

クイーンズランド州 ブリスベイン市開業醫西バーネット
レスリ、ウツドバイン、クラークハ左ノ通り折言ス。

松ガ日本軍ノ千ニ俘虜トナリタ時私ハオハ濠洲師團
ニ三A、G、H認識番号QXニ三八〇六B、L、Wクラーク
陸軍少佐デアツタ。

二一九四三年昭和十八年ノ生重山部隊ノ大部分ハ泰緬鉄道
カラ帰ツテ来タ。此等ノ人々ハヒドイ脚氣即チ各種ノ
脚氣、マラリヤ、熱帶性潰瘍、極度ノ衰弱等ニ冒
セ、ヒドイ健康状態ニアツタ。体重ノ減少ハ唯驚クベ
キモノデアツタ。

体重ノ減少ハ一人平均セ。一八。封度位デアツタ如ク見タ。
此等ノ人々ノ大凡ハ割ハ直チニ病院ニ收容シテレハオナラナカッタ。

Doc 5064 A

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翻訳者 西 *Johnston* 兼

クートンズランド州 フリスベイン市 岡基監 伯ネット、
レスリー、ウットバーン、クラーク

~~CHARNET LESLIE WOODBURN CHARLES~~ ハ左ノ通り証言ス。

私が日本軍、手ニ俘虜トナリタ時 私ハオハ瀋洲師団、

ニニニAGH. ~~現職者~~ DXニニハ、B.L.W. クラーク 陸軍

~~413 A. G. H. DX 22806 B. L. W. CLARK~~ サ佐ニアツタ。

二、一九四三年/昭和十八年 十二月ニ「F」部隊ノ大部分ハ表紙細

鉄道カラ帰リテ来タ。

此等ノ人々ハ 脚氣、各種ノ脚氣、

ヒトイ 即チ

マラリヤ、熱帯性遺瘍、

極度ノ衰弱等ニ冒サレ、ヒトイ

健康状態ニマツタ。

体重 ~~減~~ ^減

唯驚クヘキモノデアワタ。

減

如ク見エタ。

体重 ~~減~~ ^減 ハ二人平均セ。一八。封度 位デアツタ。 此等ノ人々ノ

シナケレ

大凡ハ割ハ直チニ病院ニ收容 ~~シ~~ バナラナカワタ。

5064-A

~~EX 1566A~~

BURNETT LESLIE WOODBURN CLARKE.

BURNETT LESLIE WOODBURN CLARKE, sworn and examined:

I am OX22806 Maj. Burnett Leslie Woodburn Clarke, 2/13 AGH, 8 Aust. Division. I was 10 miles east of Singapore prior to the surrender to the Japanese in February 1942.

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BY HIS HONOUR: What happened after the surrender?---We were captured on 13th February, 1942, two days before Singapore fell. Our hospital was left alone until approximately 20th February, 1942. A series of Japanese came out, had a rough look over the hospital, and told us we had to be moved out to Selarang Barracks within 5 days. We had approximately 1800 patients on our hands. Two-thirds were battle casualties. We asked for time to allow some of these seriously wounded men a chance to recover. The Japanese refused. They supplied us with a certain amount of transport. By over crowding the vehicles with men and material, everybody received transport to the new area. On arriving at Selarang we were given a long barrack building which we had to clean up. By cleaning up, I mean wreckage had to be shifted where shells and bombs had exploded. The space allotted to each man was 6' x 3' with no provision for passages between the beds which were jammed up against each other. Our ration of water was one quart per man per day for all purposes. This water was infected and had to be sterilised by boiling before we could drink it. The fuel ration was 2½ lbs. wood per man-per day. It was extremely hot at the time and naturally a great deal of contaminated water was drunk by the men. Dysentery followed. I am not quite certain of the figures but I believe 5,000 out of 12,000 men got dysentery in the first three months. In addition, the hygiene system had completely broken down. The Japanese did not give us any tools to dig latrines. This helped the spread of dysentery. It was approximately 10 weeks before they would give us any tools or covering for the latrine pits.

After being in Selarang for two weeks we were ordered to move to Roberts Barks about 1½ miles away, the Japanese idea being to make one combined hospital in a separate area. A limited amount of transport was given for this second move, so that really only the sick were transported. The rest walked. Conditions in Roberts Barracks were worse than in Selarang. A tremendous amount of damage had been done by bombing and shelling and we had to clean this area up in the same way as we cleaned up Selarang. We repaired various buildings, using a little bluffing to get some of the things we wanted. I am unable to give any of the names of the Japanese in the camp. In the meantime the Japanese had put us all on the I. J. A. ration which consisted mainly of rice. Our medical men pointed out that this diet was definitely deficient in proteins, fats, vitamins, etc., and that within two months deficiency diseases would follow, and in April, 1942, a large number of men came in suffering from beri beri. This was followed in subsequent months by a great many other deficiency diseases such as Amblyopia, Scrotal Dermatitis, Glossitis, Stomatitis, Pedialgia ("happy feet"), and various forms of paralysis. An appeal was made to the Japanese for rice polishings to counteract some of these deficiency diseases. After some considerable delay, approximately two months, they gave us some rice polishings and told us we could buy some more from them. In my own private opinion the Japanese showed no interest in our food at all. That was the general attitude of the Japanese. My own personal problem was in connection with my skin ward (I was A.I.F dermatologist) and with the lack of dressings and medical supplies. An appeal for dressings was answered by receipt of a truck load of old clothes, towels, various discarded bits of linen and other fabric which we had to sterilise ourselves with no increase
/in.

in water or fuel ration to help us.

About the end of 1942 approximately 150 men were brought in from Kuala Lumpur gaol. These men had been cut off during the war and incarcerated, and, in addition to the ordinary deficiency diseases, they were covered in scabies. Up till that time we had no scabies. After this we were never able to eliminate scabies from the prison area in Changi, mainly because the Japanese would not give us any extra medical supplies or dressings. Requests for such matters as hot baths failed to rouse the interest of the Japanese. However, by careful management on our own part, we could give a certain number, roughly 40, hot baths per day. More vital drugs of the benzol group were refused. Scabies rapidly became infected and opened up the way for diphtheria involving the skin. In the early days we had brought in some anti diphtheria serum, but the Japanese gave no replacement to my knowledge until 1945, and then only a very limited amount, so that only selected serious cases could get the serum. Certain skin diseases, such as tinea, reached tremendous proportions, and after our own limited supplies which we had brought into the camp had run out, the Japanese only gave us the barest minimum which was totally insufficient to cope with the outbreak of skin diseases.

Malaria. Before the war Singapore and Lower Johore were malaria free. The Japanese made no attempt to control any spread of malaria with the result that over 90% of the prisoners were infected with malaria. Owing to limited supplies, our treatment of malaria was totally inadequate. Large numbers of patients who have returned to Australia can tell of 30, 40 or 50 recurrences.

With regard to deficiency diseases, appeals were made to the Japanese for improvement of the diet and the issue of vitamins. The response was negligible, but we had been able, by what amounts to bluffing, to get the Japanese to pass over to us large quantities of marmite which we knew were stored in the British Medical Depot in Singapore. Sometimes the quantity given was adequate, but more often it was totally inadequate. We were reduced to rationing marmite amongst the very sick. It was impossible to use it as a prophylactic.

For about the first five months about 2 oz. of meat per man was brought into the camp twice a week. This ran out about August. A Red Cross ship came in in September, 1942, and the Japanese delivered to us fairly large supplies which carried us on for three months. We received food and some medicines. The food consisted of such things as bully beef, ovaltine and marmite. Personal observation here is that it was the intention of the Japanese to fatten the men up prior to removing large parties to other parts. These big parties began to leave Changi in late January, 1943, up to May, 1943. It was subsequently found that the parties referred to had been sent mainly to Burma, Thailand, Borneo and Japan. After these parties had gone conditions temporarily improved owing to the exodus of such a large number of men. The Japanese said they were going to substitute fish for meat. The majority of the loads of fish that were brought into the camp consisted of little things about 2-3" long which appeared to be several days old and, in the majority of cases, were totally inedible. We used them for fertiliser for our gardens.

In December, 1943, a large portion of F Force returned from the Burma-Thailand railway. These men were in a shocking condition, suffering from gross attacks of beri beri in its various types, malaria, tropical
/ulcers

ulcers, and gross debility. The loss of weight was simply appalling. The average loss of weight would appear to be in the neighbourhood of 70-80 lbs. per individual. Approximately 80% of these men had to be admitted immediately to hospital, and we were confronted with 3 serious problems: 1. The lack of beds of any sort for the men; 2. The replacement of clothing; 3. The enormous drain on our minimum medical and food supplies. To my knowledge the Japanese made no attempt to replace any hospital equipment such as beds, bedding, and other important equipment until after 16th August, 1945. Many of these men who returned from Thailand (F Force), had to lie on bare boards or on the concrete floors. We appealed for clothing but the appeal fell on deaf ears. Early in 1944 more parties were returning from other parts in the same state. In April or May, 1944, after many appeals to the Japanese, they decided to set up another hospital at Kranji. The remainder of our beds and bedding were sent out to Kranji where it was the intention to establish a 600 bed hospital essentially for the treatment of chronic cases such as T. B., gastric ulcer, etc. This hospital came under combined British and Australian control while we were left in Changi with practically no hospital equipment. Immediately on top of this, the Japanese ordered the whole of the area to be vacated and a hospital set up in the outskirts of Changi gaol. Here the men were housed in 200 metre huts and approximately 220 men had to be accommodated in these huts. The huts were built of bamboo, coconut palm and other jungle material. Many of them were not even waterproof. The men lay on platforms, the space for each bed was 6' x 3' for all purposes. A further appeal for some sort of bedding, blankets, etc. was refused. Medical supplies and dressings were almost exhausted. The Japanese refused to replenish them. Many of us endeavoured to devise means of overcoming these difficulties regarding drugs, e. g., iron as a tonic for anaemias was made in the camp by our engineers. The lack of supply of vitamins was to a certain extent overcome by extracting the juice from grass and certain local flora. The Japanese did not make any attempt to interfere with our own efforts. After removing to Changi gaol area in June 1944 the food position became acute. The Japanese greatly reduced the ration so that early in 1945 the men showed very definite signs of emaciation which gradually got worse and worse until the surrender. Coinciding with this gross emaciation there was a tremendous increase in the sickness rate. The men were in such a debilitated state they easily contracted any other diseases such as boils, many of which became infected with diphtheria; lung conditions such as T. B. and pneumonia; while as a result of the shocking diet the men developed various forms of dysentery and many forms of diarrhoea which resulted in many deaths. The difficulties all the time were being increased by the arrival of large parties of Dutch, British, and Australian POW from Java, Sumatra, and other parts of the N. E. I. All of these men were in an appalling condition and no help was given by our hosts regarding food, medical supplies, or the elementary requirements of an ordinary camp. The lack of clothing was having a very disastrous effect on the men, and in about February 1945 a disease which we regard as pellagra established a firm hold on the POW. I am definitely of the opinion that had the Japanese supplied us with reasonable clothing and reasonable food this outbreak would have been averted.

Right through the whole period that we were interned it was impossible to eradicate scabies, tinea in its many forms, dysentery, malaria, and the general deficiency diseases such as beri beri, pellagra, etc. My own private opinion was that the Japanese desired to exterminate us by these means. Their attitude was one of total indifference and the results were only to be expected.

On approximately 16th August 1945 the Japanese brought into our camp enormous supplies of material. Every man got at least one blanket, one pair of shorts, shirt, boots, socks. The food supply was extremely extravagant, the rice issue jumped from 12 to 30 oz. per day, tons of butter, cheese, milk, and meat were brought in in such huge quantities we could not possibly handle them. I saw the mark NORCO on some of the butter. This food was in quite good condition, and although the date on one parcel of New Zealand butter was 1933 it was still good. In addition, enormous quantities of medical supplies were brought in, including vitamins, atabrin, and other drugs which we had been desperately wanting over the last three years. We believe this material had been available all the time.

As regards the Red Cross, my observations were that a Red Cross ship came in in September 1942; and for three months good supplies were handed to us. In March 1944 a small shipment of Red Cross food was brought in which lasted about three weeks. The next was in March 1945. One Red Cross parcel, approximately 7 lbs., was distributed between 28 men on Wednesdays and Sundays. That lasted 10 weeks. This food really only acted as a flavour. On many occasions we saw Japanese smoking Camel and Flavour cigarettes. The packets were quite fresh. They were similar to the ones the Red Cross issued to us after the Japanese capitulation. On several occasions I saw Argentine bully beef tins discarded by the Japanese. Argentine bully beef was supplied to us after the Japanese surrender.

The only marking on the hospital was a Geneva flag in the middle of the camp. Lights out was at 10 p. m. and we were not allowed to use lights in the wards after this time. Japanese guards used to come to the hospital for treatment.

The Japanese D. D. M. S. of Changi was Capt. Suzuki. I personally interviewed this man on more than one occasion. I made many requests to him, nine were acceded to. I cannot recollect him granting any request.

In approximately September 1944 the Japanese issued three scales of diet: heavy duty, light duty, and no duty. This meant that the sick men got only half the ration of a man on heavy duty. The heavy duty ration was, in our opinion, totally inadequate, even for a man in a sedentary occupation. This continued until the day of surrender.

The Japanese also refused to pay anybody who was not on duty. In other words - no pay, no food for the sick men.

Ex 1566-A

5064-A

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After being in Selarang for two weeks we were ordered to move to Roberts Barks about 1½ miles away, the Japanese idea being to make one combined hospital in a separate area. A limited amount of transport was given for this second move, so that really only the sick were transported. The rest walked. Conditions in Roberts Barracks were worse than in Selarang. A tremendous amount of damage had been done by bombing and shelling and we had to clean this area up in the same way as we cleaned up Selarang. We repaired various buildings, using a little bluffing to get some of the things we wanted. I am unable to give any of the names of the Japanese in the camp. In the meantime the Japanese had put us all on the I. J. A. ration which consisted mainly of rice. Our medical men pointed out that this diet was definitely deficient in proteins, fats, vitamins, etc., and that within two months deficiency diseases would follow, and in April, 1942, a large number of men came in suffering from beri beri. This was followed in subsequent months by a great many other deficiency diseases such as Amblyopia, Scrotal Dermatitis, Glossitis, Stomatitis, Pedialgia ("happy feet"), and various forms of paralysis. An appeal was made to the Japanese for rice polishings to counteract some of these deficiency diseases. After some considerable delay, approximately two months, they gave us some rice polishings and told us we could buy some more from them. In my own private opinion the Japanese showed no interest in our food at all. That was the general attitude of the Japanese. My own personal problem was in connection with my skin ward (I was a dermatologist) and with the lack of dressings and medical supplies. An appeal for dressings was answered by receipt of a truck load of old clothes, towels, various discarded bits of linen and other fabric which we had to sterilise ourselves with no increase
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~~EXHIBIT A~~

5064-A BURNETT LESLIE WOODBURN CLARKE.

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After being in Selarang for two weeks we were ordered to move to Roberts Barks about 1 1/2 miles away, the Japanese idea being to make one combined hospital in a separate area. A limited amount of transport was given for this second move, so that really only the sick were transported. The rest walked. Conditions in Roberts Barracks were worse than in Selarang. A tremendous amount of damage had been done by bombing and shelling and we had to clean this area up in the same way as we cleaned up Selarang. We repaired various buildings, using a little bluffing to get some of the things we wanted. I am unable to give any of the names of the Japanese in the camp. In the meantime the Japanese had put us all on the I. J. A. ration which consisted mainly of rice. Our medical men pointed out that this diet was definitely deficient in proteins, fats, vitamins, etc., and that within two months deficiency diseases would follow, and in April, 1942, a large number of men came in suffering from beri beri. This was followed in subsequent months by a great many other deficiency diseases such as Amblyopia, Scrotal Dermatitis, Glossitis, Stomatitis, Pedialgia ("happy feet"), and various forms of paralysis. An appeal was made to the Japanese for rice polishings to counteract some of these deficiency diseases. After some considerable delay, approximately two months, they gave us some rice polishings and told us we could buy some more from them. In my own private opinion the Japanese showed no interest in our food at all. That was the general attitude of the Japanese. My own personal problem was in connection with my skin ward (I was AIF dermatologist) and with the lack of dressings and medical supplies. An appeal for dressings was answered by receipt of a truck load of old clothes, towels, various discarded bits of linen and other fabric which we had to sterilise ourselves with no increase
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in water or fuel ration to help us.

About the end of 1942 approximately 150 men were brought in from Kuala Lumpur gaol. These men had been cut off during the war and incarcerated, and, in addition to the ordinary deficiency diseases, they were covered in scabies. Up till that time we had no scabies. After this we were never able to eliminate scabies from the prison area in Changi, mainly because the Japanese would not give us any extra medical supplies or dressings. Requests for such matters as hot baths failed to rouse the interest of the Japanese. However, by careful management on our own part, we could give a certain number, roughly 40, hot baths per day. More vital drugs of the benzol group were refused. Scabies rapidly became infected and opened up the way for diphtheria involving the skin. In the early days we had brought in some anti diphtheria serum, but the Japanese gave no replacement to my knowledge until 1945, and then only a very limited amount, so that only selected serious cases could get the serum. Certain skin diseases, such as tinea, reached tremendous proportions, and after our own limited supplies which we had brought into the camp had run out, the Japanese only gave us the barest minimum which was totally insufficient to cope with the outbreak of skin diseases.

Malaria. Before the war Singapore and Lower Johore were malaria free. The Japanese made no attempt to control any spread of malaria with the result that over 90% of the prisoners were infected with malaria. Owing to limited supplies, our treatment of malaria was totally inadequate. Large numbers of patients who have returned to Australia can tell of 30, 40 or 50 recurrences.

With regard to deficiency diseases, appeals were made to the Japanese for improvement of the diet and the issue of vitamins. The response was negligible, but we had been able, by what amounts to bluffing, to get the Japanese to pass over to us large quantities of marmite which we knew were stored in the British Medical Depot in Singapore. Sometimes the quantity given was adequate, but more often it was totally inadequate. We were reduced to rationing marmite amongst the very sick. It was impossible to use it as a prophylactic.

For about the first five months about 2 oz. of meat per man was brought into the camp twice a week. This ran out about August. A Red Cross ship came in in September, 1942, and the Japanese delivered to us fairly large supplies which carried us on for three months. We received food and some medicines. The food consisted of such things as bully beef, ovaltine and marmite. Personal observation here is that it was the intention of the Japanese to fatten the men up prior to removing large parties to other parts. These big parties began to leave Changi in late January, 1943, up to May, 1943. It was subsequently found that the parties referred to had been sent mainly to Burma, Thailand, Borneo and Japan. After these parties had gone conditions temporarily improved owing to the exodus of such a large number of men. The Japanese said they were going to substitute fish for meat. The majority of the loads of fish that were brought into the camp consisted of little things about 2-3" long which appeared to be several days old and, in the majority of cases, were totally inedible. We used them for fertiliser for our gardens.

In December, 1943, a large portion of F Force returned from the Burma-Thailand railway. These men were in a shocking condition, suffering from gross attacks of beri beri in its various types, malaria, tropical
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ulcers, and gross debility. The loss of weight was simply appalling. The average loss of weight would appear to be in the neighbourhood of 70-80 lbs. per individual. Approximately 80% of these men had to be admitted immediately to hospital, and we were confronted with 3 serious problems: 1. The lack of beds of any sort for the men; 2. The replacement of clothing; 3. The enormous drain on our minimum medical and food supplies. To my knowledge the Japanese made no attempt to replace any hospital equipment such as beds, bedding, and other important equipment until after 16th August, 1945. Many of these men who returned from Thailand (F Force), had to lie on bare boards or on the concrete floors. We appealed for clothing but the appeal fell on deaf ears. Early in 1944 more parties were returning from other parts in the same state. In April or May, 1944, after many appeals to the Japanese, they decided to set up another hospital at Kranji. The remainder of our beds and bedding were sent out to Kranji where it was the intention to establish a 600 bed hospital essentially for the treatment of chronic cases such as T. B., gastric ulcer, etc. This hospital came under combined British and Australian control while we were left in Changi with practically no hospital equipment. Immediately on top of this, the Japanese ordered the whole of the area to be vacated and a hospital set up in the outskirts of Changi gaol. Here the men were housed in 200 metre huts and approximately 220 men had to be accommodated in these huts. The huts were built of bamboo, coconut palm and other jungle material. Many of them were not even waterproof. The men lay on platforms, the space for each bed was 6' x 3' for all purposes. A further appeal for some sort of bedding, blankets, etc. was refused. Medical supplies and dressings were almost exhausted. The Japanese refused to replenish them. Many of us endeavoured to devise means of overcoming these difficulties regarding drugs, e. g., iron as a tonic for anaemias was made in the camp by our engineers. The lack of supply of vitamins was to a certain extent overcome by extracting the juice from grass and certain local flora. The Japanese did not make any attempt to interfere with our own efforts. After removing to Changi gaol area in June 1944 the food position became acute. The Japanese greatly reduced the ration so that early in 1945 the men showed very definite signs of emaciation which gradually got worse and worse until the surrender. Coinciding with this gross emaciation there was a tremendous increase in the sickness rate. The men were in such a debilitated state they easily contracted any other diseases such as boils, many of which became infected with diphtheria; lung conditions such as T. B. and pneumonia; while as a result of the shocking diet the men developed various forms of dysentery and many forms of diarrhoea which resulted in many deaths. The difficulties all the time were being increased by the arrival of large parties of Dutch, British, and Australian POW from Java, Sumatra, and other parts of the N. E. I. All of these men were in an appalling condition and no help was given by our hosts regarding food, medical supplies, or the elementary requirements of an ordinary camp. The lack of clothing was having a very disastrous effect on the men, and in about February 1945 a disease which we regard as pellagra established a firm hold on the POW. I am definitely of the opinion that had the Japanese supplied us with reasonable clothing and reasonable food this outbreak would have been averted.

Right through the whole period that we were interned it was impossible to eradicate scabies, tinea in its many forms, dysentery, malaria, and the general deficiency diseases such as beri beri, pellagra, etc. My own private opinion was that the Japanese desired to exterminate us by these means. Their attitude was one of total indifference and the results were only to be expected.

On approximately 16th August 1945 the Japanese brought into our camp enormous supplies of material. Every man got at least one blanket, one pair of shorts, shirt, boots, socks. The food supply was extremely extravagant, the rice issue jumped from 12 to 30 oz. per day; tons of butter, cheese, milk, and meat were brought in in such huge quantities we could not possibly handle them. I saw the mark NORCO on some of the butter. This food was in quite good condition, and although the date on one parcel of New Zealand butter was 1933 it was still good. In addition, enormous quantities of medical supplies were brought in, including vitamins, atabrin, and other drugs which we had been desperately wanting over the last three years. We believe this material had been available all the time.

As regards the Red Cross, my observations were that a Red Cross ship came in in September 1942; and for three months good supplies were handed to us. In March 1944 a small shipment of Red Cross food was brought in which lasted about three weeks. The next was in March 1945. One Red Cross parcel, approximately 7 lbs., was distributed between 28 men on Wednesdays and Sundays. That lasted 10 weeks. This food really only acted as a flavour. On many occasions we saw Japanese smoking Camel and Player cigarettes. The packets were quite fresh. They were similar to the ones the Red Cross issued to us after the Japanese capitulation. On several occasions I saw Argentine bully beef tins discarded by the Japanese. Argentine bully beef was supplied to us after the Japanese surrender.

The only marking on the hospital was a Geneva flag in the middle of the camp. Lights out was at 10 p. m. and we were not allowed to use lights in the wards after this time. Japanese guards used to come to the hospital for treatment.

The Japanese D. D. M. S. of Changi was Capt. Suzuki. I personally interviewed this man on more than one occasion. I made many requests to him, nine were acceded to. I cannot recollect him granting any request.

In approximately September 1944 the Japanese issued three scales of diet: heavy duty, light duty, and no duty. This meant that the sick men got only half the ration of a man on heavy duty. The heavy duty ration was, in our opinion, totally inadequate, even for a man in a sedentary occupation. This continued until the day of surrender.

The Japanese also refused to pay anybody who was not on duty. In other words - no pay, no food for the sick men.

5064-A

~~EX 1168-A~~
BURNETT LESLIE WOODBURN CLARKE.

BURNETT LESLIE WOODBURN CLARKE, sworn and examined:

I am QX22806 Maj. Burnett Leslie Woodburn Clarke, 2/13 IGH, 8 Aust. Division. I was 10 miles east of Singapore prior to the surrender to the Japanese in February 1942.

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BY HIS HONOUR: What happened after the surrender?---We were captured on 13th February, 1942, two days before Singapore fell. Our hospital was left alone until approximately 20th February, 1942. A series of Japanese came out, had a rough look over the hospital, and told us we had to be moved out to Selarang Barracks within 5 days. We had approximately 1800 patients on our hands. Two-thirds were battle casualties. We asked for time to allow some of these seriously wounded men a chance to recover. The Japanese refused. They supplied us with a certain amount of transport. By over crowding the vehicles with men and material, everybody received transport to the new area. On arriving at Selarang we were given a long barrack building which we had to clean up. By cleaning up, I mean wreckage had to be shifted where shells and bombs had exploded. The space allotted to each man was 6' x 3' with no provision for passages between the beds which were jammed up against each other. Our ration of water was one quart per man per day for all purposes. This water was infected and had to be sterilised by boiling before we could drink it. The fuel ration was 2½ lbs. wood per man per day. It was extremely hot at the time and naturally a great deal of contaminated water was drunk by the men. Dysentery followed. I am not quite certain of the figures but I believe 5,000 out of 12,000 men got dysentery in the first three months. In addition, the hygiene system had completely broken down. The Japanese did not give us any tools to dig latrines. This helped the spread of dysentery. It was approximately 10 weeks before they would give us any tools or covering for the latrine pits.

After being in Selarang for two weeks we were ordered to move to Roberts Barks about 1½ miles away, the Japanese idea being to make one combined hospital in a separate area. A limited amount of transport was given for this second move, so that really only the sick were transported. The rest walked. Conditions in Roberts Barracks were worse than in Selarang. A tremendous amount of damage had been done by bombing and shelling and we had to clean this area up in the same way as we cleaned up Selarang. We repaired various buildings, using a little bluffing to get some of the things we wanted. I am unable to give any of the names of the Japanese in the camp. In the meantime the Japanese had put us all on the I. J. A. ration which consisted mainly of rice. Our medical men pointed out that this diet was definitely deficient in proteins, fats, vitamins, etc., and that within two months deficiency diseases would follow, and in April, 1942, a large number of men came in suffering from beri beri. This was followed in subsequent months by a great many other deficiency diseases such as Amblyopia, Scrotal Dermatitis, Glossitis, Stomatitis, Pedialgia ("happy feet"), and various forms of paralysis. An appeal was made to the Japanese for rice polishings to counteract some of these deficiency diseases. After some considerable delay, approximately two months, they gave us some rice polishings and told us we could buy some more from them. In my own private opinion the Japanese showed no interest in our food at all. That was the general attitude of the Japanese. My own personal problem was in connection with my skin ward (I was A.I.F. dermatologist) and with the lack of dressings and medical supplies. An appeal for dressings was answered by receipt of a truck load of old clothes, towels, various discarded bits of linen and other fabric which we had to sterilise ourselves with no increase.

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5064-A

~~Ex N 66-A~~
BURNETT LESLIE WOODBURN CLARKE.

BURNETT LESLIE WOODBURN CLARKE, sworn and examined:

I am OX22806 Maj. Burnett Leslie Woodburn Clarke, 2/13 AGH, 8 Aust. Division. I was 10 miles east of Singapore prior to the surrender to the Japanese in February 1942.

.....

BY HIS HONOUR: What happened after the surrender?---We were captured on 13th February, 1942, two days before Singapore fell. Our hospital was left alone until approximately 20th February, 1942. A series of Japanese came out, had a rough look over the hospital, and told us we had to be moved out to Selarang Barracks within 5 days. We had approximately 1800 patients on our hands. Two-thirds were battle casualties. We asked for time to allow some of these seriously wounded men a chance to recover. The Japanese refused. They supplied us with a certain amount of transport. By over crowding the vehicles with men and material, everybody received transport to the new area. On arriving at Selarang we were given a long barrack building which we had to clean up. By cleaning up, I mean wreckage had to be shifted where shells and bombs had exploded. The space allotted to each man was 6' x 3' with no provision for passages between the beds which were jammed up against each other. Our ration of water was one quart per man per day for all purposes. This water was infected and had to be sterilised by boiling before we could drink it. The fuel ration was 2½ lbs. wood per man per day. It was extremely hot at the time and naturally a great deal of contaminated water was drunk by the men. Dysentery followed. I am not quite certain of the figures but I believe 5,000 out of 12,000 men got dysentery in the first three months. In addition, the hygiene system had completely broken down. The Japanese did not give us any tools to dig latrines. This helped the spread of dysentery. It was approximately 10 weeks before they would give us any tools or covering for the latrine pits.

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ulcers, and gross debility. The loss of weight was simply appalling. The average loss of weight would appear to be in the neighbourhood of 70-80 lbs. per individual. Approximately 80% of these men had to be admitted immediately to hospital, and we were confronted with 3 serious problems: 1. The lack of beds of any sort for the men; 2. The replacement of clothing; 3. The enormous drain on our minimum medical and food supplies. To my knowledge the Japanese made no attempt to replace any hospital equipment such as beds, bedding, and other important equipment until after 16th August, 1945. Many of these men who returned from Thailand (F Force), had to lie on bare boards or on the concrete floors. We appealed for clothing but the appeal fell on deaf ears. Early in 1944 more parties were returning from other parts in the same state. In April or May, 1944, after many appeals to the Japanese, they decided to set up another hospital at Kranji. The remainder of our beds and bedding were sent out to Kranji where it was the intention to establish a 600 bed hospital essentially for the treatment of chronic cases such as T. B., gastric ulcer, etc. This hospital came under combined British and Australian control while we were left in Changi with practically no hospital equipment. Immediately on top of this, the Japanese ordered the whole of the area to be vacated and a hospital set up in the outskirts of Changi gaol. Here the men were housed in 200 metre huts and approximately 220 men had to be accommodated in these huts. The huts were built of bamboo, coconut palm and other jungle material. Many of them were not even waterproof. The men lay on platforms, the space for each bed was 6' x 3' for all purposes. A further appeal for some sort of bedding, blankets, etc. was refused. Medical supplies and dressings were almost exhausted. The Japanese refused to replenish them. Many of us endeavoured to devise means of overcoming these difficulties regarding drugs, e. g., iron as a tonic for anaemias was made in the camp by our engineers. The lack of supply of vitamins was to a certain extent overcome by extracting the juice from grass and certain local flora. The Japanese did not make any attempt to interfere with our own efforts. After removing to Changi gaol area in June 1944 the food position became acute. The Japanese greatly reduced the ration so that early in 1945 the men showed very definite signs of emaciation which gradually got worse and worse until the surrender. Coinciding with this gross emaciation there was a tremendous increase in the sickness rate. The men were in such a debilitated state they easily contracted any other diseases such as boils, many of which became infected with diphtheria; lung conditions such as T. B. and pneumonia; while as a result of the shocking diet the men developed various forms of dysentery and many forms of diarrhoea which resulted in many deaths. The difficulties all the time were being increased by the arrival of large parties of Dutch, British, and Australian POW from Java, Sumatra, and other parts of the N. E. I. All of these men were in an appalling condition and no help was given by our hosts regarding food, medical supplies, or the elementary requirements of an ordinary camp. The lack of clothing was having a very disastrous effect on the men, and in about February 1945 a disease which we regard as pellagra established a firm hold on the POW. I am definitely of the opinion that had the Japanese supplied us with reasonable clothing and reasonable food this outbreak would have been averted.

Right through the whole period that we were interned it was impossible to eradicate scabies, tinea in its many forms, dysentery, malaria, and the general deficiency diseases such as beri beri, pellagra, etc. My own private opinion was that the Japanese desired to exterminate us by these means. Their attitude was one of total indifference and the results were only to be expected.

On approximately 16th August 1945 the Japanese brought into our camp enormous supplies of material. Every man got at least one blanket, one pair of shorts, shirt, boots, socks. The food supply was extremely extravagant, the rice issue jumped from 12 to 30 oz. per day, tons of butter, cheese, milk, and meat were brought in in such huge quantities we could not possibly handle them. I saw the mark NORCO on some of the butter. This food was in quite good condition, and although the date on one parcel of New Zealand butter was 1933 it was still good. In addition, enormous quantities of medical supplies were brought in, including vitamins, atabrin, and other drugs which we had been desperately wanting over the last three years. We believe this material had been available all the time.

As regards the Red Cross, my observations were that a Red Cross ship came in in September 1942, and for three months good supplies were handed to us. In March 1944 a small shipment of Red Cross food was brought in which lasted about three weeks. The next was in March 1945. One Red Cross parcel, approximately 7 lbs., was distributed between 28 men on Wednesdays and Sundays. That lasted 10 weeks. This food really only acted as a flavour. On many occasions we saw Japanese smoking Camel and Player cigarettes. The packets were quite fresh. They were similar to the ones the Red Cross issued to us after the Japanese capitulation. On several occasions I saw Argentine bully beef tins discarded by the Japanese. Argentine bully beef was supplied to us after the Japanese surrender.

The only marking on the hospital was a Geneva flag in the middle of the camp. Lights out was at 10 p. m. and we were not allowed to use lights in the wards after this time. Japanese guards used to come to the hospital for treatment.

The Japanese D. D. M. S. of Changi was Capt. Suzuki. I personally interviewed this man on more than one occasion. I made many requests to him, nine were acceded to. I cannot recollect him granting any request.

In approximately September 1944 the Japanese issued three scales of diet: heavy duty, light duty, and no duty. This meant that the sick men got only half the ration of a man on heavy duty. The heavy duty ration was, in our opinion, totally inadequate, even for a man in a sedentary occupation. This continued until the day of surrender.

The Japanese also refused to pay anybody who was not on duty. In other words - no pay, no food for the sick men.

~~EXH 66 A~~

5064-A

BURNETT LESLIE WOODBURN CLARKE.

BURNETT LESLIE WOODBURN CLARKE, sworn and examined:

I am QX22806 Maj. Burnett Leslie Woodburn Clarke, 2/13 AIG, 8 Aust. Division. I was 10 miles east of Singapore prior to the surrender to the Japanese in February 1942.

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BY HIS HONOUR: What happened after the surrender?---We were captured on 13th February, 1942, two days before Singapore fell. Our hospital was left alone until approximately 20th February, 1942. A series of Japanese came out, had a rough look over the hospital, and told us we had to be moved out to Selarang Barracks within 5 days. We had approximately 1800 patients on our hands. Two-thirds were battle casualties. We asked for time to allow some of these seriously wounded men a chance to recover. The Japanese refused. They supplied us with a certain amount of transport. By over crowding the vehicles with men and material, everybody received transport to the new area. On arriving at Selarang we were given a long barrack building which we had to clean up. By cleaning up, I mean wreckage had to be shifted where shells and bombs had exploded. The space allotted to each man was 6' x 3' with no provision for passages between the beds which were jammed up against each other. Our ration of water was one quart per man per day for all purposes. This water was infected and had to be sterilised by boiling before we could drink it. The fuel ration was 2½ lbs. wood per man per day. It was extremely hot at the time and naturally a great deal of contaminated water was drunk by the men. Dysentery followed. I am not quite certain of the figures but I believe 5,000 out of 12,000 men got dysentery in the first three months. In addition, the hygiene system had completely broken down. The Japanese did not give us any tools to dig latrines. This helped the spread of dysentery. It was approximately 10 weeks before they would give us any tools or covering for the latrine pits.

After being in Selarang for two weeks we were ordered to move to Roberts Barks about 1½ miles away, the Japanese idea being to make one combined hospital in a separate area. A limited amount of transport was given for this second move, so that really only the sick were transported. The rest walked. Conditions in Roberts Barracks were worse than in Selarang. A tremendous amount of damage had been done by bombing and shelling and we had to clean this area up in the same way as we cleaned up Selarang. We repaired various buildings, using a little bluffing to get some of the things we wanted. I am unable to give any of the names of the Japanese in the camp. In the meantime the Japanese had put us all on the I. J. A. ration which consisted mainly of rice. Our medical men pointed out that this diet was definitely deficient in proteins, fats, vitamins, etc., and that within two months deficiency diseases would follow, and in April, 1942, a large number of men came in suffering from beri beri. This was followed in subsequent months by a great many other deficiency diseases such as Ambyopia, Scrotal Dermatitis, Glossitis, Stomatitis, Pedialgia ("happy feet"), and various forms of paralysis. An appeal was made to the Japanese for rice polishings to counteract some of these deficiency diseases. After some considerable delay, approximately two months, they gave us some rice polishings and told us we could buy some more from them. In my own private opinion the Japanese showed no interest in our food at all. That was the general attitude of the Japanese. My own personal problem was in connection with my skin ward (I was AIF dermatologist) and with the lack of dressings and medical supplies. An appeal for dressings was answered by receipt of a truck load of old clothes, towels, various discarded bits of linen and other fabric which we had to sterilise ourselves with no increase
/in.

in water or fuel ration to help us.

About the end of 1942 approximately 150 men were brought in from Kuala Lumpur gaol. These men had been cut off during the war and incarcerated and, in addition to the ordinary deficiency diseases, they were covered in scabies. Up till that time we had no scabies. After this we were never able to eliminate scabies from the prison area in Changi, mainly because the Japanese would not give us any extra medical supplies or dressings. Requests for such matters as hot baths failed to rouse the interest of the Japanese. However, by careful management on our own part, we could give a certain number, roughly 40, hot baths per day. More vital drugs of the benzol group were refused. Scabies rapidly became infected and opened up the way for diphtheria involving the skin. In the early days we had brought in some anti diphtheria serum, but the Japanese gave no replacement to my knowledge until 1945, and then only a very limited amount, so that only selected serious cases could get the serum. Certain skin diseases, such as tinea, reached tremendous proportions, and after our own limited supplies which we had brought into the camp had run out, the Japanese only gave us the barest minimum which was totally insufficient to cope with the outbreak of skin diseases.

Malaria. Before the war Singapore and Lower Johore were malaria free. The Japanese made no attempt to control any spread of malaria with the result that over 90% of the prisoners were infected with malaria. Owing to limited supplies, our treatment of malaria was totally inadequate. Large numbers of patients who have returned to Australia can tell of 30, 40 or 50 recurrences.

With regard to deficiency diseases, appeals were made to the Japanese for improvement of the diet and the issue of vitamins. The response was negligible, but we had been able, by what amounts to bluffing, to get the Japanese to pass over to us large quantities of marmite which we knew were stored in the British Medical Depot in Singapore. Sometimes the quantity given was adequate, but more often it was totally inadequate. We were reduced to rationing marmite amongst the very sick. It was impossible to use it as a prophylactic.

For about the first five months about 2 oz. of meat per man was brought into the camp twice a week. This ran out about August. A Red Cross ship came in in September, 1942, and the Japanese delivered to us fairly large supplies which carried us on for three months. We received food and some medicines. The food consisted of such things as bully beef, ovaltine and marmite. Personal observation here is that it was the intention of the Japanese to fatten the men up prior to removing large parties to other parts. These big parties began to leave Changi in late January, 1943, up to May, 1943. It was subsequently found that the parties referred to had been sent mainly to Burma, Thailand, Borneo and Japan. After these parties had gone conditions temporarily improved owing to the exodus of such a large number of men. The Japanese said they were going to substitute fish for meat. The majority of the loads of fish that were brought into the camp consisted of little things about 2-3" long which appeared to be several days old and, in the majority of cases, were totally inedible. We used them for fertiliser for our gardens.

In December, 1943, a large portion of F Force returned from the Burma-Thailand railway. These men were in a shocking condition, suffering from gross attacks of beri beri in its various types, malaria, tropical
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ulcers, and gross debility. The loss of weight was simply appalling. The average loss of weight would appear to be in the neighbourhood of 70-80 lbs. per individual. Approximately 80% of these men had to be admitted immediately to hospital, and we were confronted with 3 serious problems: 1. The lack of beds of any sort for the men; 2. The replacement of clothing; 3. The enormous drain on our minimum medical and food supplies. To my knowledge the Japanese made no attempt to replace any hospital equipment such as beds, bedding, and other important equipment until after 16th August, 1945. Many of these men who returned from Thailand (F Force), had to lie on bare boards or on the concrete floors. We appealed for clothing but the appeal fell on deaf ears. Early in 1944 more parties were returning from other parts in the same state. In April or May, 1944, after many appeals to the Japanese, they decided to set up another hospital at Kranji. The remainder of our beds and bedding were sent out to Kranji where it was the intention to establish a 600 bed hospital essentially for the treatment of chronic cases such as T. B., gastric ulcer, etc. This hospital came under combined British and Australian control while we were left in Changi with practically no hospital equipment. Immediately on top of this, the Japanese ordered the whole of the area to be vacated and a hospital set up in the outskirts of Changi gaol. Here the men were housed in 200 metre huts and approximately 220 men had to be accommodated in these huts. The huts were built of bamboo, coconut palm and other jungle material. Many of them were not even waterproof. The men lay on platforms, the space for each bed was 6' x 3' for all purposes. A further appeal for some sort of bedding, blankets, etc. was refused. Medical supplies and dressings were almost exhausted. The Japanese refused to replenish them. Many of us endeavoured to devise means of overcoming these difficulties regarding drugs, e. g., iron as a tonic for anaemias was made in the camp by our engineers. The lack of supply of vitamins was to a certain extent overcome by extracting the juice from grass and certain local flora. The Japanese did not make any attempt to interfere with our own efforts. After removing to Changi gaol area in June 1944 the food position became acute. The Japanese greatly reduced the ration so that early in 1945 the men showed very definite signs of emaciation which gradually got worse and worse until the surrender. Coinciding with this gross emaciation there was a tremendous increase in the sickness rate. The men were in such a debilitated state they easily contracted any other diseases such as boils, many of which became infected with diphtheria; lung conditions such as T. B. and pneumonia; while as a result of the shocking diet the men developed various forms of dysentery and many forms of diarrhoea which resulted in many deaths. The difficulties all the time were being increased by the arrival of large parties of Dutch, British, and Australian POWs from Java, Sumatra, and other parts of the N. E. I. All of these men were in an appalling condition and no help was given by our hosts regarding food, medical supplies, or the elementary requirements of an ordinary camp. The lack of clothing was having a very disastrous effect on the men, and in about February 1945 a disease which we regard as pellagra established a firm hold on the POWs. I am definitely of the opinion that had the Japanese supplied us with reasonable clothing and reasonable food this outbreak would have been averted.

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5064-A

~~EX 1166A~~
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BY HIS HONOUR: What happened after the surrender?---We were captured on 13th February, 1942, two days before Singapore fell. Our hospital was left alone until approximately 20th February, 1942. A series of Japanese came out, had a rough look over the hospital, and told us we had to be moved out to Selarang Barracks within 5 days. We had approximately 1800 patients on our hands. Two-thirds were battle casualties. We asked for time to allow some of these seriously wounded men a chance to recover. The Japanese refused. They supplied us with a certain amount of transport. By over crowding the vehicles with men and material, everybody received transport to the new area. On arriving at Selarang we were given a long barrack building which we had to clean up. By cleaning up, I mean wreckage had to be shifted where shells and bombs had exploded. The space allotted to each man was 6' x 3' with no provision for passages between the beds which were jammed up against each other. Our ration of water was one quart per man per day for all purposes. This water was infected and had to be sterilised by boiling before we could drink it. The fuel ration was 2½ lbs. wood per man per day. It was extremely hot at the time and naturally a great deal of contaminated water was drunk by the men. Dysentery followed. I am not quite certain of the figures but I believe 5,000 out of 12,000 men got dysentery in the first three months. In addition, the hygiene system had completely broken down. The Japanese did not give us any tools to dig latrines. This helped the spread of dysentery. It was approximately 10 weeks before they would give us any tools or covering for the latrine pits.

After being in Selarang for two weeks we were ordered to move to Roberts Barks about 1½ miles away, the Japanese idea being to make one combined hospital in a separate area. A limited amount of transport was given for this second move, so that really only the sick were transported. The rest walked. Conditions in Roberts Barracks were worse than in Selarang. A tremendous amount of damage had been done by bombing and shelling and we had to clean this area up in the same way as we cleaned up Selarang. We repaired various buildings, using a little bluffing to get some of the things we wanted. I am unable to give any of the names of the Japanese in the camp. In the meantime the Japanese had put us all on the I. J. A. ration which consisted mainly of rice. Our medical men pointed out that this diet was definitely deficient in proteins, fats, vitamins, etc., and that within two months deficiency diseases would follow, and in April, 1942, a large number of men came in suffering from beri beri. This was followed in subsequent months by a great many other deficiency diseases such as Anbylophia, Scrotal Dermatitis, Glossitis, Stomatitis, Pedialgia ("happy feet"), and various forms of paralysis. An appeal was made to the Japanese for rice polishings to counteract some of these deficiency diseases. After some considerable delay, approximately two months, they gave us some rice polishings and told us we could buy some more from them. In my own private opinion the Japanese showed no interest in our food at all. That was the general attitude of the Japanese. My own personal problem was in connection with my skin ward (I was a dermatologist) and with the lack of dressings and medical supplies. An appeal for dressings was answered by receipt of a truck load of old clothes, towels, various discarded bits of linen and other fabric which we had to sterilise ourselves with no increase
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5064-A

Ex 1466A

BURNETT LESLIE WOODBURN CLARKE.

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BY HIS HONOUR: What happened after the surrender?---We were captured on 13th February, 1942, two days before Singapore fell. Our hospital was left alone until approximately 20th February, 1942. A series of Japanese came out, had a rough look over the hospital, and told us we had to be moved out to Selarang Barracks within 5 days. We had approximately 1800 patients on our hands. Two-thirds were battle casualties. We asked for time to allow some of these seriously wounded men a chance to recover. The Japanese refused. They supplied us with a certain amount of transport. By over crowding the vehicles with men and material, everybody received transport to the new area. On arriving at Selarang we were given a long barrack building which we had to clean up. By cleaning up, I mean wreckage had to be shifted where shells and bombs had exploded. The space allotted to each man was 6' x 3' with no provision for passages between the beds which were jammed up against each other. Our ration of water was one quart per man per day for all purposes. This water was infected and had to be sterilised by boiling before we could drink it. The fuel ration was 2½ lbs. wood per man per day. It was extremely hot at the time and naturally a great deal of contaminated water was drunk by the men. Dysentery followed. I am not quite certain of the figures but I believe 5,000 out of 12,000 men got dysentery in the first three months. In addition, the hygiene system had completely broken down. The Japanese did not give us any tools to dig latrines. This helped the spread of dysentery. It was approximately 10 weeks before they would give us any tools or covering for the latrine pits.

After being in Selarang for two weeks we were ordered to move to Roberts Barks about 1½ miles away, the Japanese idea being to make one combined hospital in a separate area. A limited amount of transport was given for this second move, so that really only the sick were transported. The rest walked. Conditions in Roberts Barracks were worse than in Selarang. A tremendous amount of damage had been done by bombing and shelling and we had to clean this area up in the same way as we cleaned up Selarang. We repaired various buildings, using a little bluffing to get some of the things we wanted. I am unable to give any of the names of the Japanese in the camp. In the meantime the Japanese had put us all on the I. J. A. ration which consisted mainly of rice. Our medical men pointed out that this diet was definitely deficient in proteins, fats, vitamins, etc., and that within two months deficiency diseases would follow, and in April, 1942, a large number of men came in suffering from beri beri. This was followed in subsequent months by a great many other deficiency diseases such as Amblyopia, Scrotal Dermatitis, Glossitis, Stomatitis, Pedialgia ("happy feet"), and various forms of paralysis. An appeal was made to the Japanese for rice polishings to counteract some of these deficiency diseases. After some considerable delay, approximately two months, they gave us some rice polishings and told us we could buy some more from them. In my own private opinion the Japanese showed no interest in our food at all. That was the general attitude of the Japanese. My own personal problem was in connection with my skin ward (I was A.I.F. dermatologist) and with the lack of dressings and medical supplies. An appeal for dressings was answered by receipt of a truck load of old clothes, towels, various discarded bits of linen and other fabric which we had to sterilise ourselves with no increase
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About the end of 1942 approximately 150 men were brought in from Kuala Lumpur gaol. These men had been cut off during the war and incarcerated and, in addition to the ordinary deficiency diseases, they were covered in scabies. Up till that time we had no scabies. After this we were never able to eliminate scabies from the prison area in Changi, mainly because the Japanese would not give us any extra medical supplies or dressings. Requests for such matters as hot baths failed to rouse the interest of the Japanese. However, by careful management on our own part, we could give a certain number, roughly 40, hot baths per day. More vital drugs of the benzol group were refused. Scabies rapidly became infected and opened up the way for diphtheria involving the skin. In the early days we had brought in some anti diphtheria serum, but the Japanese gave no replacement to my knowledge until 1945, and then only a very limited amount, so that only selected serious cases could get the serum. Certain skin diseases, such as tinea, reached tremendous proportions, and after our own limited supplies which we had brought into the camp had run out, the Japanese only gave us the barest minimum which was totally insufficient to cope with the outbreak of skin diseases.

Malaria. Before the war Singapore and Lower Johore were malaria free. The Japanese made no attempt to control any spread of malaria with the result that over 90% of the prisoners were infected with malaria. Owing to limited supplies, our treatment of malaria was totally inadequate. Large numbers of patients who have returned to Australia can tell of 30, 40 or 50 recurrences.

With regard to deficiency diseases, appeals were made to the Japanese for improvement of the diet and the issue of vitamins. The response was negligible, but we had been able, by what amounts to bluffing, to get the Japanese to pass over to us large quantities of marmite which we knew were stored in the British Medical Depot in Singapore. Sometimes the quantity given was adequate, but more often it was totally inadequate. We were reduced to rationing marmite amongst the very sick. It was impossible to use it as a prophylactic.

For about the first five months about 2 oz. of meat per man was brought into the camp twice a week. This ran out about August. A Red Cross ship came in in September, 1942, and the Japanese delivered to us fairly large supplies which carried us on for three months. We received food and some medicines. The food consisted of such things as bully beef, ovaltine and marmite. Personal observation here is that it was the intention of the Japanese to fatten the men up prior to removing large parties to other parts. These big parties began to leave Changi in late January, 1943, up to May, 1943. It was subsequently found that the parties referred to had been sent mainly to Burma, Thailand, Borneo and Japan. After these parties had gone conditions temporarily improved owing to the exodus of such a large number of men. The Japanese said they were going to substitute fish for meat. The majority of the loads of fish that were brought into the camp consisted of little things about 2-3" long which appeared to be several days old and, in the majority of cases, were totally inedible. We used them for fertiliser for our gardens.

In December, 1943, a large portion of F Force returned from the Burma-Thailand railway. These men were in a shocking condition, suffering from gross attacks of beri beri in its various types, malaria, tropical
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ulcers, and gross debility. The loss of weight was simply appalling. The average loss of weight would appear to be in the neighbourhood of 70-80 lbs. per individual. Approximately 80% of these men had to be admitted immediately to hospital, and we were confronted with 3 serious problems: 1. The lack of beds of any sort for the men; 2. The replacement of clothing; 3. The enormous drain on our minimum medical and food supplies. To my knowledge the Japanese made no attempt to replace any hospital equipment such as beds, bedding, and other important equipment until after 16th August, 1945. Many of these men who returned from Thailand (F Force), had to lie on bare boards or on the concrete floors. We appealed for clothing but the appeal fell on deaf ears. Early in 1944 more parties were returning from other parts in the same state. In April or May, 1944, after many appeals to the Japanese, they decided to set up another hospital at Kranji. The remainder of our beds and bedding were sent out to Kranji where it was the intention to establish a 600 bed hospital essentially for the treatment of chronic cases such as T. B., gastric ulcer, etc. This hospital came under combined British and Australian control while we were left in Changi with practically no hospital equipment. Immediately on top of this, the Japanese ordered the whole of the area to be vacated and a hospital set up in the outskirts of Changi gaol. Here the men were housed in 200 metre huts and approximately 220 men had to be accommodated in these huts. The huts were built of bamboo, coconut palm and other jungle material. Many of them were not even waterproof. The men lay on platforms, the space for each bed was 6' x 3' for all purposes. A further appeal for some sort of bedding, blankets, etc. was refused. Medical supplies and dressings were almost exhausted. The Japanese refused to replenish them. Many of us endeavoured to devise means of overcoming these difficulties regarding drugs, e. g., iron as a tonic for anaemias was made in the camp by our engineers. The lack of supply of vitamins was to a certain extent overcome by extracting the juice from grass and certain local flora. The Japanese did not make any attempt to interfere with our own efforts. After removing to Changi gaol area in June 1944 the food position became acute. The Japanese greatly reduced the ration so that early in 1945 the men showed very definite signs of emaciation which gradually got worse and worse until the surrender. Coinciding with this gross emaciation there was a tremendous increase in the sickness rate. The men were in such a debilitated state they easily contracted any other diseases such as boils, many of which became infected with diphtheria; lung conditions such as T. B. and pneumonia; while as a result of the shocking diet the men developed various forms of dysentery and many forms of diarrhoea which resulted in many deaths. The difficulties all the time were being increased by the arrival of large parties of Dutch, British, and Australian POW from Java, Sumatra, and other parts of the N. E. I. All of these men were in an appalling condition and no help was given by our hosts regarding food, medical supplies, or the elementary requirements of an ordinary camp. The lack of clothing was having a very disastrous effect on the men, and in about February 1945 a disease which we regard as pellagra established a firm hold on the POW. I am definitely of the opinion that had the Japanese supplied us with reasonable clothing and reasonable food this outbreak would have been averted.

Right through the whole period that we were interned it was impossible to eradicate scabies, tinea in its many forms, dysentery, malaria, and the general deficiency diseases such as beri beri, pellagra, etc. My own private opinion was that the Japanese desired to exterminate us by these means. Their attitude was one of total indifference and the results were only to be expected.

On approximately 16th August 1945 the Japanese brought into our camp enormous supplies of material. Every man got at least one blanket, one pair of shorts, shirt, boots, socks. The food supply was extremely extravagant, the rice issue jumped from 12 to 30 oz. per day, tons of butter, cheese, milk, and meat were brought in in such huge quantities we could not possibly handle them. I saw the mark NORCO on some of the butter. This food was in quite good condition, and although the date on one parcel of New Zealand butter was 1933 it was still good. In addition, enormous quantities of medical supplies were brought in, including vitamins, atabrin, and other drugs which we had been desperately wanting over the last three years. We believe this material had been available all the time.

As regards the Red Cross, my observations were that a Red Cross ship came in in September 1942; and for three months good supplies were handed to us. In March 1944 a small shipment of Red Cross food was brought in which lasted about three weeks. The next was in March 1945. One Red Cross parcel, approximately 7 lbs., was distributed between 28 men on Wednesdays and Sundays. That lasted 10 weeks. This food really only acted as a flavour. On many occasions we saw Japanese smoking Camel and Player cigarettes. The packets were quite fresh. They were similar to the ones the Red Cross issued to us after the Japanese capitulation. On several occasions I saw Argentine bully beef tins discarded by the Japanese. Argentine bully beef was supplied to us after the Japanese surrender.

The only marking on the hospital was a Geneva flag in the middle of the camp. Lights out was at 10 p. m. and we were not allowed to use lights in the wards after this time. Japanese guards used to come to the hospital for treatment.

The Japanese D. D. M. S. of Changi was Capt. Suzuki. I personally interviewed this man on more than one occasion. I made many requests to him, nine were acceded to. I cannot recollect him granting any request.

In approximately September 1944 the Japanese issued three scales of diet: heavy duty, light duty, and no duty. This meant that the sick men got only half the ration of a man on heavy duty. The heavy duty ration was, in our opinion, totally inadequate, even for a man in a sedentary occupation. This continued until the day of surrender.

The Japanese also refused to pay anybody who was not on duty. In other words - no pay, no food for the sick men.

5064-A

~~SECRET~~
BURNETT LESLIE WOODBURN CLARKE.

BURNETT LESLIE WOODBURN CLARKE, sworn and examined:

I am OX22806 Maj. Burnett Leslie Woodburn Clarke, 2/13 AIG, 8 Aust. Division. I was 10 miles east of Singapore prior to the surrender to the Japanese in February 1942.

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BY HIS HONOUR: What happened after the surrender?---We were captured on 13th February, 1942, two days before Singapore fell. Our hospital was left alone until approximately 20th February, 1942. A series of Japanese came out, had a rough look over the hospital, and told us we had to be moved out to Selarang Barracks within 5 days. We had approximately 1800 patients on our hands. Two-thirds were battle casualties. We asked for time to allow some of these seriously wounded men a chance to recover. The Japanese refused. They supplied us with a certain amount of transport. By over crowding the vehicles with men and material, everybody received transport to the new area. On arriving at Selarang we were given a long barrack building which we had to clean up. By cleaning up, I mean wreckage had to be shifted where shells and bombs had exploded. The space allotted to each man was 6' x 3' with no provision for passages between the beds which were jammed up against each other. Our ration of water was one quart per man per day for all purposes. This water was infected and had to be sterilised by boiling before we could drink it. The fuel ration was 2½ lbs. wood per man per day. It was extremely hot at the time and naturally a great deal of contaminated water was drunk by the men. Dysentery followed. I am not quite certain of the figures but I believe 5,000 out of 12,000 men got dysentery in the first three months. In addition, the hygiene system had completely broken down. The Japanese did not give us any tools to dig latrines. This helped the spread of dysentery. It was approximately 10 weeks before they would give us any tools or covering for the latrine pits.

After being in Selarang for two weeks we were ordered to move to Roberts Barks about 1½ miles away, the Japanese idea being to make one combined hospital in a separate area. A limited amount of transport was given for this second move, so that really only the sick were transported. The rest walked. Conditions in Roberts Barracks were worse than in Selarang. A tremendous amount of damage had been done by bombing and shelling and we had to clean this area up in the same way as we cleaned up Selarang. We repaired various buildings, using a little bluffing to get some of the things we wanted. I am unable to give any of the names of the Japanese in the camp. In the meantime the Japanese had put us all on the I. J. A. ration which consisted mainly of rice. Our medical men pointed out that this diet was definitely deficient in proteins, fats, vitamins, etc., and that within two months deficiency diseases would follow, and in April, 1942, a large number of men came in suffering from beri beri. This was followed in subsequent months by a great many other deficiency diseases such as Anbylopia, Scrotal Dermatitis, Glossitis, Stomatitis, Pedialgia ("happy feet"), and various forms of paralysis. An appeal was made to the Japanese for rice polishings to counteract some of these deficiency diseases. After some considerable delay, approximately two months, they gave us some rice polishings and told us we could buy some more from them. In my own private opinion the Japanese showed no interest in our food at all. That was the general attitude of the Japanese. My own personal problem was in connection with my skin ward (I was AIF dermatologist) and with the lack of dressings and medical supplies. An appeal for dressings was answered by receipt of a truck load of old clothes, towels, various discarded bits of linen and other fabric which we had to sterilise ourselves with no increase
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About the end of 1942 approximately 150 men were brought in from Kuala Lumpur gaol. These men had been cut off during the war and incarcerated, and, in addition to the ordinary deficiency diseases, they were covered in scabies. Up till that time we had no scabies. After this we were never able to eliminate scabies from the prison area in Changi, mainly because the Japanese would not give us any extra medical supplies or dressings. Requests for such matters as hot baths failed to rouse the interest of the Japanese. However, by careful management on our own part, we could give a certain number, roughly 40, hot baths per day. More vital drugs of the benzol group were refused. Scabies rapidly became infected and opened up the way for diphtheria involving the skin. In the early days we had brought in some anti diphtheria serum, but the Japanese gave no replacement to my knowledge until 1945, and then only a very limited amount, so that only selected serious cases could get the serum. Certain skin diseases, such as tinea, reached tremendous proportions, and after our own limited supplies which we had brought into the camp had run out, the Japanese only gave us the barest minimum which was totally insufficient to cope with the outbreak of skin diseases.

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Right through the whole period that we were interned it was impossible to eradicate scabies, tinea in its many forms, dysentery, malaria, and the general deficiency diseases such as beri beri, pellagra, etc. My own private opinion was that the Japanese desired to exterminate us by these means. Their attitude was one of total indifference and the results were only to be expected.

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~~EXHIBIT A~~
BURNETT LESLIE WOODBURN CLARKE.

BURNETT LESLIE WOODBURN CLARKE, sworn and examined:

I am OX22806 Maj. Burnett Leslie Woodburn Clarke, 2/13 AGH, 8 Aust. Division. I was 10 miles east of Singapore prior to the surrender to the Japanese in February 1942.

BY HIS HONOUR: What happened after the surrender?---We were captured on 13th February, 1942, two days before Singapore fell. Our hospital was left alone until approximately 20th February, 1942. A series of Japanese came out, had a rough look over the hospital, and told us we had to be moved out to Selarang Barracks within 5 days. We had approximately 1800 patients on our hands. Two-thirds were battle casualties. We asked for time to allow some of these seriously wounded men a chance to recover. The Japanese refused. They supplied us with a certain amount of transport. By over crowding the vehicles with men and material, everybody received transport to the new area. On arriving at Selarang we were given a long barrack building which we had to clean up. By cleaning up, I mean wreckage had to be shifted where shells and bombs had exploded. The space allotted to each man was 6' x 3' with no provision for passages between the beds which were jammed up against each other. Our ration of water was one quart per man per day for all purposes. This water was infected and had to be sterilised by boiling before we could drink it. The fuel ration was 2½ lbs. wood per man per day. It was extremely hot at the time and naturally a great deal of contaminated water was drunk by the men. Dysentery followed. I am not quite certain of the figures but I believe 5,000 out of 12,000 men got dysentery in the first three months. In addition, the hygiene system had completely broken down. The Japanese did not give us any tools to dig latrines. This helped the spread of dysentery. It was approximately 10 weeks before they would give us any tools or covering for the latrine pits.

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In December, 1943, a large portion of F Force returned from the Burma-Thailand railway. These men were in a shocking condition, suffering from gross attacks of beri beri in its various types, malaria, tropical
/ulcers

ulcers, and gross debility. The loss of weight was simply appalling. The average loss of weight would appear to be in the neighbourhood of 70-80 lbs. per individual. Approximately 80% of these men had to be admitted immediately to hospital, and we were confronted with 3 serious problems: 1. The lack of beds of any sort for the men; 2. The replacement of clothing; 3. The enormous drain on our minimum medical and food supplies. To my knowledge the Japanese made no attempt to replace any hospital equipment such as beds, bedding, and other important equipment until after 16th August, 1945. Many of these men who returned from Thailand (F Force), had to lie on bare boards or on the concrete floors. We appealed for clothing but the appeal fell on deaf ears. Early in 1944 more parties were returning from other parts in the same state. In April or May, 1944, after many appeals to the Japanese, they decided to set up another hospital at Kranji. The remainder of our beds and bedding were sent out to Kranji where it was the intention to establish a 600 bed hospital essentially for the treatment of chronic cases such as T. B., gastric ulcer, etc. This hospital came under combined British and Australian control while we were left in Changi with practically no hospital equipment. Immediately on top of this, the Japanese ordered the whole of the area to be vacated and a hospital set up in the outskirts of Changi gaol. Here the men were housed in 200 metre huts and approximately 220 men had to be accommodated in these huts. The huts were built of bamboo, coconut palm and other jungle material. Many of them were not even waterproof. The men lay on platforms, the space for each bed was 6' x 3' for all purposes. A further appeal for some sort of bedding, blankets, etc. was refused. Medical supplies and dressings were almost exhausted. The Japanese refused to replenish them. Many of us endeavoured to devise means of overcoming these difficulties regarding drugs, e. g., iron as a tonic for anaemias was made in the camp by our engineers. The lack of supply of vitamins was to a certain extent overcome by extracting the juice from grass and certain local flora. The Japanese did not make any attempt to interfere with our own efforts. After removing to Changi gaol area in June 1944 the food position became acute. The Japanese greatly reduced the ration so that early in 1945 the men showed very definite signs of emaciation which gradually got worse and worse until the surrender. Coinciding with this gross emaciation there was a tremendous increase in the sickness rate. The men were in such a debilitated state they easily contracted any other diseases such as boils, many of which became infected with diphtheria; lung conditions such as T. B. and pneumonia; while as a result of the shocking diet the men developed various forms of dysentery and many forms of diarrhoea which resulted in many deaths. The difficulties all the time were being increased by the arrival of large parties of Dutch, British, and Australian POW from Java, Sumatra, and other parts of the N. E. I. All of these men were in an appalling condition and no help was given by our hosts regarding food, medical supplies, or the elementary requirements of an ordinary camp. The lack of clothing was having a very disastrous effect on the men, and in about February 1945 a disease which we regard as pellagra established a firm hold on the POW. I am definitely of the opinion that had the Japanese supplied us with reasonable clothing and reasonable food this outbreak would have been averted.

Right through the whole period that we were interned it was impossible to eradicate scabies, tinea in its many forms, dysentery, malaria, and the general deficiency diseases such as beri beri, pellagra, etc. My own private opinion was that the Japanese desired to exterminate us by these means. Their attitude was one of total indifference and the results were only to be expected.

On approximately 16th August 1945 the Japanese brought into our camp enormous supplies of material. Every man got at least one blanket, one pair of shorts, shirt, boots, socks. The food supply was extremely extravagant, the rice issue jumped from 12 to 30 oz. per day, tons of butter, cheese, milk, and meat were brought in in such huge quantities we could not possibly handle them. I saw the mark NQRCO on some of the butter. This food was in quite good condition, and although the date on one parcel of New Zealand butter was 1933 it was still good. In addition, enormous quantities of medical supplies were brought in, including vitamins, atebirin, and other drugs which we had been desperately wanting over the last three years. We believe this material had been available all the time.

As regards the Red Cross, my observations were that a Red Cross ship came in in September 1942, and for three months good supplies were handed to us. In March 1944 a small shipment of Red Cross food was brought in which lasted about three weeks. The next was in March 1945. One Red Cross parcel, approximately 7 lbs., was distributed between 28 men on Wednesdays and Sundays. That lasted 10 weeks. This food really only acted as a flavour. On many occasions we saw Japanese smoking Camel and Player cigarettes. The packets were quite fresh. They were similar to the ones the Red Cross issued to us after the Japanese capitulation. On several occasions I saw Argentine bully beef tins discarded by the Japanese. Argentine bully beef was supplied to us after the Japanese surrender.

The only marking on the hospital was a Geneva flag in the middle of the camp. Lights out was at 10 p. m. and we were not allowed to use lights in the wards after this time. Japanese guards used to come to the hospital for treatment.

The Japanese D. D. M. S. of Changi was Capt. Suzuki. I personally interviewed this man on more than one occasion. I made many requests to him, nine were acceded to. I cannot recollect him granting any request.

In approximately September 1944 the Japanese issued three scales of diet: heavy duty, light duty, and no duty. This meant that the sick men got only half the ration of a man on heavy duty. The heavy duty ration was, in our opinion, totally inadequate, even for a man in a sedentary occupation. This continued until the day of surrender.

The Japanese also refused to pay anybody who was not on duty. In other words - no pay, no food for the sick men.
