (words unintelligible) in other words, their leaflet information would be stolen by these people working on the outside and they'd learned to translate. I mean, I learned a few of the words, but I had no need because I never was that close to the conflict. But we would get this information through the workers at the railhead and the people they worked with, the Japanese, those that were receiving didn't enjoy the war either, you know. So we did find out where the troops were, as they were coming up the islands.

Dr. Lindley: One of the interesting things these men were able to do, they managed, and it was pieces of, that were packaged in the Red Cross boxes, they were able to build very simple radios. They'd use a razorblade, a safety pin and there would be a small earphone buried in the soap. And they were able to make very primitive but workable little radios to listen to Armed Forces Radio.

Dr. D'Amore: I don't think that the sophistication was developed between World War II and those prisoners. And the thing they learned from that, so that when they got to the Red Cross boxes, we only saw two. And they were just plain. And the big

thing was, there wasn't a cigarette in it to trade. And you know the biggest item of trade, and I didn't smoke, I was interested in food, I wasn't the one that needed it the most, but the wheeler-dealers, and there were those at all these camps, that were out working and could make some trades, so that they wanted a cigarette and I wanted something to eat. (chuckle) So, I don't think the sophistication that developed—

Dr. Lindley: These were the same radios, this occurred in World War II. These were things that were in the boxes that were in the camps in Germany. And the same thing was used in, during Vietnam. All it required was a razorblade, a small spoon of wire—

Dr. D'Amore: That's right. I remember in the '20s, my older brother making one of those—

Dr. Lindley: Crystal set?

Dr. D'Amore: Yah, crystal set. But where we were, in the Japanese, they didn't know. These Japanese soldiers, he didn't know what gave, all he knew was he'd better follow orders or he'd get strafed by his own people. It was just brutal. Some of it was sadistic.

Dr. Lindley: Did you witness some of that?

Dr. D'Amore: As I say, I took care of a few bloody noses and arms and legs from severe beating. But I didn't see the actual performance, but I watched the result and helped take care of it. But the care was mostly getting them rest so they didn't have to go to work. Which you could do that, if they'd forgotten they were there. And they had the authority, each one had the authority over the next guy. There was no such thing as an IG (Inspector General).

Dr. Lindley: In the camp in Tokyo, did you see any of our naval officers?

Dr. D'Amore: When I was doctor at Omori, there were a couple of military out of Hong Kong, in that area.

Dr. Lindley: None of our navy personnel though, just the British?

Dr. D'Amore: Mostly British. Now we didn't have any, well, Canadian, there were a couple Canadian, and of course the Dutch. But in the camps I was in, there was no American navy. It wasn't like in Vietnam where they were all three together being fighting in the same area. Where we were, it was just the Army or the infantry.

Dr. Lindley: I wasn't sure. There were some naval officer, navy crews, from ships that were, mainly submarines—

Dr. D'Amore: I think we had a couple of the troop, but none of importance. They were mostly together and they'd go out to the railhead and work. But there was no authority, like they'd be watching or running a ship or gunner crew.

Dr. Lindley: How many months did you?

Dr. D'Amore: Thirty-nine months. And I think that's why it's made me live longer, because I got starved. I didn't stay fat. And you know that's a problem today outside. 60% are overweight. It's not the way to grow old.

Dr. Lindley: So how many years did you serve in the active duty military?

Dr. D'Amore: Thirty years.

Dr. Lindley: Thirty years.

Dr. D'Amore: I got in in May of '38 and I got out in the summer of '68.

Dr. Lindley: Remarkable career.

Dr. D'Amore: I enjoyed it. (word unintelligible)

Dr. Lindley: During the time after the war, immediately—go ahead.

Dr. D'Amore: I was just going to say that, you know you get asked about your experiences, and to me as a doctor and from what I could see, it was bad enough waking up in the middle of the night, wondering if somebody was pushing a bayonet into you. So for two or three years, your nightmares and your different things are with you. But it took three to five years before the memory bank at night wasn't destructive. Wasn't memories of them coming into the barracks, coming to get you. And that was the real problem. So I learned an old word of the psychology: sublimate. So I refused, really, to go around on these talks. Oh, these people wanted to be identified. Hell, I wanted to be a normal man, go back to work! There are enough people who want to brag about how they survived. No, not me. I sublimated all I could. Never, as you can probably ask him, I never tried to ventilate how sad, how rough, how much I suffered. I don't think I've ever complained. Another thing, how good a doctor could I be now, how much can I enjoy life and support the hungry and your own kids. The idea to me is sublimate. No idea trying to carry this on a torch. I didn't need that.

Dr. Lindley: One of the things, and you have a unique perspective on it, I'd like to get your comments about, since you began practicing medicine really in the pre-antibiotic era, can you give a few comments about the difference between what it was like to practice medicine before the advent of antibiotics. And really, you had the sulfa drugs—

Dr. D'Amore: I graduated 1936. Two years of hospital. In '37, we got the first ampules of this red liquid called quanticill(?) condalin(?) which is sulfa. And that's the first time, and of course. In those days for instance, in an auto accident they hit the windshield. The windshield glass was thinner and they'd come in the emergency room with gashes and, it was before this glass becomes all bead, so you could imagine the emergency rooms were really full with severe injuries. Not traumatic injuries, I mean (word unintelligible) and so forth. And the same thing with (word unintelligible). In the old days, an auto mechanic used his screwdriver, unless you were lucky enough to find a good dentist with a clean facility. And you're talking about that sulfa? It was marvelous what that thing would do! And just like the Japanese would only give me 12, for an acute diarrhea or acute sore throat or tonsillitis, what few we had. You can imagine what that could do in practicing medicine. And then of course, during the war, they developed penicillin. And you know, when I first came back then to Brooke General for training, the first thing you had to do was authenticate the penicillin. You couldn't use it unless you filled out ten of these sheets. (chuckle) I don't know if you're that old in medicine, but it was fantastic what a million units, one shot, of this million units, in these very septic women, who had gonorrhoea and all that stuff, would accomplish. One shot of penicillin or possibly two and a big improvement would be noted.

Dr. Lindley: Was there, or did you see in the camps, tuberculosis, TB?



Dr. D'Amore: No, for instance, talking about tuberculosis, your friend the pathologist, Beard(?). We're all in the same room, for three months with him, in this house in Carlyle Barracks, I never knew he had TB, but somewhere in there, within six months, he comes down with TB. And the TB that I got to see, they were really no different than a prisoner of war, they got unable to eat, the cough and all. When you really got to see TB, it was that far along. You didn't really see the little spot on the lung in an x-ray. I developed a spot in my lung. It was eight years we watched it, on the center lobe. I was in practice two years, one January, February we all had these bad colds, flus going through and I couldn't get rid of a cough. And I had forgotten to do my annual x-ray, I got busy, this is 1961 and we took an x-ray and this thing, from the year and half before, was beginning to get larger nodule. So we went over to the Chest Center at Scott Air Force Base and we did every test that was available. I was present as an observer during the second atomic bomb test after war's end. We didn't know where I picked up this nodule, but it opened out and they took it out. I said, I'm not waking up until it's gone." And you know what they came up with? Alveolar cell cancer. Now that's a rare one but a nasty one. So they took it off and here I am, alive. My Major General, Commander at Eglin, developed a lung problem. And he was healthy, so they found this nodule on him and took it off. Nine months, he was doing fine. Got to the tenth month and in 30 days he was dead of alveolar cell cancer. His was not removed in time. It was just the luck of the draw, here I am.

Dr. Lindley: That reminds me of another question I'd like to ask. One of the tests that was developed, and I'm not sure of the timing, when it was done, in trying to evaluate individuals for pilot training, was something called the co-pressure-test. Do you recall anything about the co-pressure-test? This was a test, the idea was that your, if your blood pressure went up, that you might, in the stress of battle not perform well, might have a heart attack or something, I'm not quite sure what the logic was. But the test was, that they would take an individual, take their blood pressure, have them sitting, take the blood pressure in the left arm and then plunge their right arm into a container of cold water. 32 degree water and then check the blood pressure. If the blood pressure rose, then they were disqualified for flight training. This test was used, and I don't know for how long, but I do know that it was used, and it may have been used sometime after 1941 but I don't know. Ultimately it failed too many people and they abandoned the test—

Dr. D'Amore: I don't recall such a test. It was pretty accurate, I'm sure. I did field work and flight cadets and of course, in a hospital. And there were a number of, you know, screwy type of thing (words unintelligible), and we threw that away because it still didn't make a difference whether you hit the ground or hit the deck or hit the trees. I don't recall do, I heard of it, but I don't recall it being at all used for any groups, large group.

Dr. Lindley: Well, apparently there were several thousands of people—

Dr. D'Amore: The Navy must have done it.

Dr. Lindley: I think it may have been the Navy.

Dr. D'Amore: They went on their own.

Dr. Lindley: We were doing things that others weren't doing.

Dr. D'Amore: Well the idea, you joined the school, the staff as a doctor. You are now on the staff. Now you gotta have what—a research project. For instance, you want to get a master's degree. What stupid thing could you develop, that you write a paper or they won't give you a degree. There is no need for it. But if you're research oriented, you could then let that guy and give him extra credit. But there is absolutely no reason, to me, to write a thesis. Now a Ph.D. might be, because now he's going into teaching or real research. A master's and writing a thesis? What can he resolve that, how much the stock market is going up and down?

Dr. Lindley: (laughter) Well, it was an interesting test. A few years ago in the New England Journal, someone had remembered this test, went back and was able to find the list of the 5 or 6,000 people that had been rejected because of this test and then tried to find as many of them as possible. And they were able to find a thousand or more. And went to see, if statistically, these individuals had hypertension at a greater frequency than would be expected from a similar population. And the test didn't prove that. The premise was wrong to begin with but it was interesting that somebody had gone to the trouble of figuring it out.

Dr. D'Amore: That's how you write thesis. You determine you're going to have to have something to do and you think, "Well, what would happen if you did this?"

No, I don't see that that would make a difference. I think you could tell more on heredity than you can on that.

Dr. Lindley: Let me just ask a few more questions, really related to your post-war experiences. You were then in, you stayed in the Army Air Corps until it became the Air Force?

Dr. D'Amore: Yes.

Dr. Lindley: And during that period of time, post-war, what kind of experiences did you have? Did you get involved with the astronaut program?

Dr. D'Amore: I did not get involved with the astronauts, I had a couple of my close friends that went into that area, primarily because of the civilian status. They wanted to get out of the rat race of the military. I think, in general, that the service medicine practiced by the younger crew, is good. In my time, there were a number of the senior medical people, who used that as an excuse, not to practice medicine and stayed in the administrative end. And they went up faster, in the grade but they didn't contribute to the, so when anything came up, D'Amore is practicing and they'd say, "Don't do that, we might get in trouble." And I said, "Look. This is what we've gotta do to run this place." And when they'd find out about, they'd leave me alone. Then they'd come back and make it that way. But a doctor that becomes an administrative doctor that doesn't go back into the field, is not a good military doctor. As a matter of fact, maybe he can talk to him, he's an administrator. He's seen both good doctors and bad doctors and they're in the same game. If you're in the military, you're a field soldier. You should be able to survive and teach

people to survive and all that kind of stuff. But who gets promoted? The guy next to the General but doesn't know the real results of what they're going to do. You've got to do it. To me, I was in the field. So any time they needed to see if it was right or wrong, they'd get the guy with the experience, leave him alone.

Dr. Lindley: The Navy attempted to work around this problem. And when I was in active duty, from '72 to '74 and in the reserves until mid-80s, late 80s. The Navy attempted to create another corridor, it was called the Clinical--I've forgotten what the term was. You could be a clinical Admiral, you could work your way up and become a clinical Admiral. And the first one that was created was at Bethesda. So we had a clinical Admiral and we had the admiral in charge of the hospital. And you can imagine how that worked, not well.

Dr. D'Amore: I'm a graduate of Bethesda also. The Navy created the preventive medicine. I'm a graduate of preventive medicine.

Dr. Lindley: Were you ever stationed with EMUT? (talking to a third person) Do you know where EMUT was/is? Cairo, exactly. Cairo, Egypt. Outside of Cairo.

Dr. Lindley: I think we'll stop this.

(tape stopped and started)

Dr. Lindley: Dr. D'Amore is going to talk a little more about his experiences in Bataan. How many months were you there, approximately?

Dr. D'Amore: I was really not there very long, in Bataan because I was selected to go to the Davao area. But in the Bataan area, the crowded conditions and the activities of, inability to really, not only to have any privacy but the big thing, unable to

take care of yourself was at a minimum. It's no more than what we read now that the hurricane has done. It made for either an individual that becomes irritable and more irritable and doesn't join in the activities to improve the conditions. And the survival instinct of taking somebody else's food or things to make themselves more comfortable goes in the pit. So individual personality changed quite a bit from just before you became a, in the close, hungry condition. The thing about the time was that it lasted so long so that people didn't have very much will to live. For instance, one of the worst things in the world is the need for tobacco. And in a prison situation and a combat situation, the need for a cigarette becomes a craving and they'll do anything to get the cigarette. They'll trade their food and so forth. It's a shame it makes the condition deteriorate faster because everybody is suspicious of the next one about what's going to happen. So there was a little bit of stealing and a little bit of over reaction to the survival business. Which made it a little harder for people controlling each other. That thing is alleviated pretty well when you get in a situation like we did in Davao where you're in a large former prison situation and food available but you couldn't touch. At least you felt that you were getting something more and you had your own space. Who was the biggest problem? The kid from the nice family where he had good manners and serviced by his family. There wasn't any survival. It was the kid from across the railroad tracks that worked in the farm and learned to live with little. So you could tell the difference on the survival in your group and the guys of the academic variety and nice family variety

versus the one that was self contained; able to work and accept more or less as the case may be. So survival had nothing to do with the quality of life you lead or you were raised, or how much money you had, it was what you were accustomed to doing to survive for your own need and without hurting your neighbor.

Dr. Lindley: How many months were you there in Bataan?

Dr. D'Amore: In Bataan, I was only there basically two months. It was when the noise and the shooting and the bombing and so forth was at a tremendous amount, so you've got the shock symptoms very much more often. And the need for food was greater, but you got less. So you could tell the hunger for getting along.

Dr. Lindley: So how rapidly did the hair turn gray? Did you notice that? Among the men?

Dr. D'Amore: I guess I didn't really pay much attention. At age 28 to 30, and just about everybody was at that age. We had very few older, 55 or of the old school, ready to retire. There was very little of that. In the Far East it was true in the medical set up, like at Stotsenberg or at Clark Field. The man running this little hospital was a full Colonel. You know how long he'd been in the service. And in pre-war, they were next to God. So that you never really, all you got was the hardship element, which one was able to survive. And that's where you could tell the kid from across the railroad tracks. It was very obvious. They'd have to have the cigarette versus the guy that would trade the cigarette for food. I'm glad I'm here, that I survived.

Dr. Lindley: I am too. Anything else that you can think of, that you might want to tell us?

Dr. D'Amore: I appreciate the opportunity to come and talk to you. And ventilate a little bit.  
I've tried to avoid that and sublimate, in other words, go back to work.

Dr. Lindley: I understand. This is Dr. Lindley completing the oral history on Dr.  
D'Amore. This was taken on October the 8<sup>th</sup>, 2005. Thank you.

(end of tape)

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