



Medical Review  
Auschwitz:  
Medicine Behind  
the Barbed Wire  
Conference  
Proceedings 2018

9 May 2018, Kraków, Poland

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# Contents

Prologue.....	7
<i>Jacques D. Barth, Igor Gościński</i>	
<i>Medical Review – Auschwitz: The concept and its creators .....</i>	11
<i>Zdzisław J. Ryn</i>	
Selection in the Auschwitz hospitals .....	21
<i>Piotr Setkiewicz</i>	
Nazi German physicians: The antithesis of humanitarian medicine .....	43
<i>Aleksander B. Skotnicki</i>	
Experimental Block No. 10 in Auschwitz .....	59
<i>Maria Ciesielska</i>	
Pseudo-medical experiments in the Ravensbrück concentration camp: A survivor's story.....	77
<i>Interview with Dr Wanda Póttawska</i>	
The KZ-syndrome and its evolution through the generations .....	85
<i>Zdzisław J. Ryn</i>	
Aid dispensed to Auschwitz survivors by Polish doctors and medical staff in 1945 .....	93
<i>Jacek Lachendro</i>	

The ethical implications of Nazi medicine for current medical practice,  
healthcare policy and human rights endeavors ..... 115  
*Stacy Gallin*

Addendum: Children in Auschwitz ..... 125  
*Helena Kubica*

# Prologue

**W**ith emotional attachment connected to my Polish heritage, as a son of Holocaust survivors, a professional cardiologist and also as Principal Investigator of a study dealing with long-term psychosomatic impact in Holocaust offspring, I am more than honored to introduce this book, offered to participants of the 2<sup>nd</sup> International Conference Medical Review Auschwitz: Medicine Behind the Barbed Wire, taking place on May 7–8 in Kraków, Poland.

This bundle contains articles based on lectures presented in May 2018 at the 1<sup>st</sup> conference and it is *la mer à boire*. It shows so many aspects of violations of medical ethics together with the best behavior of people in our profession. Without any doubt we are dealing with Living History. Although realizing the many differences between the Central European and Anglo-Saxon medical traditions, this scientific community knows the importance of a common perspective.

It is always important to realize where initiatives come from. So, thank you Prof. Dr Zdzisław Ryn, because it is your experience with the inhuman treatment, being interrogated as a 5-year old by the Gestapo during the German occupation and transferring it into something so positive as this conference.

Thank you, Dr Piotr Setkiewicz, for showing in detail the omnipresence of the word *Selection* and Prof. Dr Aleksander Skotnicki for showing the *antithesis* of humanitarian medicine. Using power and knowledge in committing the most hideous crimes has to be prevented for all future times. Appreciation for Dr Maria Ciesielska, not only for sharing your knowledge about Experimental Block 10 in Auschwitz, but also for your focus on the gender specific topic of sterilization of women.

Zdzisław Ryn again, for interviewing Prof. Dr Wanda Półtawska, Polish survivor of Ravensbrück. She volunteered to talk about her experiences as a victim of

horrific experiments and as a result decided to study medicine to overcome and prevent future medical atrocities. Research on *The KZ-syndrome and its evolution through generations* concludes: "... KZ-syndrome, ... doesn't capture the essence of the condition, its physical and mental symptoms or its chronic and progressive nature."

Dr Jacek Lachendro shows the enormous difficulties of taking care and lending first aid to survivors. It should be noted how tough and challenging it was to get the needed aid to the survivors.

It is important to realize, as Dr Stacy Gallin wrote, that the ethical implications of Nazi medicine are present in current medical practice.

From my personal perspective adding one single remark: the 1<sup>st</sup> Conference Medical Review Auschwitz: Medicine Behind the Barbed Wired was most impressive and I wish all participants the opportunity to gain and share knowledge during the second edition.

*Jacques D. Barth, MD, PhD, FACC, FAHA  
Haarlem, The Netherlands, Santa Monica, USA*

**T**he medical journal *Przegląd Lekarski – Oświęcim* (English title, *Medical Review – Auschwitz*) was an annual publication issued by Towarzystwo Lekarskie Krakowskie (the Kraków Medical Society), which ever since its foundation in 1866 has been conducting scientific and social activities and has been engaged in medical practice. When Auschwitz-Birkenau was liberated on 27 January 1945, Dr Józef Bellert and a team of doctors from St. Lazarus' Hospital in Kraków who were members of the Society arrived on the site of the concentration camp and dispensed medical care to survivors. Many survivors and their families continued to receive medical assistance provided by the staff of Kraków's university hospital.

A group of doctors from Kraków also launched a project to collect records relating to the Nazi German concentration camps and conduct research on the medical aftereffects observed in survivors. Their work was published in Polish in *Przegląd Lekarski – Oświęcim*, which came out as an annual in 1961–1991.

Every year the Kraków Medical Society, the Jagiellonian University, and the Auschwitz-Birkenau State Museum, hold a memorial meeting to mark the anniversary of the liberation of Auschwitz-Birkenau concentration camp. The video recording of the meeting on 24 January 2019 is available online at <https://www.youtube.com/watch?v=yELWzqwqT3g>.

The latest of the Kraków Medical Society's undertakings concerning Nazi German concentration camps and their aftermath is the Medical Review Auschwitz Project, and this book has been published as part of the Project.

*Professor Igor Gościński*  
*President of the Kraków Medical Society*





# Medical Review – Auschwitz: The concept and its creators

Zdzisław J. Ryn

**T**hank you for the invitation to today's Conference on the victims of the criminal practices perpetrated during the Holocaust. Five years of my childhood were spent during the War and occupation of Poland. They were times of poverty, hunger, and fear. I was five years old when the Gestapo "interrogated" me to get me to disclose the names of my older friends who had been fishing in a local river despite a German ban. When my mother came to collect me from the local Gestapo station she was in a state of shock, but proud of me for not telling on any of my friends. As a child, I experienced many similar incidents. Sometimes they come back in a nightmare, but I've got used to it.

I've taken the liberty of recalling my experience because the traumas of that time can come back to you in exaggerated forms. Mine have undoubtedly influenced my choices in life: my course of study at university, and the choice of psychiatry as my specialty. It was with that emotional burden and a degree in Medicine from this school (the Jagiellonian University) that I landed a job in the Psychiatric Clinic of what was then the Medical Academy and is now the Jagiellonian Univer-

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*About the author:* Zdzisław Jan Ryn is Professor of the Chair of Psychiatry at the Jagiellonian University Medical College and of the Chair of Clinical Rehabilitation at the University of Physical Education in Kraków. A former Vice Dean of the Faculty of Medicine at the Kraków Academy of Medicine (1981–1984) and Head of the Department of Social Pathology in the Chair of Psychiatry at the Jagiellonian University Medical College (1984–2009), he is one of the prominent Polish researchers into concentration camp pathology. Member of the editorial team of the scientific annual *Przegląd Lekarski – Oświęcim* and consultant of the Medical Review Auschwitz project.

sity Medical College. I must admit I could not have been luckier. I was educated and pursued both my professional and academic career in the company of the top names in Polish psychiatry and neurology of the time. As we shall see, many of them had gone through the concentration camp experience.

## THE MAKERS OF *PRZEGLĄD LEKARSKI – OŚWIĘCIM* (*MEDICAL REVIEW – AUSCHWITZ*)

**Professor Eugeniusz Brzezicki**, (1890–1974), a neurologist and psychiatrist, was arrested on 6 November 1939 along with other professors of this University and sent to Sachsenhausen concentration camp. As an inmate, he conducted observations of the psychopathic personalities of his oppressors. Let me quote: “That was the most dreadful picture I have seen in my life ... Human skeletons still alive but so weak that it made them incontinent. What I saw was truly hell.” Brzezicki considered the camp’s personnel asocial and anti-social psychopaths.

**Professor Józef Bogusz**, (1904–1993), was a surgeon and deontologist as well as a combatant in Poland’s defence campaign in September 1939 when Nazi Germany and the Soviet Union invaded the country. For many years he was President of the Kraków Medical Society and chief editor of *Przegląd Lekarski – Oświęcim*. He was an eminent advocate of Polish-German and Polish-Israeli reconciliation.

**Professor Antoni Kępiński**, (1918–1972), a Miranda de Ebro survivor. He authored nine books on concentration camp pathologies. New editions of his books are still being published today. Professor Kępiński pioneered a new, humanities-oriented branch of psychiatry. Let me quote his far-sighted words:

The Nazi Germans did not accomplish their aim; they did not purge the world, despite millions of victims ... but they showed the world what an insane ideology could lead to. Let’s hope that the smoking chimneys of Auschwitz will be a warning still for a long time against obsessive insensitivity, hatred, and contempt for our fellow humans. ... The *anus mundi* has shown the world man in the full scope of his nature – from monstrous bestiality to heroism, self-sacrifice, and love.



Photo 1. | Prof. Eugeniusz Brzezicki



Photo 2. | Prof. Józef Bogusz

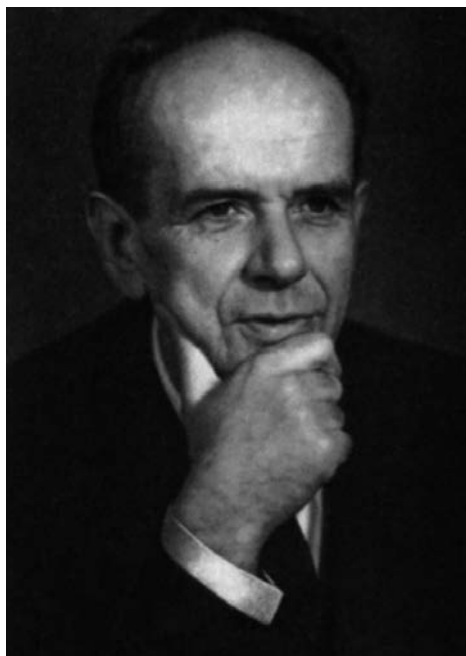


Photo 3. | Prof. Antoni Kępiński



Photo 4. | Dr. Stanisław Kłodziński

**Dr Stanisław Kłodziński**, (1918–1990), an Auschwitz-Birkenau survivor. He spent many years in the camp, working hard to save the lives of his fellow-inmates. He was also an active member of the camp's resistance movement. After the War he made a distinguished contribution to the organisation of medical research and the collection of research materials. He was also an outstanding practitioner, for many years generously providing his specialist services free of charge. Dr Kłodziński is the author of dozens of articles and books on life in the concentration camp, including a large collection of biographies of physicians who were concentration camp prisoners.

**Jan Masłowski**, (1931–2015), held a master's degree in Polish Philology. A long-standing associate of the Kraków Psychiatric Clinic (he outlived four different heads of the Chair of Psychiatry, Brzezicki, Spett, Kępiński, and Szymusik), he served for many years as secretary and editor of *Przegląd Lekarski – Oświęcim*.

## FOUR DOCTORAL DISSERTATIONS

It is no surprise, indeed – quite natural – that the Kraków Psychiatric Clinic became the main centre for the clinical observation and care of victims of German concentration camps. In 1961–1991 its outpatient unit treated more than two thousand survivors, mainly of Auschwitz-Birkenau. The pioneers of this research were physicians who were concentration camp survivors themselves.

In 1961, on the initiative of Professor Kępiński and Professor Bogusz, an editorial team was appointed for a new journal, *Przegląd Lekarski – Oświęcim* (*Medical Review – Auschwitz*). Professor Bogusz was its chief editor for many years, and Professor Kępiński and Dr Kłodziński were members of the editorial board, with Mr Masłowski serving as its secretary as well as conducting editorial duties. For a short time Dr Piotr Bożek also served on the editorial team.

In the early 1960s four of Professor Kępiński's PhD students wrote their dissertations on concentration camps, obtaining their doctor's degree from the Psychiatric Clinic of the Kraków Medical Academy.

- Dr Aleksander Teutsch wrote on *The mental reactions of a hundred Auschwitz-Birkenau survivors under conditions of psycho-physical stress*;

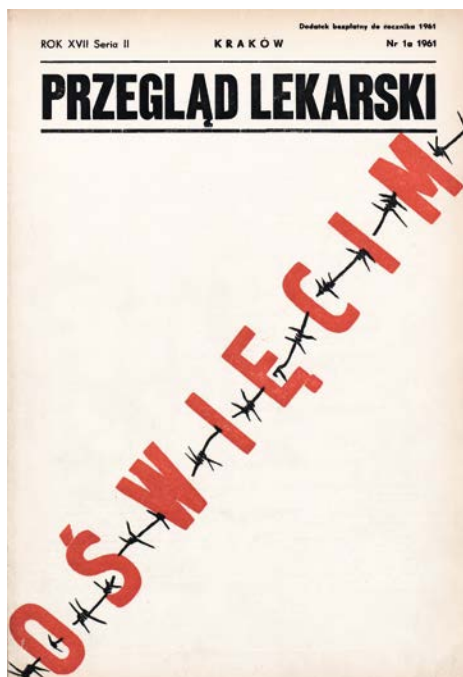


Photo 5. | *Przegląd Lekarski – Oświęcim*



Photo 6. | Japanese edition of a selection of texts from *Przegląd Lekarski – Oświęcim*

- Dr Adam Szymusik wrote on *Camp-induced asthenia observed in Auschwitz survivors*;
- Dr Maria Orwid wrote on *The socio-psychiatric effects of confinement in Auschwitz-Birkenau*;
- and Dr Roman Leśniak wrote on *Camp-conditioned personality changes observed in concentration camp survivors*.

The work of these four researchers were the pioneering papers which launched a long-term research project on the multidisciplinary aspects of the concentration camp syndrome as observed in survivors and their children. We started to publish *Przegląd Lekarski – Oświęcim* as an annual issued every year on the anniversary of the liberation of Auschwitz-Birkenau. 31 volumes were published from 1961 to 1991, containing 7,200 double-column A4 pages with around 1,050 papers by 477 authors, including 60 university professors and 30 contributors from abroad. The first issue was published in 1962 in English, German, French and Russian. The 1982 volume came out in a Japanese version as well, thanks to Dr Mitsuo Kaneda, a Japanese

surgeon. As scholarly journals go, the 31 volumes of *Przegląd Lekarski – Oświęcim / Medical Review – Auschwitz* are unique on a world scale. The collection has been nominated for the Nobel Peace Prize on two occasions, 1994 and 1995, in a motion passed by the Senate of the Republic of Poland.

## RESEARCH INTERESTS

Over the years the range of the journal's research interests expanded and eventually covered a broad spectrum of subjects, published in separate sections (medical and legal issues, philosophical and ethical considerations, systems of extermination, inmates' health, starvation disease, pseudo-medical experiments, repressive measures against the educated classes, child inmates, and inmates of different nationalities and ethnicities: Poles, Jews, the Roma, Russians etc.).

Our research projects continued for well-nigh half a century and were conducted by the same team, so we were able to give an in-depth description of the evolution of survivors' psychiatric (mainly personality and somatic) disorders, which we observed as the concentration camp syndrome developed in our patients. We produced ground-breaking work on this complex condition, because by dedicating so many years of our academic careers and clinical practice to this project we were able to prove the etiological uniqueness of the disease and its nosological separateness, which is now established and accepted worldwide. Under the international classification in force, the traditional term "concentration camp syndrome" is now recognised as fully compliant with the criteria for post-traumatic stress disorder (PTSD).

Many of the articles in the journal are biographical, and present the lives of physicians who were inmates and physicians who were functionaries in concentration camps. As editor-in-chief, Professor Bogusz showed deep concern for Polish-German and Polish-Israeli reconciliation, and worked systematically to further these two causes.

The journal's early editions concentrated on subjects on Auschwitz and Birkenau. In the 1963 issue the main theme was the history of the victims of *Sonderaktion Krakau*, the arrest of over 200 professors and academics of our University and



Photo 7. | The editorial board of *Medical Review – Auschwitz* in its last years. Prof. J. Bogusz, Dr S. Kłodziński, Mr J. Maśłowski. Photograph by M. Osicki

other institutions of higher education in the City of Kraków, and their imprisonment in concentration camps.

## REPUBLICATIONS

A selection of articles from *Przegląd Lekarski – Oświęcim* / *Medical Review – Auschwitz* has been republished in five monographs in a series entitled *Okupacja i medycyna* (Wartime occupation and medicine) issued in 1971–1984. Other book publications have included a collection by Z. Jagoda, S. Kłodziński, and J. Maśłowski, *Oświęcim nieznany* (The Unknown Auschwitz), *Więźniowie Oświęcimia* (Prisoners of Auschwitz), and *Oświęcim – cmentarz świata* (Auschwitz, charnel house of the world). Yet our most important separate publishing project is a two-volume anthology in German, *Die Auschwitz-Hefte*, translated and edited by Jochen August (1994 and 1995). A Spanish-language study on *Muselmänner*, entitled *En la frontera*



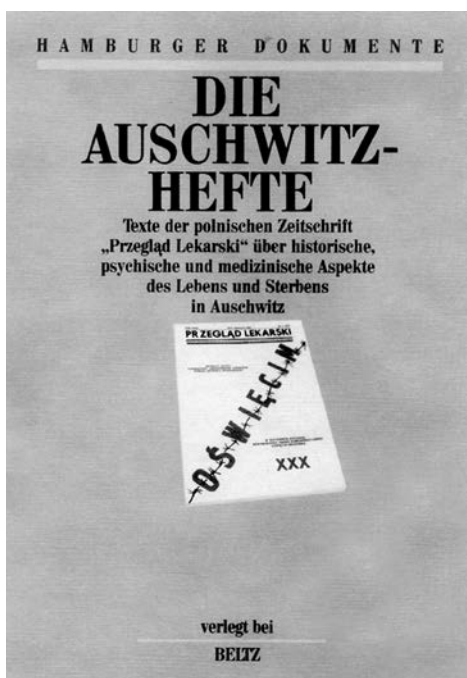


Photo 8. | German edition of selected texts from *Przegląd Lekarski - Oświęcim* published by BELTZ

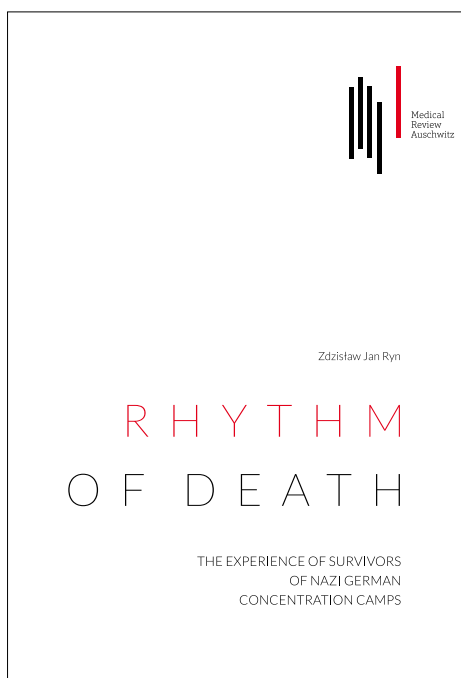


Photo 9. | Cover of the book *Rhythm of Death*

*entre la vida y la muerte*, was published in Mexico in 2013. It was based on the German translation.

The Kraków Medical Society has published two editions of an anthology of our articles in English, entitled *Auschwitz Survivors. Clinical-Psychiatric Studies* (2005 and 2013). We have also published the complete works of Antoni Kępiński on concentration camps in a volume entitled *Refleksje oświęcimskie* (Reflections on Auschwitz, 2005), the second edition of which is forthcoming.

I have used a selection of texts from the journal, especially survivors' statements and recollections, to compile a book which first came out in Polish in 2008 as *Rytm śmierci* and has just appeared in its English version, *Rhythm of Death* (2018). The book's introduction features the following passage:

In the Hell on Earth of concentration camps there were also situations in which individuals attained to the very peak of dignity and humanity. During a retreat he delivered in the Vatican Karol Wojtyła, Archbishop of Kraków (later Pope John Paul II), mentioned Father Kolbe's death and said, "The concentration camps were and always will be a true



symbol of Hell on Earth. In one of them – Auschwitz – on 14 August 1941 Father Maximilian Kolbe was dying. The whole camp knew that he was going to his death voluntarily, giving his own life for one of his brethren. This extraordinary manifestation of love brought into the camp a wave of undaunted, indestructible goodness, a sense of salvation – a human being perished, but humaneness was saved.”

The book has been translated into English and printed thanks to generous financial support from the Adam M. Bak Foundation of New York, and you are receiving its first copies in your conference materials.

In the book, psychiatric reflections on camp death and dying are illustrated with graphics by Marian Kołodziej, an Auschwitz survivor and graduate of the Kraków Academy of Fine Arts. In the artist’s testimonial entitled *Memory Labyrinths. Images* Kołodziej presents the symbolic struggle between good and evil. His graphics immortalise a vision of the hell of Auschwitz, at the same time showing the heroic victory of St. Maximilian Maria Kolbe.

## THE NEW MEDICAL REVIEW AUSCHWITZ PROJECT

To date, the unique material contained in 31 volumes of *Przegląd Lekarski – Oświęcim* has been practically unknown to the global public and regrettably inaccessible to researchers across the world.

On the initiative of Prof. Igor Gościński, President of the Kraków Medical Society, Dr Piotr Gajewski of Medycyna Praktyczna publishers, and myself, a new project has been launched to make all the volumes of the journal available in English to all interested across the globe. Thanks to financial support from the Ministry of Foreign Affairs of the Republic of Poland, in 2017 we started a new Medical Review Auschwitz project with a website featuring a growing number of articles translated from the journal’s original Polish version into English. The work is being done by a team of translators headed by Dr Teresa Bałuk-Ulewiczowa of the Jagiellonian University, and so far most of the funds for the translation and editorial work have been sourced from a subsidy contributed by the Adam M. Bak Foundation of New York.

The project has also produced this Conference, with nearly 200 participants from 20 countries. It is going to be held in Kraków every year in May. And so we are



Photo 10. | Faculty of the 1<sup>st</sup> Conference Medical Review Auschwitz: Medicine Behind the Barbed Wire (9 May, 2018, Kraków, Poland). Photograph by Aleksander Hordziej

opening a new chapter for *Medical Review – Auschwitz*, hoping that it will meet with growing interest across the world.

We believe that the new Medical Review Auschwitz project will contribute to a better knowledge and understanding on the part of the international community of the dark history of medicine in Nazi German concentration camps. A history which should be a lesson for the generations to come. This is a project addressed primarily (though not only) to the medical community, as it will be disseminating a message of fundamental importance for ethics in medicine.

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Photographs 1, 2, and 3 come from the Author's private collections. Photograph 4 comes from Wiśława Kłodzińska-Batruch archive.

# Selection in the Auschwitz hospitals

Piotr Setkiewicz

One of the Polish words most frequently used in Auschwitz and familiar to the multilingual crowd of prisoners, was *selekcja* (“selection”) readily understood in its similar-sounding analogues in many languages (German *die Selektion*, French *la sélection*, Czech *selekce* etc.). It was a word which engendered terror and apprehension. In his recollections Primo Levi described the atmosphere and mood prevalent in the camp prior to a grand selection of sick inmates for the gas chambers: “One feels the selections arriving. ‘*Selekcja*’: the hybrid Latin and Polish word is heard once, twice, many times, interpolated in foreign conversations. ... In the latrines, in the washroom, we show each other our chests, our buttocks, our thighs, and our comrades reassure us: ‘You are all right, it will certainly not be your turn this time, ... *du bist kein Muselmann*. ...’”<sup>1</sup>

However, in the initial phase of Auschwitz selections were not conducted in the camp’s hospitals. Sick and starving prisoners too feeble to work were sent to the outpatient unit in Block 28. In practice they could hardly count on getting any real help there, because the medical staff only had the most rudimentary medica-

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*About the author:* Piotr Setkiewicz is a graduate of the Jagiellonian University in Kraków and holds a PhD from the Silesian University, earned in 1999 for a dissertation on IG Farben-Werk Auschwitz 1941–1945. Since 1988 he has been employed in the research department of the Auschwitz-Birkenau State Museum. He was head of the archives from 2001 to 2007, and in 2008 he became head of the research department.

1 Levi, 145–146 (English edition). [msmulhollandonline.weebly.com/uploads/7/9/3/4/.../primo\\_levi\\_if\\_this\\_is\\_a\\_man.pdf](http://msmulhollandonline.weebly.com/uploads/7/9/3/4/.../primo_levi_if_this_is_a_man.pdf) (Accessed 3 Sept. 2018).

tions and dressings, such as not very effective paper bandages. As a result patients were given provisional treatment and usually sent back to their blocks; next day they had to go out to work with their commandos.<sup>2</sup> The only statistics we have for admissions to the outpatient clinic in the main camp are fairly late. In the last nine months of 1944 the daily average for the number of patients registered in its books was up to 800, viz. 5.6% of the total number of prisoners at this time, which was about 14,250.<sup>3</sup>

But we should bear in mind that many of those seeking admission to the camp's hospital were not sick in the medical sense, but simply starved beyond endurance, and no amount of stopgap treatment dispensed in the outpatients' unit would have helped them. So there was a vicious circle – prisoners sent back to work from the outpatients' unit after a few days' respite would eventually again be sent back to the hospital, usually in a much worse condition. They would then be made to appear for an examination by an SS doctor. If he qualified them for inpatient treatment, they would be sent to one of the three wards of the *Häftlingskrankenbau* (prisoners' hospital), internal medicine, surgery, or infectious diseases. Some actually got better if the treatment they required was a simple surgery such as having an abscess cut open, a wound disinfected, or a broken limb set, or if the medications available in the hospital (aspirin, simple painkillers, cardiazol, activated charcoal etc.) were effective enough for them, or if the patient's immune system was strong enough to fight off an infection on its own. Others died in the hospital.

But the real problem for the SS doctors was a third category of patients – those who had no prospects of either getting better soon or of imminent death, those suffering from inanition or chronic diseases such as tuberculosis (TB). Their numbers were gradually on the rise, which meant that if no effective measures were taken to resolve the problem there would be a need to extend the hospital by having more and more blocks to accommodate it. By the spring of 1941 the problem was intensifying; although at that time the hospital already comprised four blocks, only one of

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2 Only some could hope to be exempted from being sent out to work on the next day and were allowed to stay in the block (viz. given *Blockschonung*) by the *Blockälteste* (block functionary), who would set them to work cleaning the block or washing the floors etc.

3 APMA-B (Archives of the Auschwitz-Birkenau State Museum). D-Au I-5/2 Różne, Rapportbuch HKB des KL Auschwitz Lager I (Miscellaneous. Hospital Register for Auschwitz I Main Camp). The average number of inpatients in the hospital was 1,640. In addition there were 230 convalecents in Block 19.

them, No. 20 (renumbered 28 later on), had two storeys, while the rest, Nos. 14 (19), 15 (20), and 16 (21), were single-storey buildings. This accounted for about one-fifth of all the premises in the camp used to accommodate prisoners at that time – a total of 21 floors (ground and upper storeys together) not counting the hospital. If we discount the offices and warehouses, we will get an even bigger ratio. Moreover, construction work was going on at this time to build extra floors on some of the single-storey buildings (including the hospital blocks), which meant that those premises were not operational when jobs such as the laying down of concrete floors were being done. So already by August some of the patients had to be moved to yet another block, No. 27, which meant that the number of hospital blocks went up to 5.<sup>4</sup>

But the Germans had not established their concentration camps to turn them into vast centres for the terminally ill. The SS had spotted the problem earlier, especially in camps which had already been in operation for some time, and where there were fairly large numbers of inmates who were seriously ill. Unfortunately, there are no extant records of how and when they took the decision to start killing such prisoners. All we know is that on 13 January 1941 Himmler had a meeting with SS-Oberführer Viktor Brack, who was responsible for the implementation of the T4 euthanasia programme, and that they are believed to have discussed “euthanasia.”<sup>5</sup> But for over two months there are no follow-ups in the preserved records to show that Himmler continued to be interested in the subject. He did not see Brack again until 28 March.<sup>6</sup> Somewhat later an order was issued on the way deaths were to be documented in concentration camp records; the death certificates of prisoners murdered under the euthanasia programme were to be marked “14f13”. We know that physicians subject to Brack’s authority carried out the first selection in Sachsenhausen concentration camp on 4 April 1941.<sup>7</sup> In the next few months similar operations were conducted in other concentration camps.

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4 APMA-B. D-AuI-5/2/5. Register for Block 28, in which entries were made for patients transferred to Block 27 in November and December 1941, APMA-B. D-Au I-5/3. Morgue register, entries for bodies from Block 27 as of 7 Oct. 1942. Plus letters sent by Block 27 prisoners: Stefan Kopeć, D-AuI-1/8228 vol. 57 p. 381, 381a, Block 27a, on 18 Dec. 1941; Zbigniew Kolessa, D-AuI-1/2650a Vol. 29 p. 22, Block 27 Saal [room] 7, on 28 Aug. 1941.

5 The note for this date is brief. See Witte, Wildt, Lohalm et al., 107.

6 Witte, Wildt, Lohalm et al., 141, though on this occasion Himmler did not make a record of the subjects discussed.

7 Conroy, 314; Friedlander, 141 ff.

Many of the publications in the extensive bibliography on the beginnings of the euthanasia programme for sick prisoners refer to an alleged visit to Auschwitz by doctors involved in the 14f13 campaign. Unfortunately, those who make such claims never cite a viable source document, but usually just refer to each other, which is rather embarrassing. Some mention a visit to Auschwitz paid by Dr Horst Schumann, head of the Sonnenstein/Pirna euthanasia centre near Dresden, in May 1941. The origin of this information appears to have been a table published in an article by the German scholar Astrid Ley,<sup>8</sup> who writes that this was when Schumann made the first selection of sick inmates, who were then taken to Sonnenstein on 28 July and killed. She cites a paper delivered by Jochen August, who drew his information from an article by Stanisław Kłodziński,<sup>9</sup> who in turn referred to a letter from Ludwik Bas, a survivor. But a scrutiny of Kłodziński's information does not permit us to draw an absolutely trustworthy conclusion that Schumann's purported visit in May actually took place. Bas wrote that a "medical committee consisting of civilians and military" did visit Auschwitz at this time, but he does not say that Schumann was one of its members.

I should add that Dr Friedrich Mennecke, one of the physicians most committed to these practices, after the War testified before the Nuremberg Tribunal and said that after conducting a selection of the prisoners of Sachsenhausen, he visited Dachau, Buchenwald, followed by Auschwitz, Gross-Rosen, Ravensbrück, and Neuengamme.<sup>10</sup> Regrettably, the prosecutor did not ask him for more details, hence we don't know on whose orders Mennecke travelled to these camps, neither do we know when exactly he came to Auschwitz. Nonetheless, it seems that the commandant's office at Auschwitz must have known about the medical committee's visit well in advance; it must have been notified either by radiogram, or by a visit of one or a few of the doctors appointed to carry out the pending selection.

Evidence showing that some preliminary measures were taken to earmark selected prisoners ahead of the actual date of departure, 28 July, "for Dresden" (viz. the Sonnenstein euthanasia centre), comes in survivors' statements,<sup>11</sup> and en-

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8 Direcks and Ley, 135; more on this in Ley, 2009.

9 Kłodziński, 42–43.

10 NO-2536 (Nuremberg Trial Evidence File NO-2536), 11.

11 Kłodziński quotes at length from their statements.

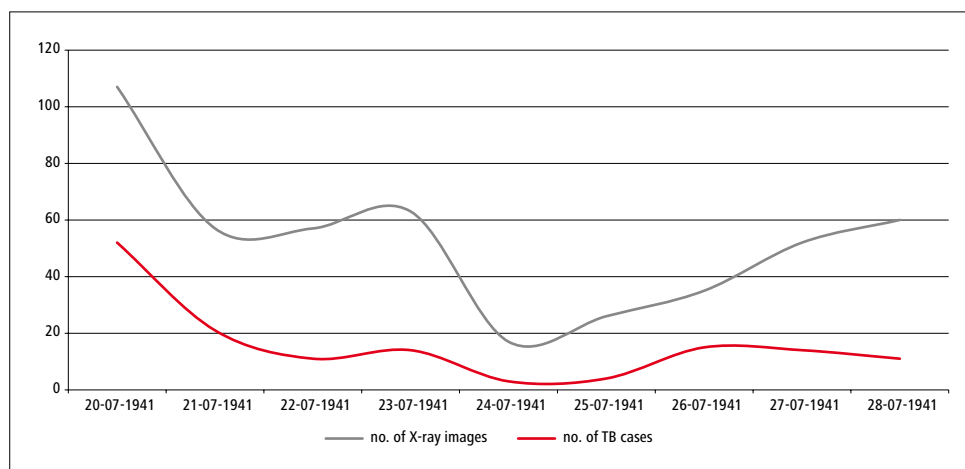


Figure 1. | The diagnoses which were given on the basis of X-ray examinations

tries in the camp's X-ray record book. They tell us that 411 X-rays were taken in May 1941 (viz. an average of 13 a day), 330 in June (11 a day), and 10 from 1 to 18 July (5–6 a day), but from 19 to 28 July there were 499 X-rays – 104 a day, i.e. nearly ten times as many as before.<sup>12</sup>

Regrettably, no results were entered in the first record book extant for patients who had X-ray examinations. In the second record book we do have the diagnoses which were given on the basis of X-ray examinations, and they are as follows:

- On 20 July 107 X-ray images were taken and 52 cases of TB were confirmed
- On 21 July 57 X-ray images were taken and 21 cases of TB were confirmed
- On 22 July another 57 X-ray images were taken but only 11 cases of TB were confirmed
- On 23 July 63 X-ray images were taken and 14 cases of TB were confirmed
- On 24 July 17 X-ray images were taken and 3 cases of TB were diagnosed
- On 25 July 26 X-ray images were taken and 4 cases of TB were confirmed
- On 26 July 35 X-ray images were taken and 15 cases of TB were confirmed
- On 27 July 52 X-ray images were taken and 14 cases of TB were confirmed
- On 28 July 60 X-ray images were taken and 11 cases of TB were confirmed.

<sup>12</sup> APMA-B. D-Au I – 5/1. 1,031 X-rays are recorded in the HKB (hospital) register for the period from 5 March to 19 July 1941.

The conclusion which is to be drawn from this is that all that Schumann or Mennecke – if one or other of them was indeed in Auschwitz in May 1941 – might have done was to provide the SS doctors in the camp with the criteria for the selection. However, it is more likely that the preliminaries for the actual selection were not done until 19–20 July 1941. It is to be feared that nearly all the prisoners diagnosed with TB at this time – a total of one hundred and forty-five – were put on the transport to Sonnenstein a week later. Other prisoners from the camp hospital, invalids and those suffering from inanition, were put down for the transport as well. We have managed to identify some of them<sup>13</sup> on the basis of the first volume of the *Sterbebuch* (register of deaths).<sup>14</sup> On comparing the numbers of particular death certificates with the corresponding date of death we may observe the following:

- from 29 July to 27 August 1941 there is a fairly good correspondence between the numbers of death certificates and the chronology in which they were issued, viz. the death certificate registered on 29 July is entered as No. 1; for the following day there are two certificates, and they are numbered 2 and 3, etc.;
- but starting with certificate No. 865 and then the next 34, which should have been registered around 26–27 August in compliance with the scheme used up to that point, we find that they were registered for much earlier dates, 1–3 August. There are four other instances of this kind of irregularity in the dating, for death certificates starting from No. 941, 999, 1174, and 1375. We can deduce that for a fortnight in August, over a month after 575 prisoners were sent to their deaths in Sonnenstein, 221 of them had death certificates back-dated for bogus dates, in an attempt to conceal the fact that they were killed in a gas chamber. It is hard to tell why the same was not done with the certificates for the remaining 354 prisoners.<sup>15</sup>

Quite obviously, the selection of sick prisoners carried out in late July 1941 and their deaths in Sonnenstein was not a long-term solution to the problem of overcrowding in the camp hospital at Auschwitz. Subsequent entries in the X-ray book

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13 August, 148–160.

14 APMA-B. D-Au I – 2/1.

15 Perhaps the local registry offices in the places from which the rest of the prisoners came had already issued death certificates for them.



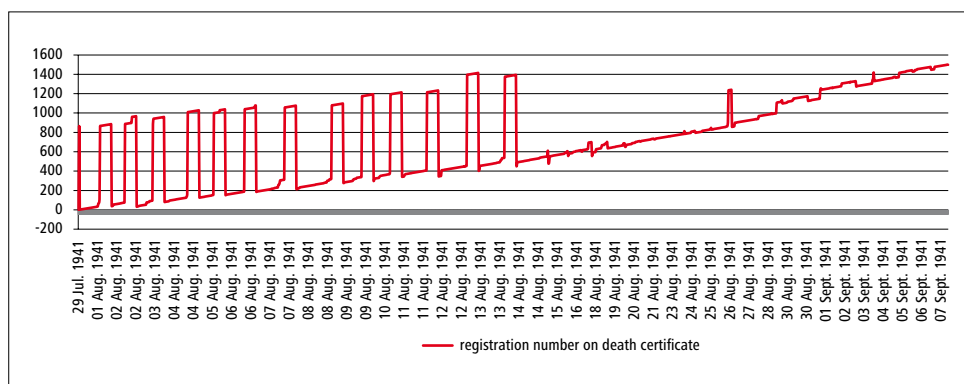


Figure 2. Registration numbers on prisoners' death certificates versus their date of death

show that out of 715 X-rays taken from 29 July to 31 August, there were 135 cases of TB, and some prisoners were diagnosed with additional serious conditions, such as heart disorders, cardiac hypertrophy, pleural deformation, brucellosis etc. Extant accounts given by survivors show that in doubtful cases doctors who were prisoners and handled the medical records tried to enter diagnoses which were "safer" for patients, because they knew what the consequences would be for the patient if they put down a diagnosis of TB. So the true figures for serious conditions must probably have been somewhat higher; but it is doubtful whether it could have been much higher, because if discovered the doctors responsible would have risked being reprimanded or punished by the SS medical staff supervising them.

At any rate, there can be no doubt that by late August the number of bedridden patients in the hospital blocks of Auschwitz had risen again. It was no longer possible to send them off to Sonnenstein, because on 24 August 1941 Operation T-4 was officially closed.<sup>16</sup> So a decision was taken to take advantage of the opportunity offered by the prospective killing of about 600 Soviet prisoners-of-war brought to Auschwitz for execution, which was due to take place in early September 1941. We know of this only on the basis of witness' accounts and reports compiled by the resistance movement in the camp – about 200–250 hospitalised patients were to be selected and killed with the Soviet "political commissars" in the basement of Block 11. In the extant German records there are no clues of any kind to help us identify at least some of the victims; the fluctuations in the dating of 40 death

<sup>16</sup> Or so it seemed at the time.

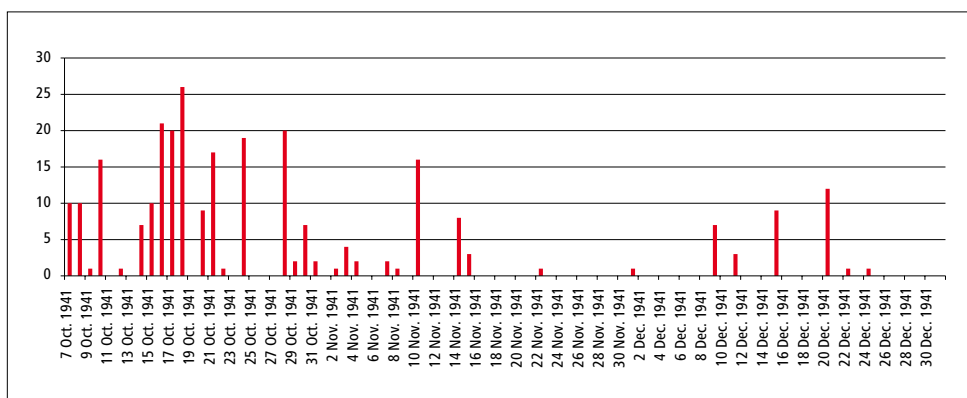


Figure 3. Entries in the *Leichenhallebuch* (morgue register) on prisoners killed with a phenol injection in the latter half of 1941

certificates issued after 3 September could just as well have concerned prisoners sent to Sonnenstein in late August, or some of those killed along with the Soviet prisoners-of-war on 3 September. In all probability in September or early October 1941 the names of these men were registered in death certificates entered for bogus dates in volume 2 of the register of deaths, which has not been preserved.

From witnesses' statements we know that about this time (the turn of August and September 1941) SS doctors started testing intravenous injections of various substances such as concentrated perhydrol (hydrogen peroxide), benzene, and evipan, on hospitalised patients, to see which was that most efficient method of killing. They soon found that the best way was to use phenol applied straight into the heart muscle by means of a long needle. The killings were done by SS orderlies Josef Klehr and Herbert Scherpe, and after a time also a group of specially trained prisoners, Hans Bock, Mieczysław Pańszczyk, Alfred Stössel, and Mieczysław Szymkowiak. From that time on hospital patients were systematically killed in the washroom of Block 28 and in a ground-floor room in Block 20. Usually the procedure did not take long: the victim was held by the arms by a pair of functionary prisoners, who tried to push his chest forward, while the killer skilfully jabbed the needle into the victim's heart and injected about 2 cu. cm of phenol.<sup>17</sup> Death was almost instant.

17 According to the statement given by Josef Klehr, APMA-B. Zespół Oświadczenia (Statements Collection), vol. 92, sheet 64.

It is possible to establish only some of the dates of the *szpilowania* (jabblings, as prisoners called these murders). Only two sources are available for this. One is the register of the camp's mortuary, in which a record was made of the date of death, the deceased's camp number, and the place from which the body was brought in, usually the number of his block. Sometimes, however – in the case of prisoners who had been “jabbed off” – the clerk added an extra “W” which stood for *Waschraum* (the washroom of Block 27 or 28), and a cross. There are 271 entries of this kind in the morgue register, almost all of them for the period from October to December 1941.

We observe that initially there is a considerably higher frequency of occurrence of notes of this kind, which may mean that as of mid-November fewer jabs were done; or that they were also done in Block 20, which seems more likely, and the clerk in the morgue of Block 28 did not record them.

We also have a clandestine transcript of this register made by members of the resistance movement in the camp, with the numbers of the prisoners killed with

1916P	20	43341	21	43341	20	46367	20
47364	*	43342	*	43342	*	46368	*
49398	*	43343	*	43343	*	46369	13
47689	20	43344	*	43344	*	46370	62
42022	*	43345	*	43345	*	46371	20
45182	9	40069	*	43346	28	46372	20
40387	20	44116	*	43347	21	46373	20
45480	*	44383	1	43348	*	46374	20
53253	*	44524	*	43349	20	46375	20
46110	*	44644	*	43350	*	46376	20
49766	*	44745	*	43351	*	46377	20
44263	*	44849	*	43352	*	46378	20
45177	*	44891	*	43353	*	46379	20
37998	*	44946	*	43354	28	46380	20
37065	13	44940	*	43355	21	46381	20
39674	20	44948	*	43356	20	46382	20
55672	20	45044	28	43357	20	46383	20
46359	*	45046	21	43358	20	46384	20
334	*	45048	20	43359	20	46385	20
3041	28	45049	20	43360	20	46386	20
29042	*	45050	20	43361	20	46387	20
42923	*	45051	20	43362	20	46388	20
44208	*	45052	20	43363	20	46389	20
57054	21	45053	20	43364	20	46390	20
46408	*	45054	20	43365	20	46391	20
48998	28	45055	20	43366	20	46392	20
47901	*	45056	20	43367	20	46393	20
48972	*	45057	20	43368	20	46394	20
54155	*	45058	20	43369	20	46395	20
44403	*	45059	20	43370	20	46396	20
44836	*	45060	20	43371	20	46397	20
42448	*	45061	20	43372	20	46398	20
43985	*	45062	20	43373	20	46399	20
53791	*	45063	20	43374	20	46400	20
40438	*	45064	20	43375	20	46401	20
48444	*	45065	20	43376	20	46402	20
42987	*	45066	20	43377	20	46403	20
42887	*	45067	20	43378	20	46404	20
42301	*	45068	20	43379	20	46405	20
42301	*	45069	20	43380	20	46406	20
42301	*	45070	20	43381	20	46407	20
42301	*	45071	20	43382	20	46408	20
42301	*	45072	20	43383	20	46409	20
42301	*	45073	20	43384	20	46410	20
42301	*	45074	20	43385	20	46411	20
42301	*	45075	20	43386	20	46412	20
42301	*	45076	20	43387	20	46413	20
42301	*	45077	20	43388	20	46414	20
42301	*	45078	20	43389	20	46415	20
42301	*	45079	20	43390	20	46416	20
42301	*	45080	20	43391	20	46417	20
42301	*	45081	20	43392	20	46418	20
42301	*	45082	20	43393	20	46419	20
42301	*	45083	20	43394	20	46420	20
42301	*	45084	20	43395	20	46421	20
42301	*	45085	20	43396	20	46422	20
42301	*	45086	20	43397	20	46423	20
42301	*	45087	20	43398	20	46424	20
42301	*	45088	20	43399	20	46425	20
42301	*	45089	20	43400	20	46426	20
42301	*	45090	20	43401	20	46427	20
42301	*	45091	20	43402	20	46428	20
42301	*	45092	20	43403	20	46429	20
42301	*	45093	20	43404	20	46430	20
42301	*	45094	20	43405	20	46431	20
42301	*	45095	20	43406	20	46432	20
42301	*	45096	20	43407	20	46433	20
42301	*	45097	20	43408	20	46434	20
42301	*	45098	20	43409	20	46435	20
42301	*	45099	20	43410	20	46436	20
42301	*	45100	20	43411	20	46437	20
42301	*	45101	20	43412	20	46438	20
42301	*	45102	20	43413	20	46439	20
42301	*	45103	20	43414	20	46440	20
42301	*	45104	20	43415	20	46441	20
42301	*	45105	20	43416	20	46442	20
42301	*	45106	20	43417	20	46443	20
42301	*	45107	20	43418	20	46444	20
42301	*	45108	20	43419	20	46445	20
42301	*	45109	20	43420	20	46446	20
42301	*	45110	20	43421	20	46447	20
42301	*	45111	20	43422	20	46448	20
42301	*	45112	20	43423	20	46449	20
42301	*	45113	20	43424	20	46450	20
42301	*	45114	20	43425	20	46451	20
42301	*	45115	20	43426	20	46452	20
42301	*	45116	20	43427	20	46453	20
42301	*	45117	20	43428	20	46454	20
42301	*	45118	20	43429	20	46455	20
42301	*	45119	20	43430	20	46456	20
42301	*	45120	20	43431	20	46457	20
42301	*	45121	20	43432	20	46458	20
42301	*	45122	20	43433	20	46459	20
42301	*	45123	20	43434	20	46460	20
42301	*	45124	20	43435	20	46461	20
42301	*	45125	20	43436	20	46462	20
42301	*	45126	20	43437	20	46463	20
42301	*	45127	20	43438	20	46464	20
42301	*	45128	20	43439	20	46465	20
42301	*	45129	20	43440	20	46466	20
42301	*	45130	20	43441	20	46467	20
42301	*	45131	20	43442	20	46468	20
42301	*	45132	20	43443	20	46469	20
42301	*	45133	20	43444	20	46470	20
42301	*	45134	20	43445	20	46471	20
42301	*	45135	20	43446	20	46472	20
42301	*	45136	20	43447	20	46473	20
42301	*	45137	20	43448	20	46474	20
42301	*	45138	20	43449	20	46475	20
42301	*	45139	20	43450	20	46476	20
42301	*	45140	20	43451	20	46477	20
42301	*	45141	20	43452	20	46478	20
42301	*	45142	20	43453	20	46479	20
42301	*	45143	20	43454	20	46480	20
42301	*	45144	20	43455	20	46481	20
42301	*	45145	20	43456	20	46482	20
42301	*	45146	20	43457	20	46483	20
42301	*	45147	20	43458	20	46484	20
42301	*	45148	20	43459	20	46485	20
42301	*	45149	20	43460	20	46486	20
42301	*	45150	20	43461	20	46487	20
42301	*	45151	20	43462	20	46488	20
42301	*	45152	20	43463	20	46489	20
42301	*	45153	20	43464	20	46490	20
42301	*	45154	20	43465	20	46491	20
42301	*	45155	20	43466	20	46492	20
42301	*	45156	20	43467	20	46493	20
42301	*	45157	20	43468	20	46494	20
42301	*	45158	20	43469	20	46495	20
42301	*	45159	20	43470	20	46496	20
42301	*	45160	20	43471	20	46497	20
42301	*	45161	20	43472	20	46498	20
42301	*	45162	20	43473	20	46499	20
42301	*	45163	20	43474	20	46500	20
42301	*	45164	20	43475	20	46501	20
42301	*	45165	20	43476	20	46502	20
42301	*	45166	20	43477	20	46503	20
42301	*	45167	20	43478	20	46504	20
42301	*	45168	20	43479	20	46505	20
42301	*	45169	20	43480	20	46506	20
42301	*	45170	20	43481	20	46507	20
42301	*	45171	20	43482	20	46508	20
42301	*	45172	20	43483	20	46509	20
42301	*	45173	20	43484	20	46510	20
42301	*	45174	20	43485	20	46511	20
42301	*	45175	20	43486	20	46512	20
42301	*	45176	20	43487	20	46513	20
42301	*	45177	20	43488	20	46514	20
42301	*	45178	20	43489	20	46515	20
42301	*	45179	20	43490	20	46516	20
42301	*	45180	20	43491	20	46517	20
42301	*	45181	20	43492	20	46518	20
42301	*	45182	20	43493	20	46519	20
42301	*	45183	20	43494	20	46520	20
42301	*	45184	20	43495	20	46521	20
42301	*	45185	20	43496	20	46522	20
42301	*	45186	20	43497	20	46523	20
42301	*	45187	20	43498	20	46524	20
42301	*	45188	20	43499	20	46525	20
42301	*	45189	20	43500	20	46526	20
42301	*	45190	20	43501	20	46527	20
42301	*	45191	20	43502	20	46528	20
42301	*	45192	20	43503	20	46529	20
42301	*	45193	20	43504	20	46530	20
42301	*	45194	20	43505	20	46531	20
42301	*	45195	20	43506	20	46532	20
42301	*	45196	20	43507	20	46533	20
42301	*	45197	20	43508	20	46534	20
42301	*	45198	20	43509	20	46535	20
42301	*	45199	20	43510	20	46536	20
42301	*	45200	20	43511	20	46537	20
42301	*	45201	20	43512	20	46538	20

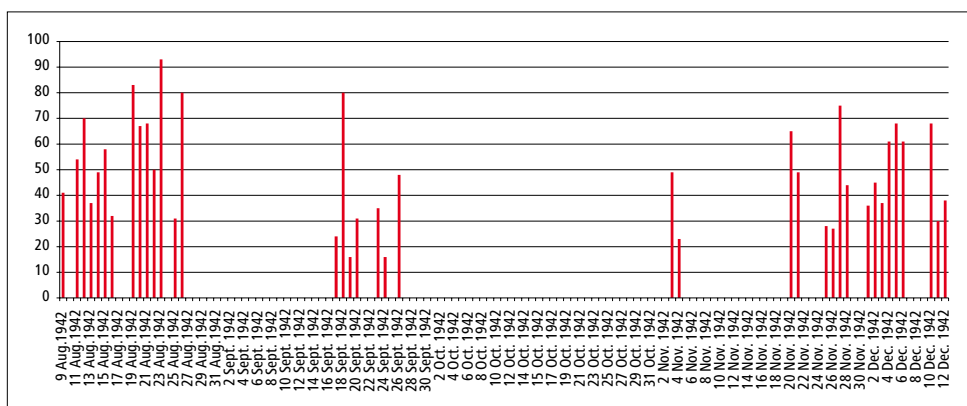


Figure 4. Notes in the transcript of the morgue register on prisoners killed with a phenol jab

a phenol jab entered in the margin and annotated *szpila*. It lists 1,954 cases of such deaths from August to December 1942 in the camp hospital of Auschwitz. However, after the War survivors who had worked in the hospital testified that there were far more patients killed in this way,<sup>18</sup> which seems highly probable given the considerable gaps in the table below.

But why did the SS continue to use phenol injections if as of September 1941 they had a reliable method to kill prisoners using Cyclone B? The best we can do is to take a guess at what the reasons were. Perhaps at this time not so many transports were arriving with Soviet prisoners-of-war due for execution, and the SS physicians considered there was a need to continue removing patients with no prospects of prompt recuperation. Perhaps there were economic factors at play as well – killing a group of prisoners in the gas chamber called for the same amount of Cyclone B, a fairly expensive commodity, regardless of the number of victims,<sup>19</sup> whereas the elimination of a few dozen patients by injecting them with phenol, a cheap disinfectant, cost the SS management far less.

Irrespective of the jabbing technique, in March 1942 the SS doctors brought in yet another method for the removal of bedridden patients from Auschwitz hospital. They were to be transferred to Birkenau, which had just been opened, and put in the *Isolierstation* (isolation station) in the BIb area. There they were beaten by

18 Up to a total 20 thousand, though this seems to be an exaggerated figure.

19 At this time the cost of 1 kg of Cyclone B was about 5 reichsmarks.

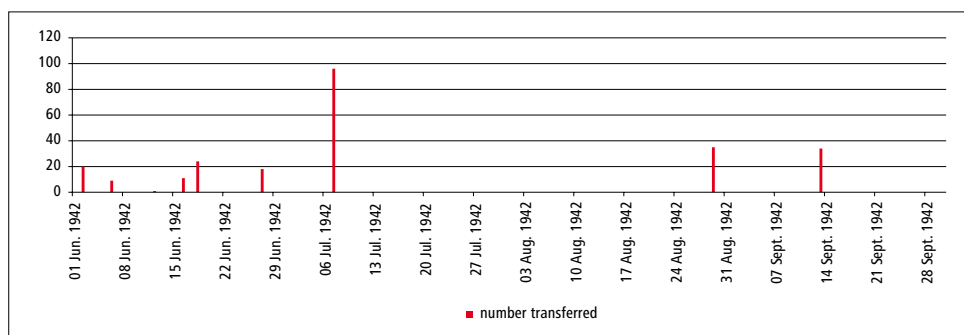


Figure 5. Patients moved from Hospital Block 28 in Auschwitz to “Rajsko” in the summer of 1942

functionaries and starved to death, so they were expected to die pretty soon. From the extant register for Block 28 we know that on 13 March 162 patients were crossed off its list and sent to “Rajsko.”<sup>20</sup> SS doctors carried out an analogous selection in the rest of the hospital blocks. The next selections took place on 20 March, involving 20 prisoners, and were subsequently repeated many times at intervals of a few days, from June to August. A total of 438 patients were transferred from Block 28 to “Rajsko” (viz. Birkenau) in this period.

We should assume that in this period analogous selections also occurred in other hospital blocks in the main camp, especially Blocks 20 and 21, which was probably why the number of those moved to the *Isolierstation* at Birkenau tripled.

However, we know from survivors’ statements that by early May 1942 the SS had got tired of waiting for patients transferred to the isolation station to die, and they issued the first order for a group of the most debilitated to be sent to the gas chamber in Bunker 1 (the Little Red House), which was situated on the edge of the woodland in Birkenau. From then on the procedure was systematically repeated, almost for the rest of the year. However, we have not been able to verify these accounts in any of the extant camp records; neither do we know how often these selections took place.

20 In 1940 the Germans established Konzentrationslager Auschwitz-Birkenau (Auschwitz-Birkenau concentration camp) in the suburbs of Oświęcim, a Polish city the Nazis annexed to Germany. The earliest part of the camp was known as the “main camp” and later as “Auschwitz I”. The second part was the Birkenau camp or “Auschwitz II”. It was the largest part of the Auschwitz complex. Auschwitz II-Birkenau was divided into sectors. The first was BIa (Birkenau women’s camp), opened in 1942 and later extended to BIb. In 1943 seven units were opened in segment BII (sectors BIIa-BIIg). BIII, the temporary camp for Jewish women opened in 1944. “Rajsko” was the name for Birkenau at the time. APMA-B. D-AuI-5/3. Książka bloku 28 (HKB) (Register for Hospital Block 28), sheets 159, 160, and 477.

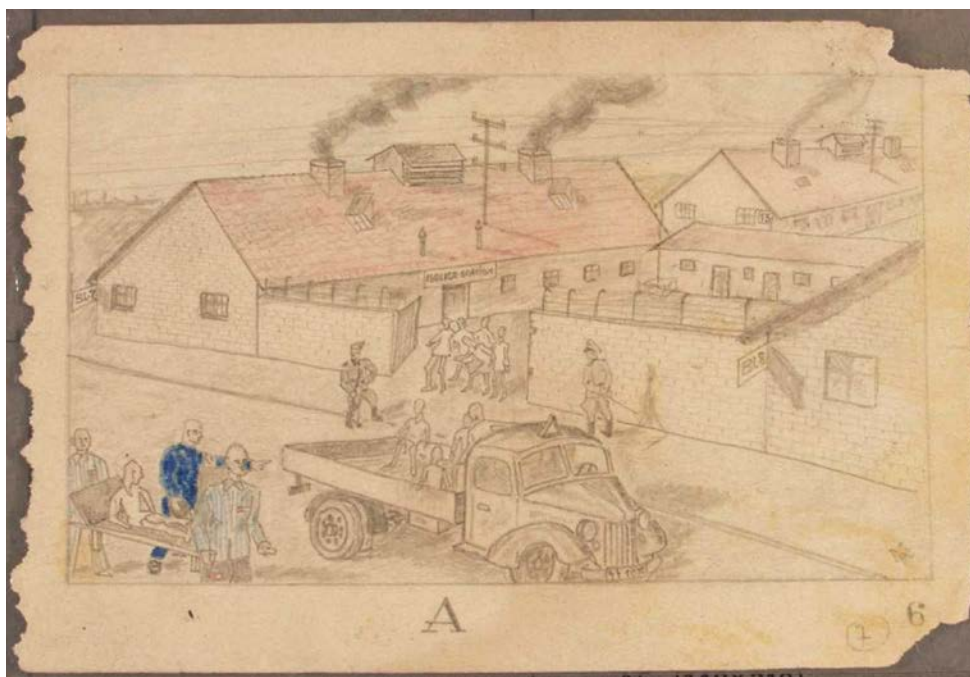


Photo 2. | Anonymous artist, *Patients being transported out of the hospital in the men's camp at Birkenau to their deaths in the gas chambers.* PMA-B-I-2-417/6

Nonetheless, we can arrive at an estimate for the total number of victims selected for the gas chambers in 1942 in another way. From a statement made by Klari Weiss, who was a prisoner employed in the office of the Political Department as of mid-August 1942,<sup>21</sup> we learn that at this time death certificates stopped being issued for prisoners killed in a selection. We have the following data for 1942:

- at the beginning of the year (6 January) there were 9,893 prisoners in the camp, not counting Soviet prisoners-of-war;<sup>22</sup>
- the number of prisoners registered to the end of 1942 was 91,064 (63,159 men and 29,807 women),<sup>23</sup>
- therefore at the end of 1942 there should have been 100,957 prisoners in the camp.

21 APMA-B. Proces załogi (Staff Trial Collection), vol. 44, sheet 125.

22 National Archives, London, HW 16/10.

23 Data on the basis of the numbered list of transports. APMA-B. D-Au I-2 Nummerbesetzung.





Photo 3. | Jan Baraś-Komski, *Selection for the Gas Chambers*, PMA-B-I-2-1890

However, on 31 December 1942 there were only 29,807 prisoners (24,409 men and 5,398 women) in Auschwitz, in other words 71,150 fewer than at the beginning of the year. Since we know that about 4 thousand were transferred to other camps, discharged, or escaped,<sup>24</sup> therefore 67–68 thousand men and women prisoners must have died in 1942.

Since we know that about 47 thousand death certificates were issued in 1942, we may infer that the number of selection victims amounted to slightly over 20 thousand, in other words about 30% of those who died or were murdered in the camp.

We can use these documents to arrive at a number of other conclusions. The number of deaths recorded in the daily register of prisoners for the period from 18 January to 19 August 1942 amounts to 20,693. If we add 300 for the estimate for deaths from the beginning of the year to 18 January, we get a figure of 21 thousand. This is approximately the number of death certificates issued for men in this period (another 1,800 were issued for women). Hence we may infer that at least until the end

24 APMA-B. D-AuI-2. Stärkebuch. These registers cover the period from January to mid-August 1942 and list all the transfers and discharges from the camp, since from late July there were no more transfers or discharges because an epidemic of typhus had broken out.

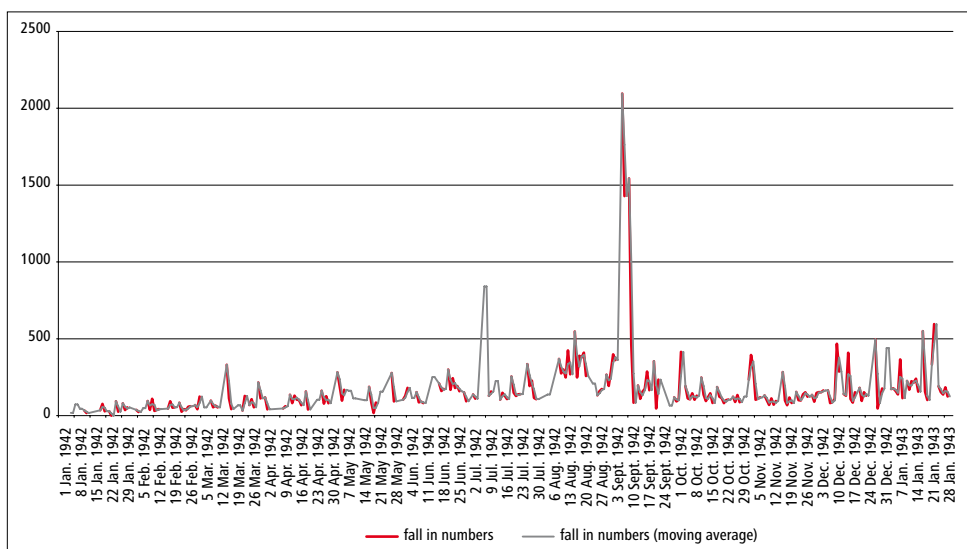


Figure 6. Men crossed out of the 1942 prisoners' register in 1942

of the first fortnight of August 1942 no major selections for the gas chambers were carried out on registered prisoners, and that the 20 thousand selected by SS doctors from the hospitals or during general roll calls died in the last four months of the year.

Indirect confirmation for this comes in the number of male and female prisoners registered for the autumn of 1942, and the number of prisoners crossed out of the register.<sup>25</sup> Not all the records for the number of prisoners in the camp have survived, however the diagrams below, which show several sudden falls in numbers, provide sufficient evidence that a selection must have been carried out at least on those particular days.

The fall in numbers for 7 Jul. was partly due to a trainload of 700 prisoners being sent to Mauthausen that day.

These diagrams show that whereas the average death rate per day in the men's camp was under two hundred, in the second week of September several major selections must have been carried out, with a death toll of about five thousand prisoners. The selections which were conducted to the end of the year killed far fewer victims, but they were done far more frequently. The situation in the women's camp in early September was even more dramatic; a month before women prisoners had been

25 National Archives, London, HW 16/10.



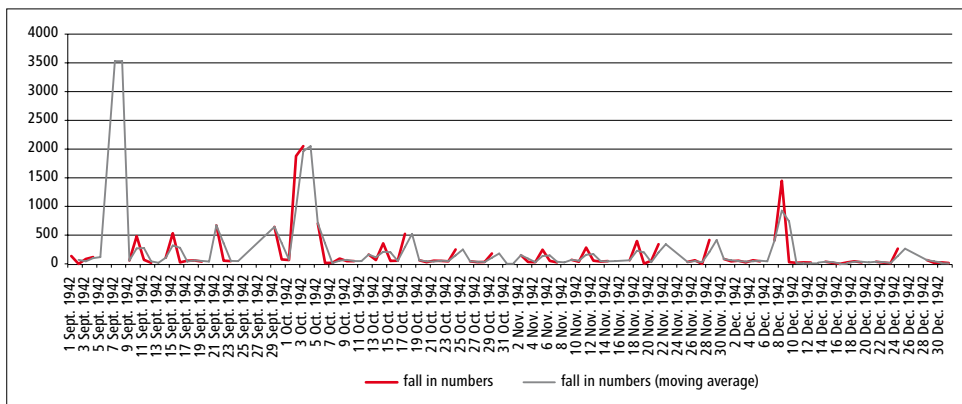


Figure 7. | Women crossed out of the prisoners' register, September – December 1942

sent from the main camp to Birkenau, and put up in extremely primitive brickwork barracks in BIa<sup>26</sup>, which was still under construction, full of mud, and did not have even the most rudimentary sanitary facilities. In addition the debilitation of these women prisoners due to starvation and extreme toil contributed to an escalation in the number of cases of typhus, which had been high even before, and as a result the SS doctors initiated selections for the gas chambers. At least four selections were carried out in September,<sup>27</sup> October, and December, which sent about seven thousand women to their deaths.

The selections contributed to a dramatic drop in numbers in the women's camp. In early September there had been 16,549 prisoners in it, but by the second week of December the numbers had dropped to just 4,764, notwithstanding the frequent arrival of transports bringing new inmates.

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- 26 Konzentrationslager Auschwitz-Birkenau (Auschwitz-Birkenau Concentration Camp) was established by Germans in 1940, in the suburbs of Oświęcim, a Polish city that was annexed to the Third Reich by the Nazis. The first part of the camp was the so-called "main camp" later also known as "Auschwitz I". The second part was the Birkenau camp, also known as "Auschwitz II". This was the largest part of the Auschwitz complex. Auschwitz II-Birkenau was divided into sectors. The first one was sector BIa (Birkenau women's camp) opened in 1942 – later expanded to BIb. Seven administrative units were opened in segment BII in 1943 (sectors: BIIa-BIIg). The temporary camp for Jewish Women opened in 1944 ( BIII).
- 27 SS doctor Johann Paul Kremer made the following entry in his diary for 5 September 1942: "Today at noon at a special operation in the women's camp (*Muselmänner*) – the most ghastly of ghastliness. Hschf. Thilo, garrison physician, was right when he said to me today that here we were in the *anus mundi* [the world's anus]."

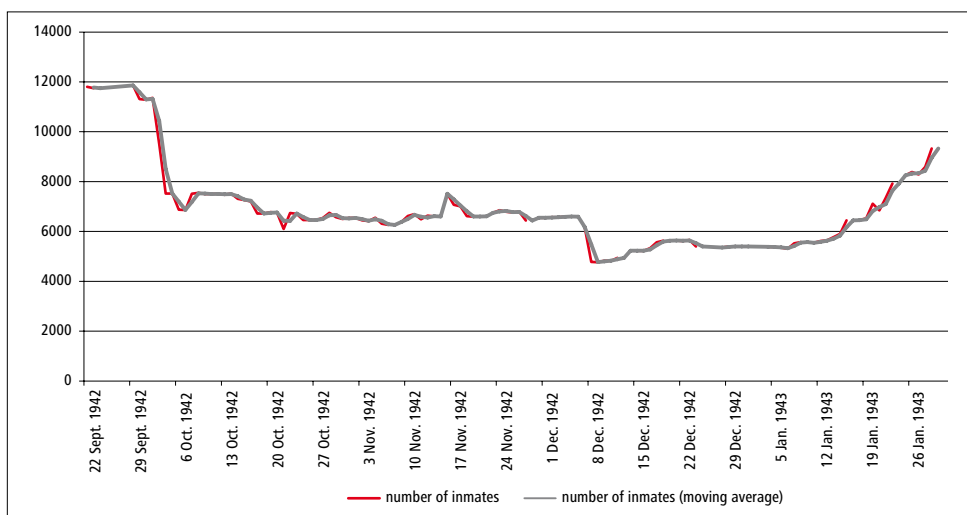


Figure 8. Number of registered inmates in the Birkenau women's camp, September – December 1942

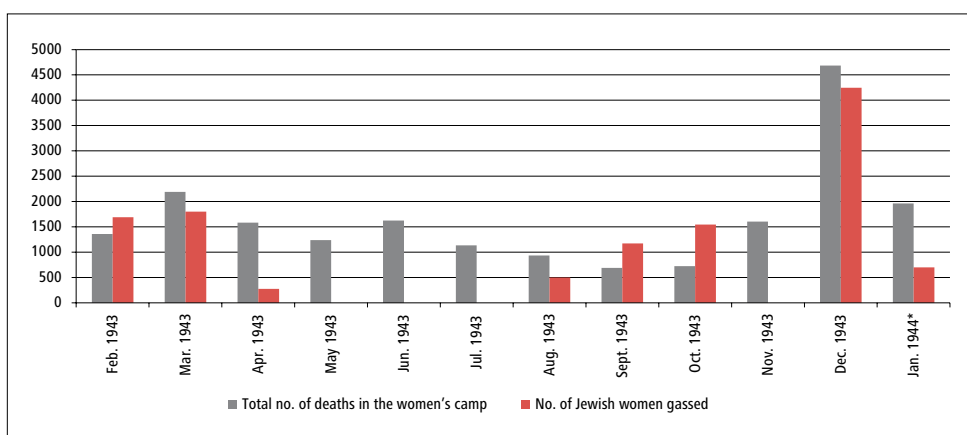


Figure 9. Deaths in the women's camp and female inmates killed in the gas chambers, February 1943 – January 1944

\* On the grounds of an order issued by Himmler, in May, June, and July 1943, death selections in concentration camps were suspended, except for mental patients. This was done to remedy the shortfall in the workforce.

In 1943 there was a sharp fall in the number of typhus cases, so selections in the women's camp were done mostly on those prisoners who had become so debilitated by hunger and extremely poor living conditions that they were no longer able to work. Statistics collected by the resistance movement in the camp say that by the beginning of 1944 SS doctors had sent nearly 12 thousand female inmates

to the gas chambers. Almost all the victims were Jewish women, and the selections accounted for about 38% of all the women's deaths.

These estimates are confirmed by the only surviving list of selection victims. It says that on 21 August 1943 498 women, all of them Jewish, were selected. The overall number of deaths in the women's camp, about 31,000 prisoners, tallies with the estimates computed on the basis of the comparison of the shrinking numbers.<sup>28</sup>

On the other hand, there are practically no extant data on the outcome of selections carried out in the men's camp in 1943. All we have are three mentions in the register of deaths in Auschwitz for the period from 6 July to 15 October, which tell us that they claimed a total of 1,478 victims:

- On 26 August 484 prisoners were selected (*Krankenbau SB* – record made by the hospital of an *SB* [*Sonderbehandlung*, special treatment]);
- On 12 September 311 prisoners were selected for another *Krankenbau SB*, and
- On 23 August 681 prisoners were selected for *SB* at Birkenau.<sup>29</sup>

These figures are approximately the same as the percentage selected in the women's camp in this period. By extrapolating the overall number of deaths in the men's camp over this period (49,000), we can arrive at a rough estimate for the number killed by selection at about 18,130. However, this is only a very rough estimate, in view of the paucity of source documents.

We also know that on 25 and 27 May 1943 SS doctors selected a total of about one thousand men and women from the *Zigeunerlager* (Roma camp) for the gas chambers. The term "selection" is hardly a fitting word to describe this atrocity, because practically all the Roma people (468 men and 503 women) who arrived on 12 May on a transport from Białystok were killed on those two days. Some of the members of this group were discovered to be suffering from typhus. Another 4,200 Roma people were murdered in the gas chambers on 2 August 1944 when the *Zigeunerlager* was closed down, following the transfer of all the Roma who were able to work to concentration camps in Germany.

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28 Piper, 88.

29 APMA-B. D-Au I, II, III – 5/5 /Różne (Miscellaneous), HKB – zestawienia liczbowe H-Krankenbau des KL Auschwitz vom 6.7.43. bis 15.10.43 (numerical records for the hospital in Auschwitz concentration camp, 6 Jul. 1943 – 15 Oct. 1943).

Seite Nr. 541-						Seite Nr. 542-			
Häftlings Nr.	Häftl. Art.	Name	Vorname	Geburtsdatum Tag, Monat, Jahr	Geburtsort	Beruf	Eingang ins Lager	Anschrift	Bemerkungen
1371	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1372	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1373	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1374	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1375	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1376	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1377	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1378	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1379	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1380	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1381	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1382	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1383	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1384	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1385	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1386	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1387	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1388	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1389	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1390	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1391	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1392	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1393	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1394	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1395	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1396	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1397	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1398	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1399	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB
1400	1	Brennisch	Martha	1905	Frankfurt				1944.03.12 - SB

Photo 4. Two pages from the main register of the Roma camp, with the names of women inmates and their fate, SB, in the last column. APMA-B, D-Au II – 3/2. p. 541 and 542

Jews brought to Auschwitz from the Theresienstadt ghetto and accommodated in the BIb camp at Birkenau also fell victim to selection. Mass selections occurred on two occasions: first on 8 March 1944, when about 3,800 men and women were killed in the gas chambers; and on 10 and 11 July, when this camp was being closed down. About 7 thousand Jews were killed on those two days.

There are only a few clues in the extant SS records for 1944 indicating that selections must have taken place in the camp’s hospitals that year as well. One of them is supplied by the register of the hospital in Auschwitz I. The data in it boldly assert that in 1944, especially in the spring, by which time Jews made up the majority group in the Auschwitz I camp, their death rate was allegedly much lower than for the “Aryan” prisoners, which was obviously impossible. So it seems self-evident that the fairly small number of Jewish deaths on record is an outcome of the selections which must have been systematically done on them.

The extant records also allow us to estimate the number of prisoners selected in at least a few of the sub-camps of Auschwitz. The largest amount of information is available for selections in the Buna camp at Monowice (German name Monowitz).

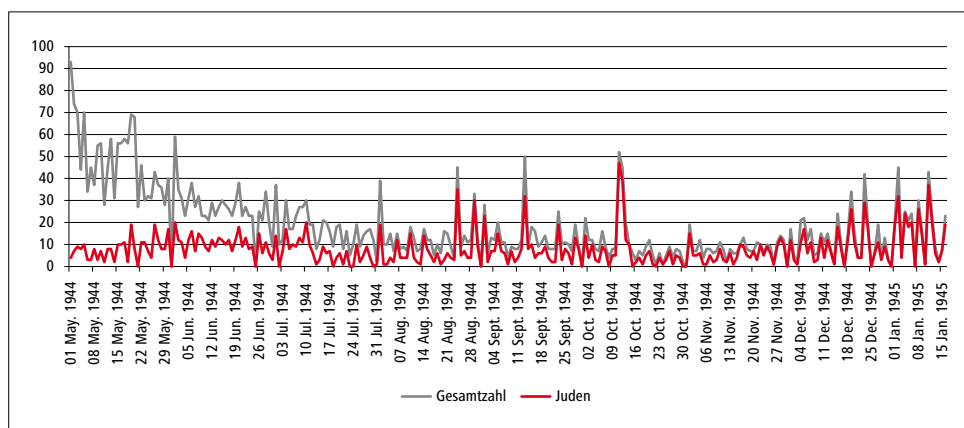


Figure 10. | *Rapportbuch HKB des KL Auschwitz Lager I* (Register of Auschwitz I Hospital) Microfilm 1835/350,351 inventory no. 180846 D-Au I-5/2 Różne (Miscellaneous) Archives of the Military Medical Museum of the Ministry of Defence of the Russian Federation, St. Petersburg, sign. no. 36477, pages 44–62

On the basis of the data for transfers, entries in the hospital register, and diagrams for number of inmates per day, we can determine that from October 1942 to the end of 1944 over 10 thousand prisoners were moved from Buna to Auschwitz I or Birkenau, and that over 8 thousand of them were murdered at once, most of them in the gas chambers. We also know that about one thousand prisoners from the Goleszów (German name Goleschau) sub-camp fell victim to selections; about 2 thousand were selected from the Neu-Dachs sub-camp at Jaworzno; and about 900 from the Janinagrube sub-camp at Libiąż.

For most of the sub-camps, however, there are no extant records to help us determine the number of prisoners selected for death. We do find evidence on the charts for their daily records of prisoner counts of sudden drops occurring periodically; yet most probably the majority of those selected were taken from the respective sub-camps to Birkenau in small groups of up to a few dozen at a time. Whenever the head of the sick bay in a given sub-camp notified the central authorities that he needed to dispatch some of his patients, a lorry would be sent out from Auschwitz or Birkenau carrying the same number of prisoners fit for work, and on its return journey the vehicle would take the selected patients. Thereby the number of prisoners in the sub-camp was topped up all the time and kept at the number established in the agreement the camp had entered with the management of the company sub-contracting its “facilities.”

SS Monowitz 26. März 1944 *NI-14992*  
538

Verlegungsbildung nach BIRKENAU

1. 102580	Meisler,	Abram Iar.	Furukel am Gedens
2. 102566	Finkelstein,	Hermann Iar.	Schwäche
3. 102555	Fuchs,	Adolf Iar.	Abcess re. Ohr. Zehe
4. 102557	Steinkritzer,	Barth Iar.	Schwäche
5. 115464	Belche,	Salomon Iar.	"
6. 115468	Arise,	Gabriel Iar.	"
7. 115419	Juda,	Salomon Iar.	Fractallaps
8. 116260	Torres,	Albert Iar.	Schwäche
9. 116774	Gamion,	Salama Iar.	Gedens
10. 116684	Heyerachn, "	Walter Iar.	Schwäche
11. 117351	Sam,	Leib Iar.	Gedens
12. 117325	Michasowski,	Frois Iar.	Durchfall
13. 124050	Bender,	Esaja Iar.	Fraktur beider Knie
14. 126037	Tenerechn,	Kara Iar.	Phlegm. re. Knie
15. 129459	Marous,	Joana Iar.	Schwäche
16. 142440	Leventhal,	Chaim Iar.	"
17. 143963	Sorenstein,	Samul Iar.	Schwäche, Gedens
18. 144432	Starynowski,	Esaja Iar.	Fractallaps
19. 150415	Reer,	Paul Iar.	Schwäche
20. 150699	Spol,	Salomon Iar.	" Gedens
21. 150705	Saydorn,	Isaac Iar.	Fractallaps
22. 150802	Serfaty,	Chaim Iar.	Schwäche
23. 151947	De Haan,	Corbert Iar.	Contus. u. Hämatom li. Schulte
24. 151955	Joosten,	Arno Iar.	Schwäche
25. 157373	Von Seider,	Wihelm Iar.	" , Myalgie
26. 161713	Aron,	Adolf Iar.	"
27. 162935	Gelenczant,	Rosca Iar.	Kollaps
28. 161119	Goldmann,	Mendel Iar.	Allgem. Körpererschöpfung
29. 161224	Wofelster,	Levi Iar.	Schwäche
30. 161246	Jungewirt,	Saymon Iar.	Abcess am Gedens
31. 161252	Sohn,	Bernhard Iar.	Myalgie, Schwäche
32. 161435	Lichten,	Samuel Iar.	Schleimh. Bl. Nase u. Hände
33. 161561	Reppert,	Artur Iar.	Reckenkardienkel
34. 164440	Bernapoff,	Bernard Iar.	Myalgie, Gedens, Schwäche
35. 167456	Bendagor,	Leon Iar.	Pneumothorax, Schwäche
36. 167505	Reiberg,	Aron Iar.	Myalgie, Hiccup dr. Zehe
37. 167562	Wagen,	Mendel Iar.	Reckenkardienkel
38. 167554	Leipert,	Jacques Iar.	Kollaps
39. 169755	Blatt,	Gerson Iar.	Schwäche
40. 169824	Bernstein,	Abram Iar.	Fractallaps
41. 174797	Brostein,	Israel	Gedens
42. 174838	Feinberg,	Hirsh Iar.	Myalgie
43. 174825	Epstein,	Koppel Iar.	Schwäche
44. 174843	Pensach,	Wroia Iar.	Fractallaps
45. 174963	Goldstein,	Jauch Iar.	Grippe
46. 173191	Blumkiewicz,	Jan	Kollaps
47. 172427	Wajdel,	Yeheskiel Iar.	Phlegm. Gedens, Schwäche
48. 172572	Chumski,	Chaim Iar.	Schwäche
49. 173286	Blal de Hellerado,	Wagen Iar.	Phlegm. li. Brust
50. 174947	Katz,	Henri Iar.	Rechtsseitige Radialis- paralyse

510

Photo 5. | First page of the list of prisoners transferred from Auschwitz III – Monowitz to Birkenau on 26 March 1944 following a selection in the sub-camp's hospital. APMA-B. D-Au III – 5/3

SS doctors also carried out secondary selections in the Birkenau transit camps, mainly in BIIC and BIII, which held Jewish women who had been picked out of the Jewish transports arriving from Hungary, from the Łódź ghetto, and some of the labour camps in occupied Poland. There are only a very few reports with data on these selections, all for October 1944. They tell us that, for instance, on 12 October 131 women were sent to their deaths (the report carries a note reading "Durchgangs-Jd. SB"); 477 were selected on 14 October, and another 513 on 21 October. Presumably some of the other entries marked "SB" also relate to selections of wom-

en from the transit camps; for instance, the figure 1,229 entered for 7 October. As there are no extant data for the previous five months, we have no way of arriving even at an approximate estimate for the number of victims of these selections, but there can be no doubt that thousands – probably over ten thousand – “female deposit” prisoners must have died in this way.

To sum up, I shall give a cautious estimate of about a hundred thousand as the number of victims of selections carried out by German doctors in Auschwitz. Most of the victims were Jewish, but there were also Poles and Roma. If we consider the fact that these doctors also attended the selections which were carried out whenever a new transport arrived on the ramp, and that they took the decisions which of the new arrivals to send to the gas chambers – about 850 thousand persons in all – not counting those transports all of which were scheduled for extermination, in which case the services of these physicians were not required – we may safely say that individual SS doctors issued the decisions to send nearly a million persons to their deaths.

For the most active ten to twenty out of the forty or so SS doctors in Auschwitz, this meant that in practice

- during selections in the hospitals they picked out a specific number of patients’ medical cards and put them aside;
- during selections at general roll calls they ordered a specific number of individual prisoners to step aside;
- and during selections on the railway ramps of Auschwitz and Birkenau they wagged their finger a specific number of times.

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# Nazi German physicians: The antithesis of humanitarian medicine

Aleksander B. Skotnicki

In his book *Oskarżeni nie przyznają się do winy* (The defendants plead not guilty) Karol Małcużyński wrote,

It was hard to believe that in the mid-20<sup>th</sup> century a civilised state with a grand historic past produced and condoned a political system which sentenced other nations and other human societies to a death that elsewhere could not be inflicted on animals. That in the mid-20<sup>th</sup> century the head of that state, his government, his cabinet, the commanders of a great army and chiefs of a great police force met to systematically consult on ways and techniques of killing vast groups of people whose only crime was that they belonged to another race or another nation, or had been designated as a threat to Nazi German plans to enslave Europe and acquire *Lebensraum*.

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Photo 1. | Nazi German doctors during experiments involving freezing a prisoner in ice-cold water

The greatest crimes of the Second World War were committed on Polish soil. Poland was the location Nazi Germany selected for the installation of the first ever camps of mass extermination. This was where the practical carrying out of the plan to biologically destroy whole nations was initiated. In the plans of Hitler and his henchmen Poland was chosen as the test pad for their gigantic policy of genocide. It was here that they carried out their experiments – not only to discover to what temperature it was possible to freeze a live human being and then bring him back to life. Here food rations were reduced to below what was regarded as hunger level up to that time, and the victims were forced to do physical labour beyond human endurance. Poland was turned into a laboratory for crime, a testing ground for the practice of atrocity.

Rudolf Höss, commander of Auschwitz, recalled how in the summer of 1941 he was summoned by Himmler himself:

Himmler told me that the Führer had given the order for the final solution of the Jewish question to be accomplished. We, the SS, were to carry out the order. If we failed to do

so, the Jews would later destroy the German nation. He chose the site of Auschwitz for its good access by transportation and the possibility of isolating the camp off. I was to perform that difficult task. I had to forget about all human considerations whatsoever and concentrate only on carrying out the job.

The principal Nazi criminals were put on trial before the International Military Tribunal in Nuremberg. Proceedings lasted from 20 November 1945 until 1 October 1946. The trial involved 23 of the chief Nazi war criminals. One of the most interesting, but also the most horrifying of the 12 trials was the first one – against the Nazi German doctors.

Of the 23 defendants 20 were physicians and 3 were high-ranking medical administrators. Of the 13 physicians found guilty, 7 were university professors. Of the 7 professors 3 were sentenced to death, 3 to life imprisonment, and 1 got a sentence of 15 years in jail.

I will not name those notorious individuals.

When the National Socialists came to power in Germany, doctors who were members of the Union of Socialist Physicians were dismissed from state appointments, declared enemies of the state and sent to concentration camps. They were gradually eliminated. This happened to about 10 thousand German doctors.

In the new conditions under the Third Reich the Union of National Socialist Physicians started to grow at a rapid rate. On 30 January 1933, when Hitler came to power, it had a membership of 3 thousand doctors. Two years later the figure had gone up to 14.5 thousand; by 1939 it was 30 thousand; and in 1942 46 thousand out of a total of 60 thousand German doctors belonged to it. Evidence was found against about 350 out of that number, proving beyond all reasonable doubt that they had participated in criminal activities.

Professor Józef Bogusz wrote,

The Nuremberg doctors' trial was extremely important in the disclosure of the full horror and degradation of Nazi German medicine by such practices as the systematic and secret murder of hundreds of thousands of people in the so-called euthanasia programme, including citizens of countries occupied by Germany – the murder of the mentally or incurably ill, disabled children, or elderly people, with the use of poison gas, lethal injections, and by other means. These people were regarded as “useless devourers” leading “lives that were not worth living.” Practices from the Middle Ages, when in the times of

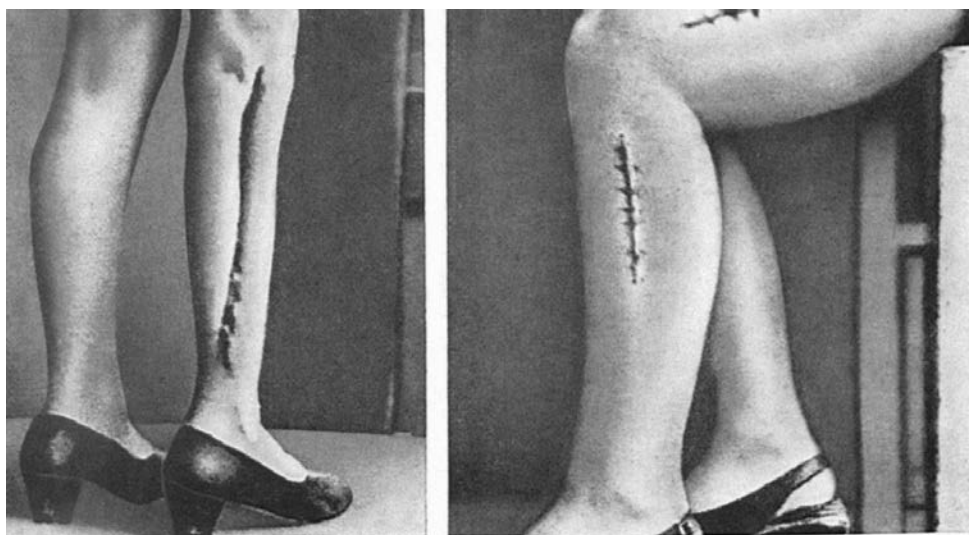


Photo 2. | "Medical experiments" carried out on young women

the cruel Inquisition the mentally ill were beaten, starved and burned at the stake, were multiplied over and over again in the hell of the Nazi German camps. The experiments Nazi German doctors carried out on human beings, defenceless prisoners in the concentration camps, were done with the deliberate disregard of the elementary humanitarian principles. Hitler's physicians, including many professors of Third Reich universities, outstanding representatives of medical science, violated and trampled underfoot the most fundamental principles of medical ethics and deontology.

Calling what happened "criminal medical experiments carried out on humans" seems to be exactly right. The Germans themselves have called it "inhuman medicine" (*unmenschliche Medizin*).

Already by 1941 prisoners were being systematically murdered in Auschwitz and Buchenwald by the injection of phenol into the heart, and in Ravensbrück Professor Karl Gebhardt and Dr Herta Oberheuser were conducting ruthless experimentation on Polish women. In his defence Gebhardt said that the victims, who were members of the Polish resistance, had been legally sentenced to death. However, incontrovertible evidence was produced that no-one ordered him to carry out the experiments, but that he himself solicited the means to do this.

One of the defendants was Professor Gerhard Rose, a distinguished researcher and expert on tropical medicine at the Robert Koch Institute in Berlin. He took a de-

liberate and active part in a research programme on typhus carried out in the concentration camps. He tried to justify his actions by claiming that the state could order experimentation on prisoners sentenced to death without their consent.

In his book *Auschwitz: The Nazis and the Final Solution* the distinguished British film-maker and historian Lawrence Rees writes that SS physicians participated at every stage of the slaughter, from selection on the ramp where prisoners were put off the trains, to the murder of selected prisoners. The fact that Cyclone B was transported into the camps in a fake ambulance marked with the Red Cross emblem was a sign of their complicity. In absolute obedience to criminal orders, SS doctors made an active contribution to the mass murder of defenceless victims on a hitherto unprecedented scale. Yet on graduation they had taken the Hippocratic oath, which requires doctors always to endeavour to dispense treatment to the sick, help them recover and save their lives.

SS doctors launched their careers as murderers by assisting in the killing of the sick and disabled. The destruction of “life not worth living” was raised to the status of medicine’s supreme duty. This depraved logic made it possible for a physician, Dr Irmfried Eberl, to be appointed head of the death camp at Treblinka. By the time Eberl became commandant of Treblinka the concept of “life not worth living” had been extended to include Jews alongside the mentally and physically ill. In their attempts to justify their part in the killing of human beings, SS doctors resorted to the lies fabricated earlier by Nazi German propaganda, that the Jews had a destructive influence on society. “Of course I’m a doctor,” said Fritz Klein, one of the Nazi German physicians, “and I want to save lives. Out of respect for human life I would remove a festering appendix from a patient’s body, and the Jew is a festering appendix on the body of mankind.”

So, from the Nazi German point of view, Auschwitz, like all the death camps, was part and parcel of their health policy: it enabled them to dispose of persons who were a burden or a threat to the development of their state. That is why the first victims who were killed in Auschwitz died in Block 10 – the hospital, where they had phenol injected intravenously or into the heart. It was an exact reversal of medical ethics: the purpose of such hospital visits was not to cure, but to kill patients.

When the selection system of new arrivals was introduced in Auschwitz in 1942, Nazi German doctors played an important role in the process of mass slaugh-

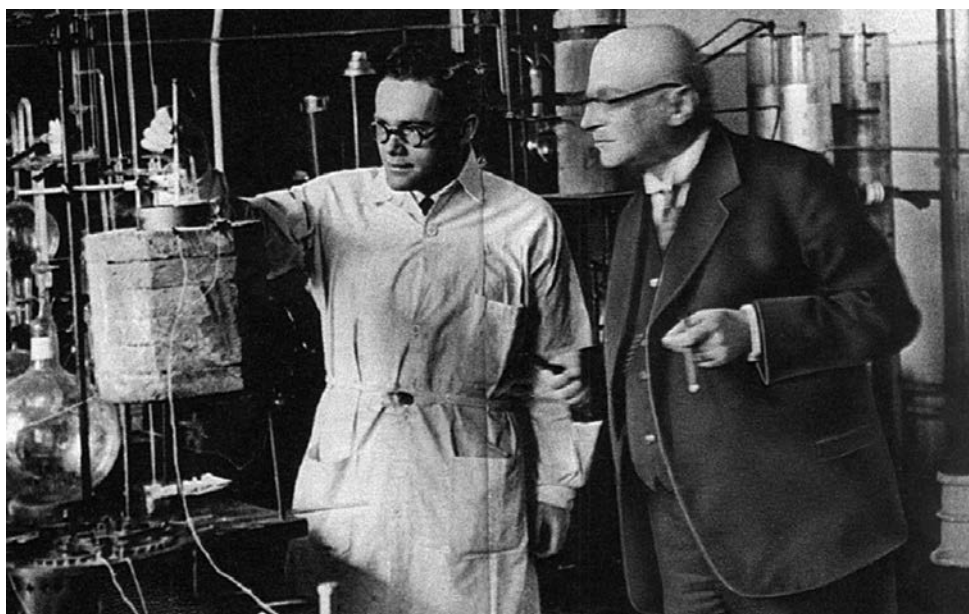


Photo 3. | German chemist Fritz Haber, creator of Cyclone B, a pesticide used for killing humans in Nazi German concentration camps, in his laboratory

ter. Doctors were the ones who made the key decision in the camp's operations: which of the new prisoners were to live, and which were to die.

Prisoners from Auschwitz were even "retailed" to Bayer, a branch of the I.G. Farben business, to serve as guinea-pigs for testing new drugs. One of Bayer's letters to the management of Auschwitz reported that they had received a delivery of 150 women in good condition. However, since the women had died in the course of the tests, Bayer could not draw any reliable conclusions and asked the camp authorities to send them another batch, the same number of women at the same price. Each of the women who died while having an anaesthetic tested on her set Bayer back 170 reichsmarks.

Rudolf Höss reported back to the authorities in Berlin that apart from carrying out their normal medical duties (mainly for the SS garrison and their families), the SS doctors in Auschwitz were performing the following tasks:

1. In compliance with the SS Chief Physician's orders, they had to select men and women capable of work from the trainloads of Jews arriving at the camp.
2. They had to be in attendance by the gas chambers during operations to supervise the proper administration of Cyclone B poison gas by the disinfectors and

orderlies. Their duties also comprised checking when the gas chamber doors were opened that all those inside were dead.

3. Dentists were to carry out random tests to check that dentally qualified prisoners had extracted all the gold teeth from the gassed persons and put them in the secured receptacles provided. They also had to supervise the smelting down of the gold teeth and safely store the metal obtained until its dispatch.
4. Doctors had to select those Jews who were not capable of work or not expected to recover the ability to work within 4 weeks, and to send them to their deaths. They had to dispose of Jews suspected of carrying infectious diseases. Bedridden persons were to be killed by the administration of lethal injections, and others were to be eliminated in crematoria or gas bunkers. Phenol, evipan, and Prussic acid were used for the injections.
5. Doctors had to carry out “covert operations” concerning Polish prisoners whose execution had been ordered by the Nazi German authorities of the Generalgouvernement (viz. occupied Poland) but could not be made public for political or security reasons. In such cases the officially given cause of death had to comply with the regulations stipulated in the camp. Healthy prisoners sentenced to death in such proceedings were sent by the Political Department to Block 11 and disposed of by one of the doctors through the administration of an injection. Sick prisoners were disposed of in the sick bay with the use of injections, in a discreet manner. Thereafter the doctor writing out the death certificate was to enter a disease which brings about death rapidly as the cause of death.
6. SS doctors were obliged to attend the execution of prisoners sentenced to death by summary courts, and executions ordered by the SS Reichsführer or by the authorities of the Generalgouvernement, to confirm death.
7. In applications for punitive whipping doctors were to examine the prisoners due to be whipped for any counter-indications against that form of punishment, and they were to attend its administration.

In his book *Nieludzka medycyna – lekarze w służbie nazizmu* (Inhuman medicine: doctors in the service of Nazism) Stanisław Sterkowicz writes:

The transformation of medical ethics into the professional killing of helpless victims reveals the darkest aspect of humanity. The perpetrators were neither primitive troglo-





Photo 4. | German officers carefully preparing for the execution of "sub-humans not worthy of life", Eastern Lesser Poland, 1943

dytes nor psychopath butchers, but the social elite – university professors, doctors of medicine, well-educated physicians, biologists, chemists, pharmacists. They turned out to be surprisingly easy to transform into sophisticated henchmen, capable of the cruellest bestiality. Hitler's physicians cast ignominy on the loftiest ideals of medicine. These crimes were perpetrated by doctors on behalf of a false, inhuman ideology.

The aim of the terror was to exterminate the Jews living in Europe, who were declared a degenerate race; and to turn the peoples of the conquered countries into slaves. Individuals with physical or psychiatric disabilities, and permanently incapable of work, were declared "unworthy of life" and were also to be eliminated.

In carrying out its leader's ideological plans, German medicine was gradually becoming more and more criminal. Under the totalitarian rule of National Socialism medicine, which owed its origins to a response of mercy and sympathy in the face of human suffering, was becoming more and more brutal and inhuman. Ruthless men in power started using it to dispose of the weak and incurably ill – of other nations as well as their own countrymen. Surely it could never have happened if German doctors had come out in opposition to Hitler's criminal



intentions. Alas, the German medical community did not protest against the blatant atrocities, which met with general acceptance, and even with approval. Under the Third Reich Germany's hitherto splendid medicine was gradually turning into a barbaric and inhuman business.

The crimes of German medicine started when the National Socialists came to power. With time the German medical community became more and more involved in the activities – first criminal and later genocidal. German doctors gave their full acceptance, and even extended the range by contributing their own criminal initiatives. Nazi German medicine bred physicians who were criminals. Every medical faculty in the Third Reich founded chairs and departments of human genetics and racial hygiene. Students were educated to treat Jews as people belonging to a degenerate race, unworthy of life. Doctors very readily turned into heartless, merciless criminals. German doctors employed in concentration camps lost all traces of humanity. It took them very little time to turn into monsters.

The first commandant of the Treblinka death camp was SS Obersturmführer Dr Irmfried Eberl, a psychiatrist. Earlier in Germany he had been putting German psychiatric patients to death in a gas chamber. The cruelty of the medical experiments carried out on humans exceeded even the cruelty of experimentation on animals. The entire medical community in the Third Reich was informed at diverse meetings and conferences of the many medical crimes that were being committed. Yet there were no voices of protest against this public lawlessness.

The range of activities pursued within the framework of inhuman medicine was very broad. From compulsory sterilisation of the mentally disabled, through the abduction of foreign children to turn them into servile breeding material for the production of a "higher race," to the mass annihilation of anybody at all, even Germans, if declared unworthy of life. Doctors had no scruples about carrying out horrific vivisections on prisoners for the sake of dystopian scientific purposes. Hundreds of German doctors took part in these activities and only a very few tried to resist these crimes, unsuccessfully though and with tragic consequences for themselves.

Many celebrities from the world of German medicine took part in various ways in these blatant crimes. Many German academic tutors not only collaborated with the medical torturers in the concentration camps, but also took the initiative and put forward suggestions to the leaders of the Third Reich for the cruellest pos-

sible experiments. In February 1942 Professor August Hirt, who held the Chair of Anatomy, Histology, and Phylogenetics at Strasburg University, suggested the idea to SS Reichsführer Heinrich Himmler of the creation of a collection of Jewish-Bolshevik skulls taken from political prisoners of war to demonstrate the superiority of the Nordic race over the Semitic race.

The German criminal physicians did not restrict their activities to foreigners. They killed Germans as well, both adults and children. From January 1940 to August 1941 in Germany 70 thousand Germans declared unworthy of life by doctors were put to death. They included psychiatric patients, the blind, the deaf, tuberculosis patients, persons requiring care, the elderly, and the disabled. Many of the doctors who took part in this mass murder were never called to account after the War, either in criminal proceedings or in an enquiry into professional misconduct.

Doctors who selected children to be put to death or even murdered them in their own hospital wards (by starving them to death or overdosing them with sleeping pills) evaded punishment after the War, and many continued to practise in their professions or to teach in medical schools. It would be hard to expect justice, if even the post-war court in Frankfurt ruled that death in the gas chambers was one of the most humane ways of killing.

In his book *Auschwitz, die NS Medizin und ihre Opfer* Ernst Klee writes that according to witnesses the doctor whose sadism surpassed the cruelty of most of the other physicians in the camp was Dr Aribert Heim. Dr Heim read Medicine in Graz, and joined the Nazi Party and the SA in 1935. On 1 October 1938 he became a member of the SS. In January 1940 he became a medical practitioner. In April 1940 he joined the Waffen SS.

Dr Aribert Heim murdered hundreds of Jews with intracardiac injections. He treated his victims politely, held conversations with them when they were on his operating table. He asked them about their relatives who were not in the camp. For exercise or training, out of boredom or sadism he would extract prisoners' livers, intestines, spleens, or hearts. He is said to have explained to a Jewish boy lying on his operating table why he had to die. The Jews were to blame for the War, he told him. To another Jewish boy he said, "Look at your nose. The Führer doesn't need noses like that."

Heim conversed with another Jew about his perfect set of teeth. Then he slit his stomach open and killed him. The head was removed from the body, boiled and preserved for the sake of the teeth.

In his book *Refleksje oświęcimskie* (Reflections on Auschwitz) the psychiatrist Professor Antoni Kępiński wrote:

One of the scenes in the camp which will stay for a long time in the memory of mankind, alongside the chimneys of the crematoria and the heaps of naked, emaciated human bodies, is selection on the ramp. A crowd of men, women, young and old, rich and poor, beautiful and ugly, marching past the SS doctor, who stood there in the pose of prince and judge. A slight gesture of his hand determined whether the person in front of him would in a minute or two be sent to the gas chamber, or be given the chance to survive for a few more days or months. There was something of the Last Judgement about it: a gesture of the hand sent another human into the fire or gave the opportunity for salvation. Most of those in the queue for sentencing did not know what was in store for them. All they knew was that the hand gesture was an important sign in their lives, that it meant something, but what – remained a mystery until the moment when in the opening of the ceiling of their apparent bath-house a head appeared in a gas-mask. Prisoners marching to selection who knew that they were going to the gas chambers exerted the last scraps of their energy to straighten their backs, march in a sprightly gait and make a good enough impression on the SS doctor to find themselves on his right hand.

Medicine under National Socialism meant selection first and foremost. The biologically impaired were eliminated from the body of the nation, always with the promise of a better biological future for the nation. The individual was irrelevant, he or she was mercilessly sterilised, killed, slaughtered on behalf of medicine. Auschwitz was no accident, it was the peak of a medicine governed by selection. Its outcome was the fact that there were doctors standing on the ramp. Men over 50 and women over 45 were sent to the gas chamber. No doctor was seen so often on the ramp as Mengele, who became symbolic of German selective medicine. “He always had one hand on the jacket of his uniform; with the other hand he pointed either in one or the other direction, the ultimate decision-maker on life and death,” said an eye-witness. When people were brought up to the ramp, they passed by the SS henchmen and turned their attention to Mengele, who looked trustworthy on account of his appearance and demeanour. Mengele performed the selection

like a good music conductor. In his first selection he picked about a hundred individuals out of a total of two thousand – a mere 5 percent – for provisional survival.

Dr Claude Lehman, a French prisoner and medical practitioner, remembered him as a slim, elegantly dressed man, playing with a little riding-whip in his hand during the selection and whistling airs from Dvořák.

Many survivors have left recollections of Dr Mengele's schizophrenic character, as it came to light in Auschwitz. When he appeared in front of prisoners, dressed in his spotlessly clean SS uniform, he was capable of coming up with a smile and being absolutely charming – or alternatively he could turn monstrously cruel. Witnesses saw him shoot a woman and child on the ramp only because they did not carry out his orders fast enough; while others remember only the kind words they heard from him. Vera Alexander, a Czechoslovak prisoner, had the opportunity to take a closer look at his double nature when she was a kapo in a block for Polish and Roma children. "Mengele would come into the camp every day, bringing chocolate," she recalled. "Whenever I shouted at the children and told them off, they would usually say, 'We'll tell Uncle you were bad.'" Mengele was the children's kind uncle. But of course he had reasons to behave in that way. The children were nothing more for him than guinea pigs for his research. Vera Alexander often saw the children return to the block howling with pain after a visit to their "kind Uncle."

Witnesses' accounts describe the fundamental nature of Mengele's presence in Auschwitz – he could do anything he liked with human beings. His "medical experiments" were not subject to any kind of restriction. He had an infinite capacity for inflicting torture and killing people to satisfy his sadistic curiosity. He experimented not only on twins but also on dwarves and patients suffering from a type of facial gangrene called noma, which was prevalent in the population of the Roma camp at Birkenau because of the dreadful conditions. Before his arrival in Auschwitz he did not show any signs of sadism. There are stories that he proved exceptionally brave on the eastern front, when he rescued two soldiers from a tank that had caught fire. Before the War, after having graduated from Frankfurt University, he had been just an ordinary young doctor. It was only in Auschwitz that the Mengele known to the whole world today was revealed as someone who in exceptional circumstances can turn into a monster.

Josef Mengele arrived in Auschwitz-Birkenau in March 1943 and was appointed medical doctor in the Roma camp at Birkenau. In the twenty months of his work



Photo 5. | Women prisoners in a prisoners' block at Birkenau

there he took part in over 80 selections on the ramp at Auschwitz and sent over 400 thousand Jews to their deaths. He performed an autopsy in the post-mortem manner on a set of anaesthetised triplets. He conducted various experiments on twin children. Later, when they were no longer of any use to him, he killed them or had them killed by other people. He was capable of taking twins for a ride in his car, treating them to sweets, and then, as they left his car near the crematorium, he would shoot them in the back of the head. Apart from twins he was also interested in individuals of stunted stature. He would pick them out from the trainloads of new arrivals. Then he would photograph them, take a variety of anthropological measurements, and kill them. When they were dead he would order their skeletons to be preserved as museum exhibits. Sick people he simply sent straight to the gas chambers and had the barracks in which they had lived disinfected. By this method of epidemic prevention alone he killed 1,500 prisoners.

His “scientific” enthusiasm allowed of no mercy for his victims. He was ruthless and bestial. For instance, he tried to change the colour of children’s eyes by injecting various pigments into them. Then he killed the children, took out their eyes and had them mounted as exhibits. His victims’ eyes were pinned up on the walls

of his office in the camp like a butterfly collection. He was a human monster that exploited its medical qualifications for its own brutal purposes.

The German scholar Ernst Klee writes in *Auschwitz, die NS Medizin und ihre Opfer* that these crimes committed on behalf of medicine were not just the work of a couple of perverts. They were done or contributed to by “quite normal” doctors, and most of the medical community knew about it. The medical community was well aware of the identity of the “guinea pigs,” “objects” or “material,” as the victims were called. Yet in spite of this it gave its approval to experiments on human beings, even the cruellest tests, where it was taken for granted that they would end in the “object’s” death. Many distinguished scientists, not necessarily members of the SS, asked Himmler for permission to conduct experiments on prisoners. Research institutes associated with the Wehrmacht and Luftwaffe and the most renowned centres of scholarship conducted their own, large-scale research programmes on human subjects.

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The crimes committed by Nazi German medicine during the Second World War cast shame on the entire medical world. Shame that nothing will ever erase. Doctors, whose calling is to save human lives, killed humans on a mass scale and in a fully premeditated way. Even though it is now all in the past, part of the history of the brown reign of terror in Europe, it must never be forgotten.

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# Experimental Block No. 10 in Auschwitz

Maria Ciesielska

**W**hen the SS set up Auschwitz concentration camp in 1940, they modelled its administrative structure on the scheme applied in the concentration camps they had already established. The chief physician of the on-site SS garrison was head of the camp's sanitary authority. He also performed advisory duties in the camp for hygiene and sanitary and medical matters, compiled regular reports for the camp's commandant, and administered its medical service. The camp's medical staff comprised SS physicians, and SS orderlies who had no medical qualifications yet nonetheless supervised the work of prisoners who were qualified physicians, nurses, and auxiliary medics. The SS doctors were officially responsible for looking after prisoners' health, but in practice the only medical duty they performed was to conduct the daily rounds. A general atmosphere of terror and anxiety set in whenever they appeared in the camp hos-

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This paper is part of a larger study entitled "Blok eksperymentalny 10 w systemie więziarskiego szpitala obozowego dla kobiet w KL Auschwitz," which was published on pp. 93-111 of a collective volume on Polish hospitals in Upper Silesia, *Szpitalnictwo na Górnym Śląsku. Szpitale polskie w XIX i XX wieku ze szczególnym uwzględnieniem regionu Śląska* (eds. Anna Marek and Bożena Urbanek, Katowice: Wydawnictwo Uczelni Śląskiego Uniwersytetu Medycznego, 2016, ISBN 978-83-7509-324-7).

pital, because usually they came only to conduct a selection of hospitalised prisoners for death. One of their duties was to sign vast numbers of prisoners' death certificates which gave bogus causes of death (in fact most of these prisoners died in the gas chambers or were killed with a phenol injection into the heart). Some of the SS doctors conducted criminal pseudo-medical experiments for their own research projects, or on commission from German pharmaceutical companies or the military. The aim of the experiments they carried out on orders issued by SS Reichsführer Heinrich Himmler was to develop a cheap and generally applicable method to sterilise Russians, Poles, and Jews in order to exploit them as a labour force while at the same time curbing their reproductive potential.<sup>1</sup>

Himmler appointed Carl Clauberg<sup>2</sup> and Horst Schumann<sup>3</sup> to design a cheap and efficient method of sterilisation which could be applied on a mass scale. In 1941 Clauberg was awarded a grant from the Deutsche Gemeinschaft zur Erhaltung und Förderung der Forschung (German Association for the Support and Advancement of Scientific Research) generally known by the acronym DFG, for research on "population policy and the eastern problem." At a conference on "new methods for the sterilisation of undervalue women" in May 1941 Ernst Grawitz, head of the SS and police medical service, proposed that Clauberg's research centre be located near Königshütte (viz. the city of Chorzów) adjoining a women's concentration camp.<sup>4</sup>

Horst Schumann, formerly head of the Grafeneck and Sonnenstein euthanasia centres, and a member of the Aktion 14f13 medical committee (running a campaign to select concentration camp prisoners no longer able to work and send them to their deaths in the gas chambers), started his criminal experiments somewhat later, in the autumn of 1942. His task was to design and develop a sterilisa-

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1 Records of the Nuremberg doctors' trial; quoted after Sehn, 1971: 300.

2 Carl Clauberg, b. 18 Sept. 1898 at Wupperhof, Germany. Gynaecologist and professor of medicine at Königsberg University. During the War director of the women's clinic in Chorzów (renamed Königshütte under German occupation) Hospital. Lasik, 268.

3 Horst Schumann, b. 1 May 1906 in Halle, Germany. Doctor of medicine; member of the Nazi Party, lieutenant in the Luftwaffe, member of the SS in the rank of Sturmbannführer; head of the euthanasia centres at Grafeneck (Württemberg, Germany) and Sonnenstein near Dresden (Germany). Lasik, 268.

4 Letter of 29 May 1941 from Ernst Grawitz to Heinrich Himmler. Schnabel, 266. Polish translation quoted after the 2005 Polish edition of Klee.

tion method using X-rays. Initially he was head of an “X-ray sterilisation station” in Block 30 at Birkenau, which had special facilities equipped with two Siemens *Röntgenbombe* X-ray machines.<sup>5</sup> Like Clauberg, Schumann was “provided with” an appropriate number of male and female prisoners to serve as human guinea pigs for his experiments. Opposite the X-ray machines in Schumann’s “laboratory” there was a leaded control booth with a viewing window.<sup>6</sup> Naked prisoners were brought in from a waiting room and made to sit on special seats connected up to the X-ray machines or stand between them. On average about 30 persons were irradiated at a session, which usually lasted up to twenty minutes. Women vomited after being irradiated, but they were escorted back to the camp on foot.<sup>7</sup> After a few days victims developed symptoms caused by the massive doses of radiation – burns on the lower abdomen and buttocks, as well as internal injuries, for instance intestinal injuries. Secondary inflammations of the wounds were frequent. A few weeks after the irradiation terrified male and female victims were subjected to brutal surgery for the removal of their irradiated testicles or ovaries, which were then sent for a histopathological examination to determine the results of the experiment and establish the best dose of radiation to be applied. From 15 September to 15 December 1943 106 men were irradiated and castrated.<sup>8</sup> They had either one or both testicles removed. Those who had one testicle removed had the other testicle removed one or two months later. There was an analogous procedure with the women. The “specimens” were sent for testing to the Pathologisch-anatomisches Institut in Breslau (now Wrocław, Poland). Sick and debilitated victims, no longer of any use to the experimenters, were sent to Birkenau, where they died of exhaustion, starvation, various diseases, or were killed in the gas chambers.

In late 1942 Block 10 in Auschwitz was designated as the new premises for the experimental station. The prisoners living in this two-storey building were moved to another block and a conversion scheme was carried out. A serological

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5 Strzelecka, 10.

6 Kłodziński, 45.

7 From the testimony given by witness Michał Kula during the trial of Rudolf Höss, camp commandant of Auschwitz. *Proces Hössa* [The Höss Trial], Vol. 2, sheets 81–83. Quoted after Strzelecka, 55.

8 Czech, 582.



Photo 1. | Block 10, current state. Photograph by Maria Ciesielska

laboratory was set up on the ground floor, to be used by SS physician Dr Bruno Weber for his research project.<sup>9</sup> The adjacent room was to serve as a histopathological laboratory and was equipped with a microscope, dryer, and microtome. Both laboratories were to be administered by the Hygiene Institut der Waffen-SS und Polizei Auschwitz O/S (Waffen-SS and Police Institute of Hygiene at Auschwitz, Upper Silesia), which in turn was under the authority of the SS-Hauptsanitätsamt (SS Chief Sanitary Office) in Berlin.

The women prisoners working in Block 10 and the women selected to be the guinea pigs in the experiments were put under the administrative authorities of the Birkenau women's hospital. Every day the data for the number of people in the block were sent to the office of the women's hospital. Officially the staff and inmates in the Block were managed by the camp's Abteilung V – Sanitätswe-

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9 SS-Obersturmbannführer Dr Bruno Weber, head of the Auschwitz branch of the Hygiene Institut der Waffen-SS und Polizei Auschwitz O/S; camp physician of the Birkenau men's quarantine camp.

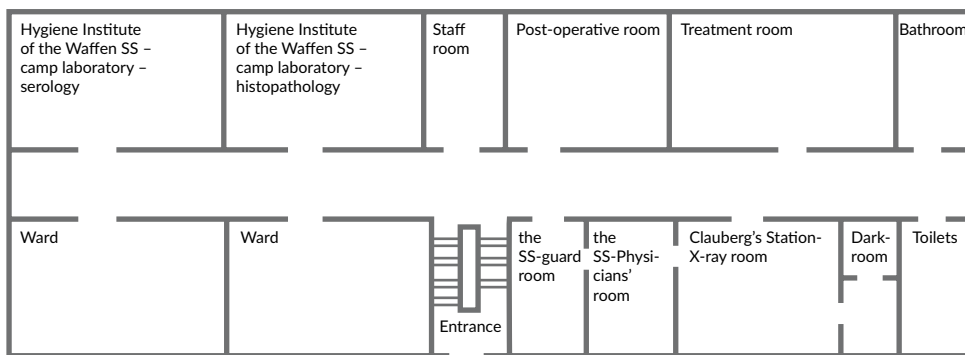


Figure 1. | Plan of Block 10 after its conversion to serve as an experimental station and for the Hygienisches Institut (Institute of Hygiene) laboratories (ground floor). Partly based on scheme no. 2 in Sehn: 1959, 13

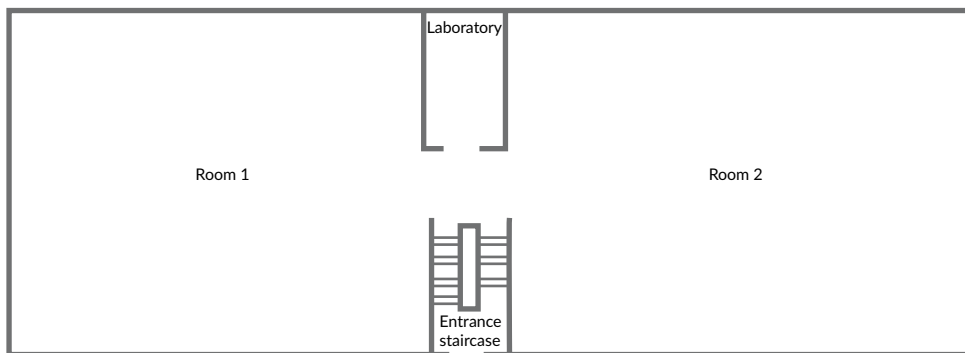


Figure 2. | Plan of Block 10 after its conversion to serve as an experimental station and for the Hygienisches Institut (Institute of Hygiene) laboratories (top floor). Rooms 1 and 2 accommodated the Jewish women prisoners who were the human guinea pigs for the pseudo-medical experiments. This scheme was drafted on the basis of a site inspection

sen (Department V: Health Service), viz. the chief physician for the SS garrison (at this time the office was held by Dr Eduard Wirths).<sup>10</sup> During the day the block was guarded by two German female sentries, who left the premises at night. Like the main hospital at Auschwitz, the women's hospital had a group of functionary prisoners running its everyday affairs. Its members were the *Revierlagerälteste* (the hospital block functionary), the hospital secretary, and the functionaries in charge of its diverse rooms. The office of *Revierlagerälteste* was held by Magda

10 Eduard Wirths, SS-Sturmbannführer, chief physician of the Auschwitz SS garrison.



Photo 2. | Auschwitz survivor Dr Janina Kowalczykowa. Prewar photo. Archives of Poznań University

Hellinger,<sup>11</sup> whose successor was Margarethe Neumann.<sup>12</sup>

Most of the women selected as guinea pigs were sent to Block 10 as soon as they arrived in the camp and were registered. Almost all the survivors recall how they had their entire body (including eyebrows) brutally shaved. They then had their camp number tattooed, after which they took a bath in ice-cold water. Block 10 was isolated off completely from the rest of the camp, which only added to their shock. The only people allowed to be on its premises were the guinea pigs, the prisoners employed and living in the hospital, those who

came in to work in its laboratories but lived out (viz. in the camp), and the SS-men appointed for duty in the hospital. The windows on the first-floor laboratory and the rooms which accommodated the guinea pigs looked out on the yard between Blocks 10 and 11, but they were covered up with wooden boards to prevent people from watching the executions which were conducted at Death Wall in the yard.

After the War Professor Janina Kowalczykowa, who was head of the histopathological laboratory from March 1943, wrote in her memoirs, “Even though the gaps between the boards of the blackouts on the windows were sealed up very tightly, that cold and windy May of 1943 a chilly breeze wafted into the laboratory from the yard between Blocks 10 and 11. That day there were even tiny white catkins of poplar blossom drifting in through the top window which was ajar. [Ludwik] Fleck, who was plucking them apart, remarked that you could probably weave their gos-

11 Magda (Malka) Hellinger, post-war surname Blau (1916–2006), a Slovak Jewish woman who was the first *Blockälteste* of Block 10.

12 Margarethe (Margit) Neumann (1909–?), a Dutch Jewish woman, one of the first victims of Clauberg’s experiments, initially room functionary of Room 1, later *Blockälteste*, earned a very bad reputation with fellow-prisoners for using violence against them and stealing their food. Lang (Polish edition), 107.





Photo 3. | The yard between Blocks 10 and 11, with Death Wall, the place where executions were conducted. The windows on Block 10 have blackouts. Photograph by Maria Ciesielska

samer fibres to make a textile. But along with the poplar blossom came the sound of young people's voices talking and singing a song. Someone in Block 11 was playing a guitar. There were prisoners different from us living in quarantine on the first floor of that block. ... For the whole of my first week in Block 10 the yard had been quiet and empty. But this morning I heard a strange noise from the yard, a sort of slap, whack, or knock, and a moment later there was a weird yell like an animal bellowing. Somehow I couldn't hold myself back from asking a stupid question, 'What, a cow...?' But the bellowing had already turned into a rattle and a wheeze. You could hear the staccato words of an order almost barked out in German, and then a muffled bang, followed by another bang, and another, and an umpteenth... I couldn't see anything under the microscope, I just automatically marked the bangs down on a piece of paper, there were 71 of them today."<sup>13</sup>

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13 Kowalczykowa, 83.

Survivor Marta Malik described the situation of the women in much the same way: “It’s hard to imagine the atmosphere in which the women prisoners of Block 10 lived. It was the only women’s block in the men’s camp and it was separated off completely from the rest of the camp. The women were not allowed to go out, and no-one was allowed to come into our block. The windows were boarded up with wooden planks, and we had the electric lights on all day. Being next to Block 11 and hence hearing what went on there only made us even more apprehensive of what the future had in store for each of us.”<sup>14</sup>

Officially work in the new labs started on 8 April 1943. At the time construction jobs were still in progress on the ground floor to adapt the building and install gynaecological equipment in the X-ray room. Apart from the “research” premises, the building also accommodated toilets, an apothecary, and rooms for the doctors and nurses. On the first floor there was a small clinical analytics lab to conduct blood, urine, and stool tests. The women prisoners who worked in this lab were Dr Dorota Lorska, pharmacist Malka Guterman, and Hadassa Lerner. They were supervised by Dr Hans Münch.<sup>15</sup> In late April a group of Jewish women was put up on the first floor “for the research” (viz. they were to be the guinea pigs). Most of them were young girls who had not lost their periods in the camp. They were hand-picked by Clauberg, usually from among young mothers. Professor Kowalczykowa wrote in her memoirs that this SS doctor selected them from the new arrivals, since “neither hunger nor disease had wiped the pink off their cheeks yet.”<sup>16</sup>

Clauberg conducted the sterilisations personally. He interviewed the woman prisoner and then, pretending that he would examine her, had her put on a gynaecological chair; then he used vaginal specula, forceps, and a catheter or a Schultze instrument to inject an irritant into the uterus. The irritant was a 5–10% solution of formalin. The “patient” also had a contrast known as “Göbbl’s liquid” applied,

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14 Statement made by Marta Malik (aka Guterman) on 5 Sept. 1997. Archiwum Państwowego Muzeum Auschwitz-Birkenau [Archives of the Auschwitz-Birkenau State Museum], sheet 7. I received a copy of Marta’s statement from her son, Mikołaj Grynberg.

15 Hans Münch, a physician employed in the camp by the Waffen-SS; one of the few German doctors who refused to participate in death selections. The authorities in Berlin issued an official exemption allowing him not to take part in them. Acquitted by the Polish Supreme Court in a verdict of not guilty passed on 22 Dec. 1947.

16 Kowalczykowa, 86.





Photo 4. | Clauberg's X-ray station where the criminal pseudo-medical experiments were carried out.  
Photograph by Maria Ciesielska

to check the passability of her Fallopian tubes and to monitor the X-ray experiment. A gynaecologist who scrutinised the surviving medical records after the War observed that “the contrast was an oily, life-threatening substance, very dangerous especially if it got into the blood circulation or body cavities.”<sup>17</sup> After the liquid had been injected into the patients, they got an acute burning pain in the lower abdomen. It was so bad “that the (prisoner) nurses had to sit on the victims’ arms.”<sup>18</sup> The aim of the experiment was to induce chronic inflammation blocking the Fallopian tubes and thereby causing infertility. However, the substances administered got into the victims’ blood circulation, bringing about severe disorders in the entire body and eventually leading to death. Guinea pigs who survived stayed under observation in Block 10 for 5–6 weeks. If the experiment did not result in the full

17 More on this in an article by Auschwitz survivor and gynaecologist Czesław Głowacki, 85–90.

18 Testimony given by witness Rosaline de Leon on 26 Jul. 1956 in proceedings Js 18/67 GStA Ffm. Quoted after Klee (Polish edition), 423.

blockage of the ovarian tubes it was repeated using a more concentrated solution. “These experiments were repeated at intervals of three to four weeks, three to six times on the same women.”<sup>19</sup>

The first women doctors held in the camp as prisoners to be admitted to work in Block 10 were Dr Adélaïde Hautval, a French psychiatrist arrested and deported to the camp for helping Jews, and Dr Janina Kowalczykowa, at the time of her arrest a *docent* (senior academic) in anatomopathology at the Jagiellonian University (Kraków, Poland). She was arrested for engaging in secret university teaching (on invading Poland the Germans closed down all the schools of secondary and tertiary education) and in the clandestine distribution of the underground press.<sup>20</sup> She was first imprisoned in the Montelupich jail in Kraków, and transferred to Auschwitz. After her quarantine she was sent to Block 24, the “diarrhoea block,” where she worked as an incarcerated physician. Even though she was pregnant at the time and had survived typhus which she had contracted in the camp, she worked indefatigably, trying to save as many lives as she could. After three months of work in the camp hospital she was transferred to the Hygienisches Institut lab, where she conducted histopathological tests. After the War she wrote in her memoirs, “In my first week in Auschwitz, when we were being taken to the men’s camp to be photographed for the ‘album of criminals,’ Alfred Wóycicki managed to whisper to me, ‘Beware of Block 10. If they want to send you there, do all you can to stop them. That’s where they conduct experiments on humans. Beware!’ ... Dr Weber, the head of the Hygienisches Institut, learned that I was a histopathologist and got me transferred to his laboratory, which was located in the notorious Block 10 in the main men’s camp. Never mind that by this time I had learned that the less you saw and the less you heard in the camp the better for you, and that I realised that if I was going to live and work in Block 10 I would learn of many a thing, and that this knowledge would cost me a lot.”<sup>21</sup>

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19 Testimony given by Dr Eduard de Wind in proceedings Js 18/67 GStA Ffm (no date). Quoted after Klee (Polish edition), 424.

20 Thanks to the efforts of her husband, who was in the local resistance movement in Kraków, Janina Kowalczykowa was transferred from Auschwitz to Kraków. She was discharged from the concentration camp on condition that she would continue to work for the Hygienisches Institut. Ciesielska, 120.

21 Kowalczykowa, 81.

Drs Janina Kowalczykowa and Adélaïde Hautval were the first women doctors sent to work in Block 10. Dr Hautval was to take part in Wirths' research on the diagnosis of cervical cancer. The work was to involve colposcopy and collecting samples for a histopathological test. The samples were sent to the municipal gynaecological clinic in the Altona district of Hamburg, whose head at the time was Professor Hans Hinselmann, and Dr Helmut Wirths, Eduard's brother, was one of the researchers there. Like Clauberg, Eduard Wirths personally selected his guinea pigs from among the newly arrived Jewish women. Initially he conducted the colposcopies

himself, but after a time he was replaced by Dr Hautval, who had been trained to perform the examination. However, after a fortnight she refused to continue participating in this task. Dr Kowalczykowa described the incident in the following way: "Adélaïde had no idea of what was going on in Block 10. She was so unaware that I was worried she might be an informer. One day I lost control and blurted it all out to her. Adélaïde closed her eyes and went absolutely pale. Then she went to the camp physician and calmly told him what she thought of it, and that she would no longer work in Block 10. I had become accustomed to many things, but my heart stood still when I thought of Adélaïde. I forgot I was in Auschwitz, and that life and the rules here were inhuman. How could the camp authorities punish Adélaïde? They knew all too well to imagine that any sort of physical ordeal would be a good punishment for her, or that physical violence would humiliate her; they knew that death would be a blessing liberating her. So they sent her to Birkenau."<sup>22</sup>

Dr Hautval was sent to the women's camp at Birkenau and put to work in the women's hospital. When her fellow-prisoners learned that the on-site Gestapo



Photo 5. | Dr Alina Brewda, a Jewish survivor of Auschwitz who worked in Block 10 as a physician and *Blockälteste*. Photo from the Archives of the University of Warsaw

22 Kowalczykowa, 90.

was looking for her to execute her, they gave her a strong sleeping medication and hid her, thereby saving her life.

In the autumn of 1943 Dr Alina Brewda, a gynaecologist, was sent to work in Block 10 on a recommendation from Wirths. The Germans were looking in other camps as well for more specialist physicians to perform orchiectomies (removal of the testicles) and oophorectomies (removal of the ovaries), and it was for this reason that Dr Brewda was transferred to Auschwitz-Birkenau from Majdanek concentration camp. Wirths knew she was highly qualified professionally, so he made her chief physician of the block. Thanks to this she had access to the surgery room and its equipment. She was called in to assist in several surgical procedures when the patient lost consciousness.<sup>23</sup> The surgical removal of an ovary lasted just 10 minutes, and it was carried out with no regard for the basic operating techniques. The instruments used in an operation were not washed or sterilised before the next surgery, so postoperative infections occurred quite often.

After the War Dr Brewda said,

The few hundred Jewish patients on the first floor were, I knew, divided up among the various doctors. There were Dr Wirths' 'specimens,' Clauberg's women who had a caustic fluid injected into their uterus, Dr Weber's sputum and blood guinea-pigs, and the Greek girls who belonged to Dr Schumann. I made a practice of going upstairs at least once a day. The Greek girls seemed to be terribly afraid to say anything – they were extremely scared. I got the impression that they had been subjected to very rough treatment.

After some days some of them told me in their Judeo-Spanish dialect, which contained a smattering of French, that they were suffering from burns. I examined them and found that these were due to deep X-ray radiation. There were three really bad cases. The burns were raw. I asked the girls about them and they told me that they had been taken into a dark room and had come out with these burns. They said other young Greek girls from Salonika had also been given the same treatment earlier, what had become of them they didn't know.

Two of the girls had operation scars on the abdomen. After examining the scars and the burns closely I realised that the girls had probably had irradiation of the ovaries and that a pretty

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23 Like all the other inmates of Block 10, Dr Brewda became a *Geheimnisträgerin* (viz. "privy to the secret") against her will, and as such knew too much to be permitted to survive. Ciesielska, 36.



Photo 6. | One of the rooms where the “human guinea pigs” were accommodated, current state.  
Photograph by Maria Ciesielska

strong dose of radiation had been given them without proper care and skill. Their skin was covered with suppurating blisters and ulcers. It was awful. I did what I could for them.<sup>24</sup>

On the same floor as the operated and irradiated women there was a small analytics lab. It was run by Dr Sława Klein, a slender brunette aged thirty who had been arrested in July 1943 for her activity in the French resistance movement.<sup>25</sup> Out of the transport of a thousand persons who arrived from the transit camp at Drancy in August of that year, 218 men and 55 women were selected; the rest were killed in the gas chamber. One of the 55 women who were selected was Dr Klein, and another was Marta Malik, who recalled the events: “There were about a thousand persons in the transport. We travelled in cattle cars. There was a large group of women, about

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<sup>24</sup> Minney, 122–123.

<sup>25</sup> Sława Klein – her real given name was Dobra, and her maiden surname was Goldszajder. She was also known as Dora and Dorota. After the War she married a second time and used the surname Lorska. She was known in the camp as Sława owing to a confusion during registration. She said her given name was Dobrosława. Ciesielska, 107.



Photo 7. | Auschwitz survivors Sława Klein (Dorota Lorksa), Malka Guterman, and Hadassa Lerner, who worked in Block 10. Postwar photo. Family archive of Józef Lorksi

a few hundred, many of whom had been involved in the resistance movement. There were also men in the transport. A few of my friends were in the transport, including Dr Dorota Lorksa, but in the camp she was known as Sławka Kleinowa. We met in the camp at Drancy. On arrival at Auschwitz there was a selection on the ramp of the train station. The Germans picked out a few dozen young women who had had a child. Later pseudo-medical experiments were done on them. Once this group was picked out we were asked if there were any doctors among us. Sławka put her hand up. A moment later she snatched me by the hand and raised it up with hers. Those who stood next to me were sent to the gas.”<sup>26</sup>

The two women were saved from sharing the fate of the guinea pigs

thanks to their medical qualifications. They were given a small lab to run for the Hygienisches Institut. Hadassa Lerner, another prisoner who arrived on the same transport, was also sent to work in this lab.

During the day Dr Klein analysed blood samples for Dr Weber, and in the night hours she helped Dr Brewda look after the sick women prisoners. Thanks to Dr Klein’s contacts with the resistance movement in the camp, Block 10 started receiving medications stolen from the apothecary and from the “Canada” warehouses.<sup>27</sup> Soon she was also asked by Rudi Göbl, an old friend who was a Spanish communist

26 Statement made by Marta Malik (aka Guterman) on 5 Sept. 1997. Archiwum Państwowego Muzeum Auschwitz-Birkenau [Archives of the Auschwitz-Birkenau State Museum], sheet 6. I received a copy of Marta’s statement from her son, Mikołaj Grynberg.

27 “Canada” was the sobriquet for the warehouses where the belongings left by those who were sent to the gas chambers were sorted and stored.



activist, to draw up a report on the experiments done in Block 10. One of the copies of her report was smuggled out of the camp, clandestinely sent to London, and published in the Polish underground press. Sława Klein's report says, "Block 10 has been in use as an experimental block for almost a year. There are about 450 women in it; they are patients of Professor Schumann, Professor Glansberg,<sup>28</sup> and Drs Wirths and Weber. The first experiments were carried out by Professor Schumann, mostly on young Greek girls (aged 15 to 18). The experiments involved sterilisation by irradiation followed by the removal of both of the ovaries (oophorectomy). ... The last operations were carried out by Dr Dehring three months ago, on 10 girls who had been irradiated some time earlier. One of them died straight after the operation (probably due to an internal haemorrhage in outcome of surgical error). Of the remaining 9, so far two have become seriously ill; the rest have to stay in bed. ... The used 'objects' were sent to Birkenau on the next transport."<sup>29</sup>

Straight after the War many of the SS doctors went into hiding and avoided prosecution. Those who were convicted and given prison sentences were released after a fairly short time. Most went back to work as doctors, as they were not deprived of the right to practise in medicine. Carl Clauberg was deported to the Soviet Union and tried by a Moscow court for his role in "the mass killing of Soviet citizens." A sentence of 25 years in prison was handed down on him, but it was reduced to 10 years on the grounds of an amnesty, and he returned home to Kiel on the grounds of a repatriation agreement. But he never expressed any remorse, and even boasted of his "scientific achievements." In October 1955 the Central Council of Jews in Germany (Zentralrat der Juden in Deutschland) brought court proceedings against him for "causing serious injuries on many occasions" to Jewish women prisoners subjected to sterilisation experiments in Auschwitz. In November 1955 he was re-arrested. He died on 9 August 1957 in a hospital in Kiel, shortly before his trial was due to start.

After the War Horst Schumann and his family settled in Halle, where he practised in sports medicine under his own name. A warrant for his arrest was issued in 1947 in connection with the euthanasia trial in which he was involved because of his

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28 Clauberg's surname is misspelled in the document.

29 Archiwum Żydowskiego Instytutu Historycznego [Archives of the Jewish Historical Institute, Warsaw], sign.no. 209/72/3. These operations were done by the SS doctors and some of the doctors who were prisoners, including Dr Władysław Dering.

work at Grafeneck. But he was not discovered until a few years later, when he applied for a gun licence. To evade justice he fled Germany, probably to Japan first, and subsequently to Sudan, Nigeria, and Ghana. In this last country he worked for the Ministry of Health right until 1966, when he was extradited to Germany. Unfortunately, the proceedings against him were suspended owing to his bad state of health. He was released from prison and kept under police surveillance until his death.

After Germany's surrender Eduard Wirths lived in his brother's house in Hamburg. He was discovered and apprehended by the British military authorities, and imprisoned in Neuengamme. After being transferred to Staumühle near Padebron he tried to hang himself. He was cut down still alive, but never regained consciousness. In a letter he wrote earlier to his wife he showed no signs of a guilty conscience: "How long will it be before I see you and our dear children again? Ah, what an unimaginably hard time this is, this terrible war is still going on, but we must persevere bravely, because we can stand before God and men with a clean conscience."<sup>30</sup>

Block 10 served as an experimental station until the end of May 1944. On 22 May the nursing staff and guinea pigs were moved to new premises, Block 1 in the "camp extension" (*Lagererweiterung*) area.<sup>31</sup> The aim of the first research conducted by Clausberg in the new station was to examine the results of the sterilisations and to train Dr Johannes Paul Göbbel, a pharmacist employed by Schering AG, to perform sterilisations on his own. This was a necessary development, because Clausberg was busy making the arrangements for a new project at Bad Königsdorf, a place near Auschwitz known as "the town of mothers," and he was seldom on site at Auschwitz.<sup>32</sup> He was setting up a maternity centre for 800 expectant mothers for their delivery and confinement. The centre was officially opened in late October, and at this time the number of women guinea pigs in Block 10 again went up. Today it is hard to estimate how many women lost their lives due to the criminal experiments conducted by Clausberg, Schumann, and Wirths. On the basis of the still extant but sparse records for daily numbers in Block 10, we can arrive at an estimate how the number of prisoners went down month by month. For example, there was a fall of 49 for May 1943, and of another 95 for June, 8 for October, 16 for November,

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30 Klee (Polish edition), 429.

31 Czech, 668. The date is 13 June in Lang (Polish edition), 212.

32 Lang (Polish edition), 214.



and 3 for December. Some of these women must have died, others were killed with a phenol injection or in the gas chambers, or they died due to the injuries they had sustained or the hard work they were put to.<sup>33</sup> It is harder still to estimate how many men and women were made infertile for the rest of their lives. The victims suffered additional anguish due to the fact that initially Clauberg's criminal experiments were not recognised as pseudo-medical. The "doctors' trial" at Nuremberg handled and ruled on the brutal sterilisations committed in concentration camps, but there was a delay over the paying out of compensation. In 1952 victims staged a series of strong protests. It was not until Ernest Weiner, an expert from New York, intervened, backed up by a set of opinions issued by Dutch specialists, that the inter-ministerial committee recognised Clauberg's experiments as criminal, but still delayed for a long time over criminalising all the sterilisations done with the use of X-rays.

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# Pseudo-medical experiments in the Ravensbrück concentration camp: A survivor's story

Interview with Dr Wanda Póltawska

**Zdzisław J. Ryn:** I would like you to meet Professor Wanda Póltawska in her beautiful flat in the Main Square in Kraków. Professor Póltawska needs no introduction as for a number of reasons she is generally known in the international context. And I do not mean just your participation in research work on concentration camp syndrome...

**Wanda Póltawska:** Well, I have been alive for such a long time that very many people know me.

**Z.J.R.:** Professor, you have also educated several generations of medical students. You have probably treated thousands of patients, particularly adolescents, of the same age group as the population of concentration camp survivors you were one of, the girls incarcerated in Ravensbrück, with all the most dramatic conse-

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*About the interviewee:* Wanda Póltawska is a doctor of the medical sciences and was a psychiatrist at the Department of Psychiatry of the Academy of Medicine in Kraków, as well as a Director of the Institute of Family Theology at the Pontifical Academy of Theology in Kraków. She is a Ravensbrück concentration camp survivor (prisoner number 7709).

Transcript of a video shown at the Conference.

quences of being imprisoned in a concentration camp. That is why we would be grateful if we could talk about just that: how did it happen?

**W.P.:** Note that of course I was not a physician back then, but in the final year of my secondary school when the War broke out. As a result, my recollections of the Second World War are those of a schoolgirl. I only decided to become a physician later. It is a bit funny, because I had not intended to become a doctor. My former teacher, who taught Polish, suggested I should study Polish, I felt I was good at the humanities, and it was only in the concentration camp, specifically in the last weeks of the War, that I decided to read Medicine, as I had a particular reason for it. I made that decision just before the end of the War at Ravensbrück, where I was imprisoned for my activity as a Polish girl guide – because what we are talking about concerns the Polish scouts and guides association. Because the “crime” I was sent to Ravensbrück for was being a Polish girl guide, and most of the victims involved were girl guides, as the Gestapo in Lublin had decided that girls active in the Polish resistance movement and caught would be sentenced to death. But the sentence would not be carried out at once, because the procedure was that you first went to prison, then to a concentration camp, and your execution came last. Yet there were other scenarios, too, because they would shoot people down in the court of Lublin Castle, which is where we were imprisoned, and we could watch it all from the window. It all depended on how things were and as we all know, the Second World War was a very difficult time. Still, my interest in medicine had appeared already during the defensive campaign of September 1939, when Poland was invaded by the Germans and the Soviets. The girls from the pack which I was the leader of looked after the wounded in an army field hospital. And so I put my literary interests aside and transformed into someone who wanted to become a physician.

And after that the rest of my life is the story of Dr Póltawska who usually treats young patients, and because I still had a keen interest in the humanities, I selected the specialist field that is the most humanities-oriented discipline in medicine – psychiatry. Medicine, which is concerned with the human being, may still entirely disregard the things I was interested in, because the physician must simply provide treatment for the human body. He or she has to provide a remedy for whatever has gone wrong in the body. Yet the point is that a human being is not a body, but a person with a mind and a much richer sensitivity. The human person is a complex being, and what is of interest to psychiatry goes beyond the limits of ordinary so-



Photo 1. | Dr Wanda Póttawska and Prof. Zdzisław J. Ryn. Screenshot from the video recording of the interview

matic medicine, where what is most helpful is surgery. Still, what we are going to discuss now are the crimes committed by physicians, not just Germans – as I suppose there may have been representatives of other nations as well, I don't know all the CVs. Anyway, it was German doctors who dealt with the group I found myself in.

The experiments I was subjected to may have been connected with Himmler's private life, as it turned out after the War, I learned this when I was having a closer look at Nuremberg, because I did make the effort to read those court files. For many years Himmler and his family had had a private physician, Dr Gebhardt. The Gebhardts were a family of physicians, medical practitioners from father to son, as it often happens. Himmler had a friend, Karl Gebhardt, who was an orthopaedist and head of an orthopaedic clinic situated at Neustadt-Glewe, very close to the concentration camp the Nazis had built in Ravensbrück. The head of this orthopaedic sanatorium or hospital, I'm not sure what its exact name was, was Professor Karl Gebhardt, who held the rank of general and masterminded the Ravensbrück programme of pseudo-medical experiments. You could say he got a gift from Himmler, a group of girls sentenced to death by the Lublin Gestapo and some by the Warsaw Gestapo, as we were all transported together, those from Warsaw and those from Lublin arrived in Ravensbrück on 22 September 1941, that's how these women with

death sentences got there. We were put at Prof. Gebhardt's disposal; he did not operate on us personally but was head of that orthopaedic facility, his junior colleagues performed the surgeries.

I was one of the first to be operated on. That was important, Professor, because we had no idea what was going to happen. We never imagined that there would be an operation of that kind and we would be having it. Though we had had some wartime experience, people could be shot dead, convicted or not, just like that in the street. And also in Ravensbrück we saw the Gestapo performing executions. The first big execution of 13 girl guides was carried out on 18 April 1942, when there weren't any gas chambers in the camp. The executions were done by a shot in the neck. I don't know whether you've had a chance to see Ravensbrück. Now trips are organised there, there is a museum. There's a narrow lane between the wall around the concentration camp and the bunker with offices and such like. That narrow lane they called the *Totengang* [death alley]. That's where they shot people down. So when on 1 August I was called up *nach vorne* [up to the front] along with five friends, six of us together, that is the camp commander was summoning you, well, I was quite sure we were going to be executed then and there. And what can I say, if you are interested in my personal feelings, that was one of the worst days of my life, as I saw that I was being led not to the *Totengang* but to the *Revier*, a block used as a small hospital. And not knowing what was going to happen was the worst. A girl walking next to me, a year or two younger, asked me, "What is it? What's going to happen?" So I replied calmly using our inmates' jargon, "Knock-down," that was our word for "execution". She started to cry. Yet we were not being taken to the *Totengang* but to the hospital. And instead of an execution we were offered something extraordinary: the chance to have a bath in a proper bath-tub and clean clothes, nightgowns in fact. When I asked one of those German *Häftlings* [prisoners] who worked as nurses in the little hospital what was going to happen, she said, "A surgery." I replied, "Don't talk rubbish, we are young, healthy girls."

And now for the story of why the girls operated on at Ravensbrück were called guinea pigs. Because when I was lying on the operating table, I said to Fischer, Dr Heinz Fischer, a young lieutenant who performed the surgery, I said it in German which I had done at school, "I am not a guinea pig, I am a human being." And it caught on, so all those operated on were called guinea pigs. Hence the title of the film I have given to you, Professor: *The Guinea Pigs of Ravensbrück*. Young girls

subjected to operations, young, first only the youngest ones, and when they ran out of young girl guides they went on to teachers. Because there were both students and teachers in our group of arrestees. And this is where the things you are interested in, Professor, start. From the medical point of view. Why experimental operations?

This question was put to Gebhardt at Nuremberg: why? His answer was that it was to test some new drugs, sulphonamides had just appeared, and the aim of those operations was to see how efficient these medications would be in cases which can happen to soldiers on the front. He explained that wounds sustained on the front could be infected from the soil or otherwise, and my fellow inmates – a total of 74 women operated on – found that after their operations they had pieces of glass or wood in their surgical incisions. From the medical point of view, what I knew at the time as a human guinea pig was that they did operations on our legs, initially just the lower leg, from the knee down to the ankle, they would put our legs in plaster and there was either a very high fever or a slight fever, or just a pain, or an oedema. I saw that two different marks were used: some legs had a “T” on the plaster, while some others had “TK”. It turned out that the T’s meant just an operation on its own, the surgeons seemed to be training moving muscles from one place to another, that’s what it looked like. Then they did more than the lower leg. The next guinea pigs had surgeries of the thigh and lower leg; there was a girl who was operated on four times. You couldn’t see any medical sense in it.

I think it was an explanation he used to defend himself during the trial. Yet if it had been about new drugs, then the surgeons who had performed the operations should have been interested in observing the patients, they should have come in and looked at them, changed the dressings. Indeed, they did look at me, at the six of us, which is why I am privileged: although I had a TK operation, one with an infection, yet I did not die or end up disabled. All those operated on later were in a worse situation because after the surgery no-one looked at them, no-one changed the dressings. It was a hot summer, August, flies and pus in the wounds no-one attended to. On top of the consequences of the surgery, my fellow inmates got necrosis in the soft tissues. One girl, who, incidentally, became a physician later on, Marysia Kuśmierczuk, had a wound that never healed, as all her soft tissue disappeared and all that was left was just the bare bone. She had an exposed tibia right to the end. Today, she would be given a skin graft, because a lot of progress has been made in medicine, in surgery. So from the medical point of view you

could say that some of these physicians were just training – young surgeons training transplants of tibial muscle to the lower leg or vice versa, while others were observing the development of bacterial infection. I had bacteria put into the marrow cavity of the fibula. The women who had TK surgeries were operated on right down to the marrow. Not just surface scars. I had a stable scar, permanently immobilised, yet it took a long time to heal, I was already a physician and it still hadn't fully healed. Next they operated on more women. We were still in hospital when they operated on another group, another six, there were six beds there. And those surgeries continued, yet no-one knew the key to patient selection, it was neither alphabetical order nor date of arrest, just anyone from our transport. I don't know how many of us operated women there are still today.

The difference between Ravensbrück and other concentration camps, Auschwitz, Buchenwald, and the rest of the camps was that as human guinea pigs, all the Polish girls sent to Ravensbrück, we had all been sentenced to death. We were committed political activists, teachers and students. We established contact with the resistance movement outside, in the free world. We smuggled messages out all the time. As a result, there are medical records for the Ravensbrück group. That is why later the psychiatric clinic which became interested thanks to Professor Bogusz's interest had access to medical records on us, while other concentration camps had none, just the statements of those who had been operated on. But those victims weren't physicians. At Ravensbrück information was available not just from the individuals concerned, but it was smuggled out thanks to contacts. Our group, all those who survived, were examined in Gdańsk; not all of us survived, five women died while the operations were being done. And that changed the situation, as Dr Fischer, the one who operated me, the first, second, and third group, and when he saw that the girls started to develop various symptoms and die during treatment – one died of tetanus, another of gaseous gangrene, others of dangerous bacterial infections – he backed out. Though some of those operated on were shot dead, as we had all been sentenced to death anyway, so they carried out those sentences, although at the trial Gebhardt claimed he had saved us from the death penalty because he had taken us into his operating theatre, which was not true. Anyway, coming back to Fischer, who had operated on us, he was a young guy, with a conscience that was sensitive of sorts, I think, a physician after all – when he saw those girls dying he resigned. He was moved to the eastern front, where he



distinguished himself and received a medal for valour, at Nuremberg he was not sentenced to death but to 25 years. His conscience had been stirred. And that was exactly the problem.

All this Ravensbrück business is largely unknown from the historical point of view to my medical colleagues who are meeting in May. There weren't many records, generally the years under German occupation were a time of clandestine activity in Poland. Documents carried risks. Someone who put too much down on paper could be prosecuted. Now we can be interested in whether those experiments conducted by physicians had an impact, and what that impact was, on all the following generations of medical doctors. This was and still is of interest to me. As far as I know, you're interested in it too, Professor. It's not about tremendous progress in fantastic technology facilitating diagnostics, but about physicians behaving like decent people. After all, for whole ages physicians were the elite of society. So how did it happen that such a noble profession debased itself down to the level of those Ravensbrück atrocities? How was it possible?

When I was lecturing for students of medicine, I used to draw on my personal experiences and I would say to them: just think, it's quite likely that those physicians given long prison sentences or even death sentences and executed – Gebhardt was one of them – and those who were in the Jewish hospital, locked in with all the others in the Warsaw Ghetto – maybe some of them had studied together at university. So I used to tell these young future physicians – perhaps they studied together somewhere – in Padua or Paris or Berlin or even Kraków – and then graduated in medicine. The same starting point. Some became criminals, some were practically saints, heroes. It's up to you which path you take.

So it's a question of the physician's ethos. This is what matters to me right now. I am about to take my leave of this world, my life is drawing to a close. What interests me is the physician's ethos. What do you believe in? After all, it's a question of treating humans like humans, not like things.

**Z.J.R.:** I am very glad, Professor Póltawska, that we will be able to see you at this International Conference. I think it will be the best platform, in particular for young physicians who are participating in the event, to hear you speak. Please accept my heartfelt thanks for this opportunity on behalf of all the participants of the Conference. My very best wishes – *ad multos annos*.



# The KZ-syndrome and its evolution through the generations

Zdzisław J. Ryn

**F**rom the psychiatric perspective, direct contact with survivors of Nazi German concentration camps is an extraordinary experience. Its emotional aspect is conditioned by two factors: the cruelty of the conditions of camp existence that constitute the essence of the stress experienced there, and the permanent trauma the camp has left in their psyche.

Those who come into contact with survivors, and the survivors themselves, observe that they are “different” psychologically and mentally.

“That otherness,” Antoni Kępiński wrote, “comes to light as soon as they start talking about the camp. They are unable to break free from its environment; in it there are terrible things, but beautiful things as well, the rock bottom of human humiliation but also human goodness and nobility; they have learnt what Man is; despite this, or maybe because of it, they are still perplexed by the riddle of humanity... Sometimes they are a riddle to themselves, at any rate, they have a stronger

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sense than others of the riddle of human nature as well as the deceptiveness of human norms, forms and appearances; for them ‘the king is naked’.”

The terms most often used in the international bibliography for this condition are “concentration camp syndrome,” “survivor syndrome,” or *asthenia progressiva*, chronic progressive asthenia. In Poland we use the foreign-sounding term *KZ-syndrom*, although it doesn’t capture the essence of the condition, its physical and mental symptoms or its chronic and progressive nature.

In medical practice we tend to use the informal expression *choroba poobozowa* (post-concentration camp syndrome), for the specific term “concentration camp disease” which embraces the aetiological specificity of the condition as well as its nosological uniqueness.

Under the international classification in force, these terms meet the criteria of PTSD, post-traumatic stress disorder.

For most inmates, being detained in a concentration camp was a shock exceeding their previous experiences. For many, that shock was so powerful as to be intolerable, and many prisoners would die soon after their incarceration. Death caused by extreme psycho-physical stress would sometimes precede any symptoms of hunger disease, the most common reason being psycho-somatic deterioration as a result of the collapse of the prisoner’s defence mechanisms.

Inmates who managed to resist the pressure of unfavourable factors had to adapt fairly quickly to the camp reality and accept its standards of coexistence. Yet that reality was so horrible that to many it seemed a nightmare. Group bonding was vital for survival. Equally important was the inmates’ activity, both that related to meeting their own needs and to engage in social activity. To prevent the cruel external stimuli from killing them, they had to develop a sort of indifference, dull their natural sensitivity, cut themselves off from their surroundings in a singular kind of “concentration camp autism.”

The most frequent reaction of the inmates was mental depression of varied intensity and nature. In extreme cases, they would break down completely and lose all hope of survival. Many of them committed suicide, in the camp or after liberation.

One characteristic phenomenon prevalent in concentration camps was a specific camp-induced apathy, the *Muselmann* condition, a term applied to denote the extreme stage of starvation disease, when all the victim’s defence mechanisms

degenerated into a state of atrophy, his sense of hunger and pain disappeared, and his body teetered on the edge between life and death.

Life in the camp went on in permanent fear of death. The inmate was first inducted into the deadly atmosphere by the “welcome ritual,” followed by the brutal treatment of prisoners and the mass killings. His initial reaction to death was terror and fear. Those feelings set down deep roots in his memory, embedding themselves for decades in the form of obsessive thoughts and images, as well as paroxysmal hypermnesia.

There were moments in the concentration camp when a single gesture, a single movement of the SS-man’s hand or finger decided about an inmate’s life or death. Those decisions were made on the unloading ramp, where selection was performed, the segregation of new arrivals into those who had to die at once and those who were given a stay of execution in return for the ordeal of life in the concentration camp.

## PERSONALITY DISORDERS

Confinement in a concentration camp left the prisoner with two kinds of consequences in terms of mental health: personality changes, and psycho-somatic diseases. Unlike many foreign authors, Polish researchers tend to take a holistic approach to personality disorders and specific mental disorders, treating them as integrated components of the condition. That was the position Antoni Kępiński took in his endeavour to arrive at a clinical synthesis of the condition.

The depth and type of personality disorders depended mostly on the prisoner’s personality structure before his incarceration, his age at that time, and how long he was kept in the camp. The dehumanisation of inmates, “breaking up” their personality, was part and parcel of the precisely planned methods of handling them. Refined methods were used to deprave them, demoralising and degrading them through the suppression of their positive feelings and rewarding anti-social and immoral attitudes and behaviours. Camp traumas led to changes in their “moral self-portrait,” giving rise to permanent personality disorders.

Such disorders manifested themselves soon after survivors were released, seriously hampering adaptation to their new circumstances. Only a few were able to break free and adjust. Survivors' personality disorders were reflected in their self-assessment. Usually they experienced a sense of isolation, lack of understanding by those around them, as well as a sense of injury. They showed well-rooted symptoms of depressed mood, a sense of life having no meaning, and a fear of death as well as a fear of life.

We observed profound changes in persons born in a concentration camp or incarcerated in early childhood. The axial symptoms of such changes were emotional disorders in the form of dominant primary emotions like fear, anxiety and anger, impulsiveness, obsessions, compulsions and anti-social attitudes. Póltawska and Witkowski observed such changes in concentration camp children. Their research reports a high incidence of anxiety and aggression in victims, as well as their subjective sense of bearing a concentration camp "stigma." Such emotions persisted for many years, well into the child survivors' adult lives.

## MENTAL DISORDERS

On liberation survivors were in a state of extreme physical inanition and mental devastation. Nearly half of them died soon after being released. Those who survived the initial period of freedom required intensive treatment and rehabilitation.

In 1957 Targowla described various dysfunction syndromes in the course of concentration camp asthenia. He described their various symptoms, such as depression, outbursts of anger, hypochondria, and paroxysmal hypermnesia. Researchers observed the following axial symptoms: reduced activity, periodical depressive states, a sense of inferiority, suicidal thoughts, irritability, dysphoria, and emotional disorders. Sporadically symptoms indicative of organic cerebral lesions occurred.

For instance, a study involving the observation of a hundred Auschwitz survivors, performed at the Psychiatric Clinic of the Kraków Medical Academy in the early 1960s, found that they were suffering from the following symptoms: irritability and impulsiveness, anxiety, headaches, a poor memory, sleep disorders, and sexual disorders. The prevalent type of impairment in the male subjects were

somatic symptom disorders as well as neurotic syndromes, post-traumatic neurological syndromes, personality disorders based on an organic background, and different clinical forms of epilepsy.

Subsequent studies on survivors conducted at the Psychiatric Clinic of the Kraków Medical Academy recorded a preponderance of symptoms of organic cerebral damage. Mental disorders with a psycho-organic background occur in nearly all the members of the small group of survivors still alive today.

Treating concentration camp survivors is very difficult and requires the ability to establish therapeutic contact on the part of the doctor, as well as a lot of patience.

## SECOND-GENERATION CONCENTRATION CAMP SYNDROME

The first reports on harmful medical and psychological effects in survivors' children appeared in the 1960s. Preliminary studies suggested that they were more susceptible to neurotic and psycho-somatic disorders. Some similarities were observed in the structure of the parents' and children's personalities and a strong ambivalent emotional (viz. positive and negative) bond between the child and the survivor parent.

Kempisty's observations confirmed that survivors' camp traumas tended to disorganise their families socially and weaken their interpersonal bonds, which in turn triggered social maturity disorders in the children. This was manifested in an increase in emotional tension, conflict situations and behavioural disorders, and in everyday life in the form of family roughs, violations of the law, and suicide attempts.

The research I have referred to provides a convincing argument that parental pathology resulting from concentration camp traumas is reflected in the second generation. Some people went as far as to claim that these disorders were "inheritable" in the third generation, too. What is interesting from the clinical and social point of view is not just the clinical picture of such disorders, but also the mechanism of their transmission: is it biological, or psychological and social?

## CONCLUSION

To understand concentration camp syndrome well, with its complex and multiform clinical picture, both in the somatic and mental spheres, you have to look at it strictly in connection with survivors' personal experiences. Not surprisingly, it has been very difficult to develop and maintain a scientific approach to these issues, which elude the routine patterns of physicians' thinking. In psychiatric studies, too, it was necessary to move away from such patterns and expand the scope of the analysis, so as to embrace the perspective of those who had faced the extreme realities of concentration camps.

Terminological difficulties aside, the key problem seems to be to grasp the cause-and-effect relation between survivors' original traumas and their remote consequences. In Kępiński's view, the following three factors were of prime importance: the extremely broad range of survivors' experiences (the proverbial "heaven and hell of the camp"); inmates' psycho-physical unity, which sometimes found its dramatic manifestations in the extreme situations that occurred in camp life; and the peculiar kind of inmates' autism whereby they managed to find a source of support within themselves, which helped them survive the camp experience.

My brief presentation of the results of our psychiatric studies clearly shows a dynamic psycho-pathological picture. The onset of the syndrome goes back to the camp itself. Inmates responded to the pressure of extremely intense trauma-inducing factors by adjusting their behaviour to the dire circumstances they were in. They mobilised their powers and defence mechanisms as much as they could. Those who were able to activate such mechanisms stood a chance of survival. Others exhausted their defence mechanisms pretty soon, broke down, and turned into *Muselmänner*, degenerating into a state of apathy which has been described as "teetering on the brink between life and death."

Researchers have observed several phases in the development of the concentration camp syndrome in the post-camp period. Initially the overriding symptoms were somatic diseases which survivors had developed in the camp, and general inanition due to starvation. Somatic symptoms dominated over mental disorders. The second phase was an apparent latency of the condition, and varied in length from a few months to several years. The third stage featured the emergence of per-



sonality disorders and related adaptation disorders in survivors' family, professional, and married life. These disorders tended to take a dual form: asthenic or sthenic.

The following stage in the development of the syndrome was marked by premature ageing as well as the premature development of generalised atherosclerosis. In that period, symptoms suggesting an organic background of such disorders predominated.

Most of the elderly patients in the organic phase have been observed to have symptoms of psycho-organic, demential or characteropathic syndrome. Cases of epilepsy and organic psychotic episodes have been recorded for this phase.

The phases I have presented above do not have clear-cut borders and sometimes have been difficult to differentiate or have overlapped. The psycho-pathological picture of concentration camp syndrome takes many forms and is problematic from the diagnostic and terminological aspect. Yet in every case it has been possible to trace a clear dynamic of the changes, from the stage of latency, through personality and social adaptation disorders, followed by the phase of apparent neurosis and depression, all the way to premature ageing, and finally the organic stage.

In the second generation psychological consequences came to the fore, but there was also a generally higher incidence of somatic diseases in survivors' children than in control groups, which may be attributed to the effects of second-generation concentration camp syndrome.

We have been observing the development of concentration camp syndrome for several decades now, and on this basis conclude that its course is continuous and progressive. This also applies to the injuries it causes to the central nervous system.

Yet in this mainly pessimistic picture there is something of a silver lining as well. A small group of survivors have reached old age and are in relatively good health despite the ordeals they went through in the concentration camps. They have managed to adjust to post-camp life, they don't want any medical assistance and – most importantly – they give the impression of being as healthy as their calendar age suggests. They have been and are still active, full of initiative, and don't like to talk about their camp experiences. They live as if their ailments and age did not matter.

We may expect that concentration camp syndrome will continue to evolve for as long as there are survivors alive. Most probably organic disorders will contin-

ue to predominate. Though we can't rule out other scenarios. Undoubtedly, this syndrome is going to persist in its secondary forms in the generations to come. The depth and power of the camp traumas which were sustained on an unprecedented scale have left a mark on human nature too keen to vanish with the demise of the last of the survivors.

It is worth remembering that in the context of the victims of the wars and oppression going on in the world today.

# Aid dispensed to Auschwitz survivors by Polish doctors and medical staff in 1945

Jacek Lachendro

**A**uschwitz (*Konzentrationslager Auschwitz*) was the biggest German concentration and death camp. In August 1944 the number of its inmates in its three major parts, the main Auschwitz camp, Birkenau, and Monowitz, and over 40 sub-camps, amounted to over 105 thousand registered, chiefly Jewish prisoners, plus about 30 thousand unregistered Jews in transit camps. However, by the late summer and autumn of that year, in view of the victories scored on the fronts by the Red Army and its systematic westward movement, the SS evacuated around 65 thousand prisoners to camps in the interior of the German Reich. The second stage of the evacuation, coupled with the dismantling of the camp, came on 17–23 January 1945, when SS men moved about 56 thousand prisoners out of Auschwitz and its sub-camps, forcing them to march scores of kilometres in difficult winter conditions. The main routes for the march were for Wodzisław

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This paper is an extended version of an article which first appeared on pages 35–48 of the book *Medicine Behind the Barbed Wire of the German Concentration Camp*, eds. Z. J. Ryn and W. Sułowicz, Wydawnictwo Przegląd Lekarski: Kraków, 2013 (First Edition), ISBN: 9788391817056.

Śląski and Gliwice, where prisoners were put on trains for the rest of the evacuation. Only about 2.2 thousand prisoners, from the Laurahütte and Eintrachthütte sub-camps, were transported directly to Mauthausen by train (23 and 24 January 1945).

Around 9 thousand, mostly sick and physically debilitated prisoners were left in Auschwitz, unable to set out on a march. On the basis of the extant documents it is hard to say whether the SS intended to kill them all. They did kill about 300 in Birkenau, mostly Jewish prisoners. They massacred about 400 Jews in several other sub-camps, burning them alive or shooting them. However, the majority of prisoners left in the camps survived, presumably thanks to the fact that discipline slackened in the SS, who made haste to leave Auschwitz.

Around 21 January permanent guards were withdrawn from the camp, which from this time on was guarded only by small SS patrol groups. After the evacuation no more food was issued to inmates left on the site. Their predicament was aggravated by the lack of electricity, water, and fuel for heating. Many of the prisoners, including those suffering from inanition, tried to get food and warm clothing from the camp's warehouses, from which they took food, clothing and blankets. Many now lost their lives – they were either shot by the SS patrols, or they died as a result of eating too much food in one go, which their emaciated bodies could not digest.

At this time some of the inmates, including doctors and nurses, organised aid for the sick and weak. They brought food from the warehouses to the blocks, portioned it out, supplied water, providing hot meals whenever possible; they dispensed medicines and dressed wounds, and cleaned the premises. Persuading some of the prisoners not to eat too much at once turned out to be a serious challenge. Their debilitated bodies were unable to digest an excessive amount of food all at once. This was something many prisoners could not understand and as a result lost their lives on the eve of liberation. The children who had survived, especially those left without parents, were a special concern. They were put in specially selected blocks, where they were given extra food and comforted.

Auschwitz was liberated on 27 January 1945 by Soviet troops; soldiers of the 100<sup>th</sup> Riflemen's Division liberated Monowitz and Birkenau; and the 322<sup>nd</sup> Riflemen's Division liberated the main Auschwitz camp. Around 7 thousand prison-

ers in the three parts of the camp, plus another 500 in its sub-camps, most of them sick and physically debilitated, survived to the day of liberation.<sup>1</sup>

Some of the fitter survivors left the camp on their own, most of them heading for Kraków. Others wandered about the camp, looking for their relatives or at least trying to get information about them. Yet the majority of survivors were in such a bad state that they could not walk on their own and needed medical care. However, at first there were recurrent instances of the tragic incidents that had occurred before liberation. Unaware of the consequences, some of the Soviet soldiers gave prisoners their food rations, which were too large and too heavy for emaciated survivors, many of whom got diarrhoea and died.<sup>2</sup> Survivor Zofia Palińska aka Jankowska, recalls:

They all [the Soviet soldiers] looked at us in a funny way. They couldn't believe we were human and alive. We were more like embalmed mummies. The soldiers saw how emaciated we were, so they started giving away their rations, especially their hardtack and tinned meat. They shared everything they had with us. On orders from their commanding officer they slaughtered a horse and started cooking the meat. Hungry survivors wanted to eat their fill as soon as possible and snatched pieces of meat that were still red and hard, partly raw, and devoured them as fast as they could. We were starving and all that we had had to drink over the past few days was water from melted snow. We behaved like savages, not decent people. Despite the best of intentions, Soviet troops brought about the death of many survivors by providing us with too much food. There were no doctors to warn us not to eat too much food that was hard to digest. After such a long spell of starvation we had to get used to eating. I was saved by the fact that before I got some meat I had had quite a lot of hardtack which made me almost full up, so I couldn't take very much meat. On the same day in the evening or next morning a Soviet army doctor arrived and ordered all the food the soldiers had given us confiscated.<sup>3</sup>

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1 For more on the last days of the camp's existence see Strzelecki, A. 1995, 23–28. English translations are available of other publications by Andrzej Strzelecki on the subject, see Strzelecki, 2001. See also Lachendro, 11–47 (Polish edition).

2 See the accounts by Artur Schönberg in APMA-B Zespół Oświadczenia (Archives of Auschwitz-Birkenau State Museum, Statements Collection), Vol. 6, sheet 905; and Anna Chomicz, Statements Collection, Vol. 75, sheet 14.

3 APMA-B Statements Collection, Vol. 85, sheet 38 Statement by Zofia Palińska née Jankowska.

Soviet doctors arrived in the camp after the first food supplies had been delivered. When they saw what was going on they ordered that only easily digestible foodstuffs, mostly boiled potatoes and cooked cereals, be distributed to prisoners. This reduced but did not entirely stop deaths from diarrhoea. In early February a field hospital providing organised medical aid started operations. Two doctors and a few nurses worked in it. With time, as Soviet troops moved through the area, the military hospitals associated with particular units came and went. A total of four such hospitals operated on former camp premises.<sup>4</sup> The Soviet doctors best remembered by patients and the Polish medical staff were Major Milay, Major Pol-yakov, and Major Margarita Zhilinskaya.

News of the liberation of Auschwitz soon reached Kraków. In late January survivors who managed to reach the city were asking the authorities and a variety of institutions to organise help for those still on the premises of the camp. They included Władysław Glapa, who went to the RGO [*Rada Główna Opiekuńcza* – the Central Welfare Council – the only Polish social organisation the Germans allowed to operate officially during the War – translator’s note]; and medical practitioners: Dr Katarzyna Łaniewska, who contacted the Polish Red Cross, and Dr Jan Grabczyński. He and Adam Kuryłowicz alerted Stanisław Skrzyszewski, plenipotentiary for the Polish government, to the problem. The plenipotentiary gave Grabczyński and Kuryłowicz a car and instructed them to go to Oświęcim and see what the situation was like in the liberated camp and its sub-camps. They found that about 7 thousand people were still there, in need of medical care and requiring the attention of an appropriate number of doctors, nurses and cooks. But the most pressing task was to evacuate the mentally ill and the motherless children. On their return to Kraków they met for consultation with government plenipotentiaries Jan Karol Wende and Stanisław Skrzyszewski, and Dr Mieczysław Bilek, head of the Kraków voivodeship health department. They took a decision to set up a hospital for the survivors on the premises of the former camp, since the hospitals in the city of Kraków were not prepared to admit such a large number of patients. They also decided that Dr Bilek would arrange for 30 beds in the Jagiellonian University’s psychiatric clinic for the mental patients; and would make arrangements with the Polish Red Cross for the care of the parentless children.

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4 Strzelecki, 31.

Acting in co-operation with the local medical chamber, the management of St. Lazarus' Hospital (*Szpital św. Łazarza*) and the University clinics, he was also to collect a medical team to go to the premises of the former camp. Shortly after the meeting Dr Grabczyński and Dr Jan Oszacki left for Oświęcim and returned with three lorries of sedated mental patients who were admitted to the Jagiellonian University Psychiatric Clinic. Next they brought the children, who were taken to the Polish Red Cross station on ulica Sienna, and subsequently to homes in various towns and villages, Katowice, Rabka, Okęcie near Warsaw, and Harbutowice near Kraków. Some of the children were taken in and given foster homes by Polish families from Oświęcim and its environs. After some time some of these children were adopted.<sup>5</sup>

At the next meeting, which was held in the first days of February and attended by Dr Bilek, the head of the medical chamber Dr Jan K. Gołąb, and Dr Józef Bellert, it was announced that the medical team was ready to leave for work on the site of the former camp. Dr Bellert was appointed its head, and his deputy was Dr Grabczyński, who stayed behind in Kraków to coordinate between the government plenipotentiaries and Dr Bellert, and to handle all the matters connected with the Polish Red Cross hospital and the Soviet hospitals.<sup>6</sup>

Earlier Dr Bellert had worked in the Polish Red Cross Hospital attached to the Medical House (*Dom Medyków*). The Germans had moved the staff of this hospital from Warsaw to Kraków after the fall of the Warsaw Uprising (October 1944). At one of the Medical House's staff meetings in late January 1945 Dr Bellert had presented a project to organise medical care for Auschwitz survivors. His project was brought to the attention of the government plenipotentiary J.K. Wende and became a subject for discussions between representatives of the Red Army, the local branch of the Polish Red Cross, and Kraków's medical community. It was decided that Dr Bellert would organise a voluntary team of doctors and nurses and direct their work on the former camp premises. It was also decided that the Soviet authorities would provide the survivors with food supplies.<sup>7</sup>

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5 Strzelecki, 46; Kubica, *passim*.

6 APMA-B, Statements Collection, Vol. 77, sheets 179–182. Statement by Jan Grabczyński.

7 APMA-B, Statements Collection, Vol. 77, sheets 183–185. Statement by Zofia Bellert; Bellert, 1963: 66.

38 persons responded to Dr Bellert's appeal within a few days. On 5 February 1945 they left for Oświęcim, where, in co-operation with the staff of the military hospitals and under the auspices of the Polish Red Cross, they organised permanent medical care for about 4,800 sick survivors in a hospital officially known as *Szpital Obozowy w Oświęcimiu* set up on the site of the former concentration camp.<sup>8</sup> Apart from dispensing medical care, their Soviet partners supplied the hospital with food and medicines. Some of the medicines came from the reserves left by the Germans in the camp. However, after a certain time most of the medicines came from the Kraków branch of the Polish Red Cross.<sup>9</sup> Residents of the city of Oświęcim and places in its environs worked as volunteers and helped with looking after patients, buried those who died, cleaned the blocks and the camp premises, carried water and delivered foodstuffs and medicines. Some of the people of Oświęcim and Brzeszcze set up small hospitals and looked after well over a hundred sick survivors. One of these hospitals provided care for 24 mothers and infants, most of whom had been born in the concentration camp.<sup>10</sup> Other local people even took sick survivors, including several children, into their homes and cared for them until they had fully recovered.<sup>11</sup> The local clergy, along with the Salesian Fathers, the Seraphite Sisters from Oświęcim [nuns of the Polish religious congregation *Congregatio Sororum BMV Addoloratae* – the Congregation of the Sisters of the Blessed Virgin Mary of the Seven Sorrows – translator's note], and nuns from two religious houses in Kraków, Ursulines of the Roman Union, and Sisters of the Most Holy Soul of Christ, dispensed both spiritual care and material assistance.<sup>12</sup> The services rendered by local people for the survivors deserve

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8 APMA-B Zespół Polski Czerwony Krzyż (Polish Red Cross Collection), Vol. 9, sheet 96 – Bellert, J. “Działalność okręgu krakowskiego PCK na terenie obozu śmierci w Oświęcimiu od 6 II 1945 do 1 X 1945.” However, Bellert's data are only approximate, since as he himself wrote, survivors who were not so bad physically moved about between the diverse parts of the camp, which made it difficult to establish their exact number. Perhaps Strzelecki (33) is closer to the mark with over 4,500 patients. Note that both figures, 4,500 and 4,800, are well below the 7,000 survivors quoted above. However, in the 10 days between the camp's liberation and the arrival of the Polish Red Cross volunteers many survivors left, and others died.

9 Strzelecki, 39.

10 APMA-B Polish Red Cross Collection, Akta szpitala w Brzeszczach (Brzeszcze Hospital Records), file 16, sheet 20.

11 Lachendro, 61–65 (Polish edition).

12 APMA-B Statements Collection, Vol. 77, sheets 143–144. Statement by Father Marian Stawarz; Vol. 78, sheets 49–51, statement by Father Stanisław Szlachta; Vol. 78, sheet 56, statement by





Photo 1. | Former Auschwitz I concentration camp. Administrative building used by the SS garrison when the camp was in operation (note the inscription *SS-Standort-Verwaltung* over the entrance). After liberation it housed the administrative offices of the Polish Red Cross Hospital. 1945 photo, received from Nurse Lidia Połofska of the Polish Red Cross Hospital (APMA-B, nr neg. 19 167)

special commendation. We have to bear in mind that they were carried out shortly after combat had ended in the area, at a time of immense problems with the supply of basic necessities such as food, clothing, medicines, and fuel for heating.

Initially patients received treatment in three parts of the former camp premises, the original camp, at Birkenau, and at Monowitz. However, these three areas were quite distant from each other, which made the dispensation of medical care more difficult, in view of the relative paucity of staff available (Soviet, and later Polish Red Cross doctors and nurses). It also impeded the distribution of food and medical supplies. Hence, in mid-February patients started to be brought onto the premises of the former main camp and lodged in several blocks (Nos. 12, 13, 14, 22, 23, 24), which were turned into hospital wards. The conditions there were relatively good, at any rate better than in the wooden barracks at Birkenau and

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Genowefa Przybysz; Vol. 85, sheets 125–126, statement by Sister Samuela Bańka of the Seraphite Sisters; Vol. 129, sheet 129, statement by Sister Aniela Skrzyńska OSU [Order of Saint Ursula]; APMA-B Zespół Wspomnień (Memoirs Collection), Vol. 86, sheets 54–62, recollections of Sister Tacjana Pożarowszczyk OSU. See also Strzelecki, 43, 133–134, 151–154, and 165.

Monowitz, which were difficult to keep warm. For a time sick survivors were also treated in Blocks 9, 10, 16, 17, 20, and 21, in which army hospitals had been set up following liberation.<sup>13</sup>

The largest group of survivors were those who had arrived in Auschwitz in 1944, and therefore had the best chance of survival. The majority of the patients were Jewish survivors. Poles made up another large group; most of them had been deported in the aftermath of the 1944 Warsaw Uprising. But it is difficult to give accurate figures, because the hospital records were inconsistent. Usually what was entered in the documents was a patient's citizenship rather than his or her ethnicity. On this basis we can say that survivors came from over 20 countries, and on 2 February, the first day of registration, Polish citizens made up the largest group (960 survivors), followed by citizens of Hungary (755), France (481), Czechoslovakia (470), Holland (230), Yugoslavia (222), and the Soviet Union (202).<sup>14</sup> There were also about 500 children under 15 of various ethnicities.<sup>15</sup>

In the first fortnight of February there were five doctors attending patients: Drs Józef Bellert, Jan Jodłowski, Jadwiga Magnuszewska, Zdzisław Makomaski, and Jan Perzyński, and two medical students, Józef Grenda and Andrzej Zaorski. There were 28 nurses and paramedics.<sup>16</sup> Initially there were also three persons working in the hospital as administrative and ancillary staff, who helped to look after patients whenever the need arose.<sup>17</sup> In addition there were about 40 medical practitioners among the survivors, and they were invited to help, though not all of them were

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13 Strzelecki, 35.

14 Lachendro, 49–51 (Polish edition).

15 Information from Helena Kubica, a retired historian from the Research Centre of the Auschwitz-Birkenau State Museum, who is conducting a project on what happened to child survivors following the camp's liberation.

16 The first team of nurses was composed of Maria Dobrzycka, Apolonia Gołębiwska, Joanna Jakobi, Zofia Kurkowa, Aleksandra Leopoldowa, Ewa Nowosielska, Jadwiga Piotrowska, Paulina Paluszyńska, Lidia Połomska, Ludmiła Urbanowicz, Krystyna Węglińska, Joanna Weksłowa, and Janina Zawiślak. The matron was Genowefa Przybysz, who came from Warsaw and settled in Kraków after the War. The paramedics were Wanda Andrzejewska, Monika Chrostowska, Jerzy Frydrych, Maria Gajda, Maria Geza, Henryk Godlewski, Stefan Jabłoński, Janusz Koziński, Maria Perzyńska, Janina Stankiewicz, Marian Stępkowski, Antonina Wójcik, Józef Wójcik, and Arkadiusz Zawadzki. APMA-B Polish Red Cross Collection, Bellert, "Działalność," Vol. 9, sheets 92–93.

17 The three administrative staff were Henryk Kodź (chief administrator), Zofia Bellert, and Zofia Węglińska. APMA-B Polish Red Cross Collection, Bellert, "Działalność," Vol. 9, sheets 92–93.



Photo 2. | Former Auschwitz I concentration camp. Staff of the Polish Red Cross Hospital. The man sitting in the front row with a Red Cross armband is Henryk Kodź, the Hospital's administrative manager. Matron Genowefa Przybysz stands second left in the back row, with Dr Józef Bellert, the Hospital's Chief Physician, next to her; Dr Jan Jodłowski is second right. Photo taken in May 1945, received from J. Kapa (APMA-B, nr neg. 21 941–5)

fit enough physically and psychologically to undertake such intensive work, nonetheless they assisted with the medical care and keeping medical records.<sup>18</sup> Staff numbers changed with time, as some left (the first three persons left already on 22 February), while new personnel arrived. Towards the end of February Dr Bellert asked Professor Józef Kostrzewski, who was head of St. Lazarus' Hospital in Kraków, to send some of his assistants to help out in the Polish Red Cross hospital. Professor Kostrzewski sent Drs Kazimierz Gorayski, Antoni Kędracki, Alojzy Kozaczekiewicz, Zdzisław Okoński, Alojzy Pawlak, Leszek Lamy Pierre, Bolesław Urbański, Bolesław Wilkoń, Lechosław Ziemiański, and a few nurses.<sup>19</sup> On 1 August 1945 Dr Bellert was appointed head of St. Lazarus' Hospital. Dr Jodłowski was appointed head of the hospital at Oświęcim, and he remained in this post until the hospital was closed down. For the entire period of the hospital's operations, from early February until the end of September 1945, a total of 21 doctors and 49 registered nurses,

18 APMA-B Polish Red Cross Collection, Bellert, "Działalność," Vol. 9, sheet 88; Bellert, 1963: 68.

19 Bellert, 1963: 67. For a full list of the doctors, nurses and paramedics see Strzelecki, 70–71.



Photo 3. | Doctors who survived Auschwitz and after liberation worked in the hospitals set up on the site of the former concentration camp. Left to right: Geza Mansfeld, pharmacologist and professor of Pecs University; Bruno Fischer, psychiatrist and professor of Prague University; Henri Limousin, pathologist and professor of Clermont Ferrand University; and Berthold Epstein, paediatrician and professor of Prague University and later of Oslo University. Photo by B. Borysov, from an album by F. Bryzhyn, chief forensic expert for the First Ukrainian Front, March 1945, presented by the Military Medical Museum of the Ministry of Defence of the Russian Federation, St. Petersburg (APMA-B, nr neg. 21 958-14)

40 paramedics, 16 nuns, and 6 cooks worked in it.<sup>20</sup>

The staff were paid a small salary: 1,500 zł for the doctors, 450–1,100 zł for the nurses, and 450-900 zł for the paramedics.<sup>21</sup> The running of the Polish Red Cross hospital for Auschwitz survivors was financed by Leszczyński, who was the commissioner for the care of survivors and remitted the required funds to the Kraków branch of the Polish Red Cross, which in turn supplemented this money from its own resources and supplied the hospital with medicines and some foodstuffs, sent new medical staff and paid for patients' correspondence.<sup>22</sup>

Some of the doctors who had survived Auschwitz showed the utmost loyalty to their profession and dedication to patients. They were perfectly free to leave, but instead decided to stay and treat those in need of care. They included top specialists, such as the paediatrician Professor Berthold

20 APMA-B Polish Red Cross Collection, Bellert, "Działalność," Vol. 9, sheet 87.

21 APMA-B Polish Red Cross Collection, Bellert, "Działalność," Vol. 9, sheet 89. Dr Bellert (1963: 69) also recorded that although they were paid a meagre salary, the doctors spent part of their income on extra food for survivors. The nutrients in the rations were badly balanced, there were insufficient amounts of fats, fresh vegetables, milk, flour, and sugar, and additional quantities of these products (eggs for the severely ill, cheese, fruit, and sweets) were purchased with money from the private resources of the Polish Red Cross doctors working in the hospital on the site of the former camp. The doctors also had food sent to them by their families in Kraków, and they shared it with patients in need of extra protein (1963: 66).

22 Bellert, 1963: 69.

Epstein from the University of Prague, the psychiatrist Professor Bruno Fischer also from Prague, the pharmacologist Professor Geza Mansfeld from the University of Pecs (Hungary), and the anatomopathologist Professor Henri Limousin of the University of Clermont-Ferrand. There were also other medical practitioners – Drs Jakub Gordon, Irena Konieczna, Mor Kreinik, Sara Marinette, Arkadiy Mostovoy, Alicja Piotrowska-Przeworska, Tibor Villanyi, Otto Wolken, and Jakub Wolman – perhaps not such well-known names in their profession, but certainly well-remembered by the survivors they cared for.<sup>23</sup> Finally there were also survivors who stayed and worked as nurses, paramedics and laboratory assistants in the Polish Red Cross hospital, or helped with the administrative and cleaning duties. According to Dr Strzelecki's findings there were at least 51 such individuals.<sup>24</sup> Many of the survivors left written testimonials to the dedication and commitment of the hospital's staff.

Terezie Freundova-Jírová from Czechoslovakia recalled:

Everything around us was so depressing that we did not want to wait for help any longer. When the Red Cross nurses saw us they were amazed how miserable we were. They got down busily to their task, which called for a lot of self-sacrifice. That was because some of the sick women had been lying completely debilitated for whole days with no care at all, in their excrement and in an unimaginable condition. The nurses put them in new beds, washed them, and got food and medications for them.<sup>25</sup>

The medical staff had to cope with a multitude of problems, which made care even more difficult, especially in the initial period. The biggest obstacle was the huge amount of dirt in the blocks. So the first thing the carers, along with the Polish Red Cross volunteers from Brzeszcze, had to do, was to clean the premises, many of which were full of excrement from patients suffering from diarrhoea.

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23 A full list is provided by Strzelecki, 73–74. It was not until May that the doctors who were survivors and worked in the hospital were paid a day-rate. These doctors were: Ewald Alschoff, Lejzor Epstein, Alfred Galewski, Jakub Gordon, Barbara Katz, Irena Konieczna, Sara Marinette, Adolf Metz, Arkadiy Mostovoy, Samuel Steinberg, Paulina Szpołańska, and Jakub Wolman. A day-rate started to be paid out to the ancillary staff as well: nurses Zofia Klimkiewicz, Zinaida Nunberg, Sabina Sandermann, and paramedics Jacques Freidynier and Herman Kugelmann. APMA-B Polish Red Cross Collection, Bellert, "Działalność," Vol. 9, sheet 104.

24 Strzelecki, 74.

25 APMA-B Memoirs Collection, Vol. 22, sheet 80. See also APMA-B Statements Collection, Vol. 85, sheet 32, statement by Zofia Palińska née Jankowska.

They had to wash the patients and change the beds, which was not easy in view of the shortage of running water and clean linen. They brought in water on trucks from the River Soła, carried it in from fire-tanks, or used melted snow. They disposed of very soiled blankets, giving patients clean ones from the camp stores or left by the deceased. At first there was a severe shortfall of medicines which could not be made up for by the supplies coming in from the Polish Red Cross branch in Kraków, from the Soviet medical staff, and resources discovered in the camp. It was not until the spring that dispatches arriving from Kraków improved the situation.

The habits survivors had developed in the camp were a serious problem for the staff. For example, some would stand to attention or give a low bow whenever doctors wearing white coats came in. Many hid food away in their bedding, unable to believe that there would be no more shortages. That is also why whenever the soup pots arrived they would madly rush to get their portion and gulp it down as fast as they could. The staff tried to get them used to eating their soup without all the excitement, starting with a small amount and gradually increasing the portion. Some survivors would fly into a panic at the word “bathhouse,” or if they saw syringes being made ready for an injection. These things were associated with the death selections for the gas chamber or a lethal phenol jab, which had been carried out in the concentration camp. Injections were a big problem for another reason as well: most of the patients were suffering from wasted muscles. Some patients were distrustful about the medications which were administered to them, and it took a lot of patience and persuasion to get them to take their pills. Another obstacle to proper treatment was the fact that patients came from many countries and spoke different languages, and on many occasions doctors and nurses had to use the services of two interpreters.<sup>26</sup> Other tremendous problems were the overcrowded wards and the excessive amount of work the staff had to cope with. Initially at Birkenau just a few doctors and 12 nurses had to treat over 2,000 patients, in other words there were nearly 200 patients for every nurse. To carry out all their duties they had to work over twelve hours a day.<sup>27</sup> All of these circumstances may

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26 APMA-B Statements Collection, Vol. 75, sheet 250, statement by Lidia Połonińska; Vol. 77, sheets 148–149, statement by Joanna Jakobi; Vol. 78, sheets 54–55, statement by Genowefa Przybysz; Vol. 74, sheet 177, statement by Maria Rogoż, and Vol. 70, sheets 211–212, statement by Andrzej Zaorski. Grenda, J., 223.

27 Strzelecki, 37.





Photo 4. | Former Auschwitz I concentration camp. A ward in one of the hospital blocks, with Polish Red Cross hospital staff and the nuns who were carers in the centre. Photo by S. Mucha, for the Extraordinary State Commission of the Soviet Union for the Investigation of the Crimes of the German Fascist Aggressors, February or March 1945 (APMA-B, nr neg. 802)

well have contributed to the high mortality rate among survivors in the initial period. At least 500 patients died over the whole period of the hospitals' operations, and most of the deaths occurred in February and March.<sup>28</sup>

It was not until several months later that conditions improved. Patients had clean bed linen and single beds, and the hospital was divided up into wards: an infectious disease ward mostly with tuberculosis patients, an internal diseases ward with the majority of patients suffering from cardiac and joint disorders, a surgical ward, and a women's ward with patients suffering from neurological and psychiatric disorders. Each of the wards had one or a couple of rooms. One doctor was responsible for one or a few rooms, whereas earlier there had been patients with a variety of diseases in the same room fitted out with triple bunk beds.<sup>29</sup> The changes in the hospital's organisation together with the improvement in the supply of food and medicines made treatment more effective and brought the mortality rate down.

28 According to Strzelecki (43) there were at least 500 deaths, but not more than 1,000.

29 APMA-B Statements Collection, Vol. 74, sheet 150, statement by Jan Szcześniak.

As Dr Bellert recalled:

The Polish doctors, most of them assistants from St. Lazarus' Hospital and the university clinics in Kraków, were deeply committed to their work and put their knowledge and extensive experience at the service of the patients. All the patients were X-rayed ... and all of them had blood and urine tests done etc. ... Records of patients' progress and temperature charts were kept very diligently. Every patient had to have an entry for his condition made in his medical card every day [underlined by Dr Bellert]. Tuberculosis patients received artificial pneumothorax treatment on orders from the phthisiatrists, Drs Urbański and Makomaski, and had special record books bound in linen, with which they left the hospital for France, Belgium, Yugoslavia etc.<sup>30</sup>

About 80% of the patients suffered from alimentary dystrophy, viz. the body wasting away due to starvation disease. The symptoms were loss of their adipose and muscle tissue, a large weight loss (the average weight of adult survivors was 25–35 kg, viz. 55–77 lb), dry, sallow skin, and suppurating fistulas all over their bodies.<sup>31</sup> Many patients were so debilitated that they could not sit up unless a nurse helped them. Patients also had respiratory diseases, especially tuberculosis, as well as pneumonia, pleurisy, and bronchitis. Many required surgery owing to injuries sustained in the concentration camp, or frostbite of the limbs bringing on gangrene and necrosis, and leading to exposed bone tissue. There were also scores of patients with typhoid fever and others suffering from psychiatric or nervous disorders. Many patients had multiple diseases, which made treatment much harder.<sup>32</sup>

The medical records made by the Polish and Soviet doctors' commissions conducting an inquiry into the atrocities the Germans had committed in Auschwitz contain numerous reports on survivors' diseases. Betty Spinoza, a Jewish woman deported from Holland in mid-1944, was suffering from third-degree alimentary dystrophy and tuberculosis. Four months after liberation she weighed just 23 kg (50 lb); her height was 155 cm (5 feet 2 inches). She had lost 20 kg (44 lb). Margarete Kantor, a Jewish woman deported from Belgium in April 1944, was suffering from third-degree alimentary dystrophy and had a phlegmon (an area of acute inflamma-

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30 APMA-B Polish Red Cross Collection, Bellert, "Działalność," Vol. 9, sheet 88.

31 Strzelecki, 33.

32 Bellert, 1963: 68; Lachendro, 51, and 73-78 (Polish edition).



tion) on the forearm which developed after she had been badly beaten. She was 168 cm (5 feet 7 inches) tall and on liberation weighed 35 kg (77 lb). She had lost 25 kg (55 lb). Cilli Appel, a Jewish woman deported from Hungary in the spring of 1944, had frostbite on both feet, had lost both her big toes, and the rest of her toes had become deformed and were permanently bent. She had developed this condition when she was working out of doors without the proper shoes. Max Alexander, a Jew deported from Slovakia in early November 1944, was suffering from third-degree alimentary dystrophy, cardiac atrophy, and emphysema.<sup>33</sup>

Similar information is to be found in the reports of the Soviet investigating commission. Simon Apel, a Rumanian Jew aged 22 deported to Auschwitz in May 1944, was suffering from third-degree alimentary dystrophy and had oedemas on his feet.

Josef Hajman, a Jewish boy of four from Slovakia who had arrived in Auschwitz in early November 1944, was suffering from third-degree alimentary dystrophy and scurvy, and had an internal haemorrhage; he died on 30 March 1945. Judith Rosenbaum, a Jewish girl of ten from Hungary who had arrived in Auschwitz in June 1944, was suffering from second-degree alimentary dystrophy and second-degree frostbite.<sup>34</sup> Eli Bekri (Elie Bacry), a Jew aged 18 from France who had been deported



Photo 5. | Forearm of Margarete Kantor, aged 36, a Jewish woman from Belgium deported to Auschwitz in April 1944. She was suffering from third-degree alimentary dystrophy, and developed a phlegmon on her right forearm after she was beaten up. Photo by S. Łuczko, taken in the Polish Red Cross Hospital during an inspection carried out by members of the Regional Commission for the Investigation of German Crimes in Poland, May 1945 (APMA-B, nr neg. 21 334-17a)

33 APMA-B Zespół Proces Hössa (Höss Trial Collection), Vol. 9, sheets 5–9.

34 APMA-B Inne Zespoły (Other Collections) 1 / 2, Vol. 8, sheets 4, 9, and 10.



Photo 6. | Judith Rosenbaum, a Jewish girl aged 10, deported to Auschwitz from Hungary in June 1944. In the camp she developed second-degree alimentary dystrophy and second-degree frostbite. Photo taken during an examination of survivors conducted by doctors from the Extraordinary State Commission of the Soviet Union for the Investigation of the Crimes of the German Fascist Aggressors, February – March 1945. Reproduction from an album presented by the Central Archives of the Soviet Union (APMA-B, nr neg. 20427)

to Auschwitz in May 1944, was suffering from third-degree alimentary dystrophy and pulmonary tuberculosis.<sup>35</sup> Two other medical records in the extant collection give information on two Jewish women, Rosa Rosenthal, aged 33, who arrived in Auschwitz in June 1944, and Eva Mühlrad from Hungary, aged 20, deported in July 1944. Both were diagnosed with third-degree alimentary dystrophy. Eva also had bilateral effusion from the pleural cavities, starvation oedemas, and bedsores.<sup>36</sup>

The patients in need of specialist treatment, and that meant just about all the people I've mentioned, were gradually being relocated to hospitals in Kraków, St. Lazarus' (*Państwowy Szpital im. Św. Łazarza*), the municipal tuberculosis hospital (*Miejski Zakład Sanitarny dla Chorych na Gruźlicę*), and the Jagiellonian University Psychiatric Clinic on ulica Kopernika,<sup>37</sup> where they were given compassionate care. Wacław Zieliński, one of the survivors,

published a notice expressing his own and his colleagues' gratitude in *Wolni Ludzie*, a local magazine. In his thank-you letter he named the staff of St. Lazarus' Hospital: Anna Nowakowska, Hanna Budlarz, Izabella De Feisseyre, Halina and Wanda

35 APMA-B Other Collections 1 / 3, sheet 21.

36 APMA-B Polish Red Cross Collection, PCK 17, sheets 1 ff.

37 APMA-B Polish Red Cross Collection, Bellert, "Działalność," sheet 87. APMA-B Statements Collection, statement by J. Grabczyński, Vol. 77, sheets 180–181.

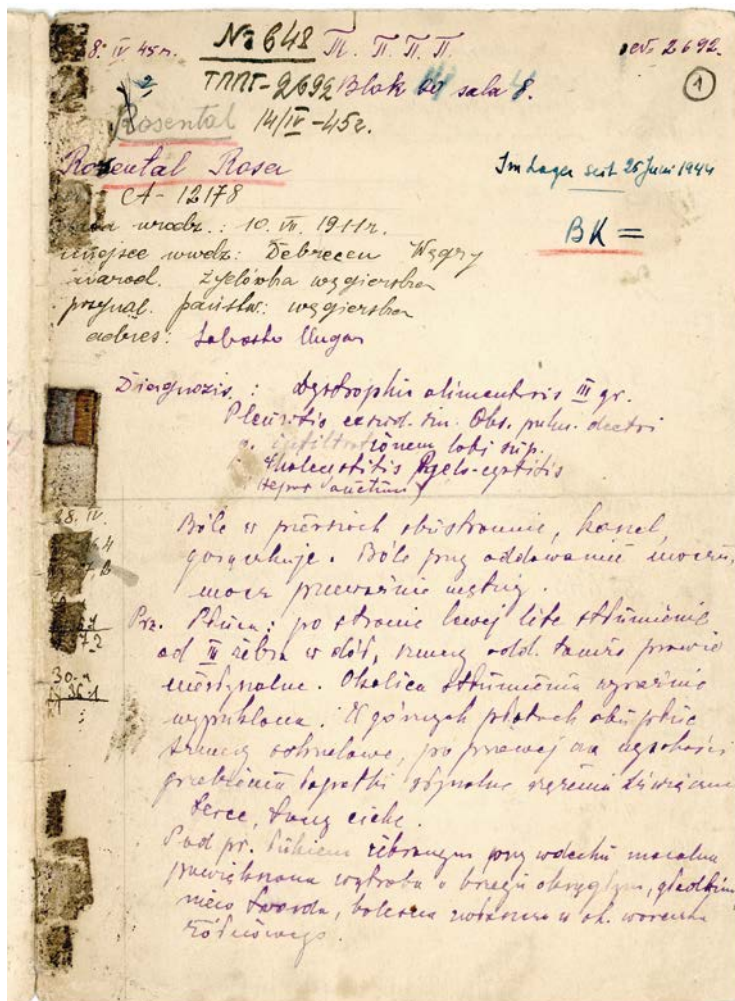


Photo 7. | Page one of the medical record of Rosa Rosenthal, aged 33, deported to Auschwitz in June 1944. She was diagnosed with third-degree dystrophy. APMA-B, Polish Red Cross Collection, Vol. 17, sheet 1

Mikuła, and the wife and daughter (no first names given) of Otmar Kwieciński. It reads as follows:

By their assistance, provision of extra food, and truly loving care they helped a group of Auschwitz survivors recover from the serious illnesses contracted in the concentration camp, and made the last moments of life sweeter after the hell of Auschwitz for those who died. The memory of these fine and extremely civic deeds will remain forever in the hearts

of grateful Auschwitz survivors, who will know that they were accomplished by some of the best Polish ladies and citizens.<sup>38</sup>

In June 1945, in view of the decreasing numbers of patients, and also due to the fact that some of the blocks on the premises of the main camp had been assigned for the detention of German prisoners-of-war, there was a reduction in the area allocated to the hospital. From June until the end of September it occupied just three blocks beyond the fence of the former camp (the old administrative block, the commandant's block, and the old SS hospital), and four barracks close by. In the summer the Polish Red Cross hospital took over all the duties of the military hospitals, which moved to the city of Oświęcim, and on 1 October 1945 it was closed down. Its last patients were taken to hospitals in Kraków.<sup>39</sup>

Some of the diseases, or rather combinations of diseases which survivors were suffering from, were a novelty for the doctors from the Polish Red Cross, and sometimes for the Soviet physicians as well, something that they had never seen before in their practice. The disease which caused the biggest problems was starvation sickness, which had only been observed before by Jewish doctors in the Warsaw ghetto, though some of the Soviet doctors may have seen it too.<sup>40</sup>

As I have already said, a major problem for survivors in the first days after liberation was diarrhoea caused by the intake of food in amounts that were too much for their emaciated bodies to digest. Józef Grenda, one of the volunteers who arrived in early February, left the following record:

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38 "Podziękowania," *Wolni Ludzie* 2 (15 Jan. 1948), 11. Wacław Zieliński also thanked three Polish Red Cross nurses from Oświęcim, Michalina Prokopowicz, Barbara Woźna, and Janina Giżycka, who were "the first to come to the aid of the survivors of Auschwitz-Birkenau after Soviet troops entered the camp. By their unstinting, self-sacrificing work and loving care they saved not only my life, but also the lives of many very sick survivors. They bought the medicines and food we needed, paying for it out of their own pockets and looking after us most compassionately."

39 Strzelecki, 47.

40 This is suggested by the comparison of the starvation sickness suffered by Auschwitz survivors with the disease that afflicted the people of Leningrad when the city was besieged by German forces, as reported in the protocol drawn up by the *Główna Komisja Badania Zbrodni Niemieckich w Polsce* (Main Commission for the Investigation of German Crimes in Poland) in outcome of the visitation of the Polish Red Cross Hospital, 11–15 May 1945; APMA-B Zespół Proces Hössa (Höss Trial Collection), Vol. 9, sheet 2.

I was still a medical student at the time, but there were experienced doctors around me who had not been expecting such conditions at all. Despite the difficult wartime experiences, the medical profession had not developed any standards for treatment in such cases, since this was the first time doctors were observing something like this. ... We had to cope with it. ... As I have said, the principal cause of death was the dramatic rate of dehydration. I applied phenyl salicylate with medicinal charcoal and tannalbin. The doses differed very much from what was prescribed by pharmacology. I administered three daily doses of three tablets of phenyl salicylate, three tablets of charcoal, and three of tannalbin. The next few days brought me joy. The diarrhoea stopped. ... I told one of the doctors what I had found. I sensed that he took my remarks as bragging. Nonetheless, I continued to apply this treatment.<sup>41</sup>

Dr Bolesław Urbański left the following description of his experience of treating survivors:

[One of the women patients] had third-degree starvation sickness, bilateral pleural exudate effusion, starvation swellings, and bedsores. After the inception of intensive treatment and nourishment the pleural effusion started to go up to the level of the second rib, but receded after the second month. ... One of the characteristic symptoms was the fact that in the initial phase of intensive nutrification, especially with foodstuffs containing protein, there was an apparent aggravation of pathological symptoms, which must certainly have been related to the rise in the body's defences in the first phase. In many cases of starvation sickness with extensive tubercular complications there was no fever reaction (body temperature was not observed to rise), which can be explained by a drop in the body's immune power.<sup>42</sup>

Another member of the staff, Andrzej Zaorski, who was still a medical student at the time, wrote about the hospital's surgical problems:

The cases of frostbite were terrible as well. I was working in surgery at the time and had to treat those patients. The treatment consisted of amputating fingers and especially toes which had been affected by frostbite and necrosis. Sometimes the right anaesthetics were not available for the operation.<sup>43</sup>

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41 Grenda, 223.

42 APMA-B Statements Collection, Vol. 74, sheets 15–16, statement by B. Urbański.

43 APMA-B Statements Collection, Vol. 70, sheet 210, statement by A. Zaorski.

The diseases which could be observed in the hospital encouraged some of the doctors to embark on scientific research. Major Zhilinskaya, the head of one of the field hospitals, held meetings every week, at which Soviet and Polish doctors, as well as the doctors who were survivors delivered scientific papers in Russian or German to their colleagues. They presented a variety of cases, especially of starvation sickness and tuberculosis, which were then discussed by the others attending the meeting.<sup>44</sup> Jan Jodłowski, one of the Polish Red Cross doctors, collected a set of case studies on starvation sickness which he later used in his doctoral dissertation.<sup>45</sup> Later he continued his research beyond the narrow confines of the consequences of starvation sickness. In 1947 he published two papers in which he distinguished between starvation sickness proper and concentration camp debilitation, which he classified as a separate disease.<sup>46</sup> Apart from Dr Jodłowski there were other physicians who conducted research in this field: Dr Janina Kowalczykowa, an Auschwitz survivor, and Dr Bolesław Urbański, a member of the Polish Red Cross hospital staff who published several papers on the subject in the first few years after the War. Four of his papers are in the volume of proceedings of the first post-war congress of Polish physicians of internal medicine, *Pamiętnik XIV Zjazdu Towarzystwa Internistów Polskich we Wrocławiu w roku 1947*, which focused on penicillin in the treatment of internal diseases and starvation sickness. As Andrzej Strzelecki observed, the papers published by these physicians made a pioneering contribution to the large-scale research projects conducted in Poland on the state of health of concentration camp survivors.<sup>47</sup> The results of this research were later published, largely in the specialist medical journal *Przegląd Lekarski – Oświęcim* on the health of Auschwitz survivors.

Most of the survivors were discharged from the field hospitals and the Polish Red Cross hospital within 3–4 months of liberation. Some made their own way home, others used transport services provided by Red Army soldiers. Scores of these transports were dispatched between mid-February and July. Survivors who

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44 APMA-B Statements Collection, Vol. 74, sheet 13, statement by B. Urbański; APMA-B Polish Red Cross Collection, Bellert, "Działalność," Vol. 9, sheet 104.

45 APMA-B Statements Collection, Vol. 74, sheets 174–177, statement by M. Rogoż.

46 Jankowski, 192.

47 Strzelecki, 41.



came from places outside Poland were taken to collecting centres in Kraków, Katowice and Bielsko, and from there to Western Europe via resettlement camps in Ukraine and Belarus. In the spring a few score survivors sailed from Odessa for Marseilles, and in the autumn, after all combat had ceased, another group travelled by train to Western Europe via Rumania, Hungary, and Austria.<sup>48</sup> Moreover, missions from Belgium, Czechoslovakia, France, Rumania, and Hungary came to the former camp to evacuate their citizens. All who left were issued testimonials in Polish and Russian confirming that they were Auschwitz survivors and giving the length of time they had spent in the camp. These testimonials were their only identity documents, entitling them to claim assistance from the military and civilian authorities on their journey home. Clothing and underwear, and a 3–5 day supply of food, consisting of bread, lard or margarine, sugar, and cooked meats, was issued to survivors leaving the hospital, and some of them received small sums of money.<sup>49</sup> The Kraków branch of the Polish Red Cross, local charity organisations and welfare authorities, and the Soviet military dispensed other kinds of assistance to survivors, such as putting them up for the night or making arrangements for medical treatment, providing food and small monetary subsidies for their journey home, and passing on information about their families.

To sum up, let me recapitulate that in the first days of February 1945 a team of Polish Red Cross volunteers set up a hospital on the premises of the former Auschwitz concentration camp, where in extremely difficult conditions they cared and provided medical treatment for survivors. This hospital functioned until the end of September, and catered for a total number of 4,500–4,800 patients. Some of these patients died, but the overwhelming majority were saved thanks to the exceptional dedication of the medical staff, and could return to their countries.

As Dr Bellert wrote,

Our doctors, most of them assistant physicians from St. Lazarus' Hospital and with considerable clinical experience, enthusiastically offered their work and professional skills. I

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48 More on this in Strzelecki, 44–46.

49 After APMA-B Polish Red Cross Collection, Vol. 9, sheet 89; APMA-B Polish Red Cross Collection, Bellert, “Działalność,” sheet 89; ABMA-B Statements Collection, Vol. 75, sheets 18–19, statement by A. Łuszczewska-Chomicz.

should also mention the work of our nurses, who alongside their nursing services, voluntarily did chores like bringing water, disposing of waste, scrubbing the floors in the patients' barracks, and washing linen. Today when we recall those months of work on the premises of the horrific camp that was hell itself, we realise that we were very much needed there.<sup>50</sup>

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50 Bellert, 1963: 69.



# The ethical implications of Nazi medicine for current medical practice, healthcare policy and human rights endeavors

Stacy Gallin

**T**he focus of my lecture will be to raise awareness about the topic of medicine, ethics and the Holocaust, to emphasize the importance of the scholarly presentations regarding the history of the Holocaust and the necessity of creating accurate resources on this topic moving forward that we can use to disseminate this knowledge to the next generation. Only by accurately retelling the stories of those who perished during the Holocaust can we ensure that their memories are not forgotten and that we can use the lessons of history to impact the future.

I am here because I founded an organization called the Maimonides Institute for Medicine, Ethics and the Holocaust. Our mission is to explore the ethical implications of the medical transgressions that took place during the Holocaust for modern scientific theory, medical practice, health care policy and human right endeavors. Our goal is simple: remember the past; protect the future. We believe that

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Photo 1. The defendants' dock and members of the defense council during the Doctors' Trial. Nuremberg, Germany Dec. 9, 1946 – Aug. 20, 1947. Archives of the United States Holocaust Memorial Museum

using the Holocaust as the historical framework for understanding current issues in society is the best way to both remember the past and also protect the future.

Why is it important to study the Holocaust, specifically as it pertains to medical ethics? The Holocaust is the only example of medically sanctioned genocide in history. What do I mean when I say that? Social issues were transformed into medical problems. People were labeled as physically, mentally or racially inferior based on the idea of scientific or medical evidence. We now think of eugenics as being a pseudoscience, but it's very important to understand that at the beginning of the 20<sup>th</sup> century that is not how it was seen. The rise of eugenics throughout the world and the idea of bettering society by improving human heredity was an internationally accepted scientific theory. Science would determine who was worthy of living and who should die, and medicine would then be responsible for carrying out those death sentences.

German eugenics, in particular, took this in a very purposeful direction. Individuals were viewed as parts of a whole. They were productive members of society only if they could benefit the German nation, the *Volk*, which was seen as a living, breathing organism with its own health and well-being. There is a very important paradigm shift that takes place here. Rather than caring for the individual as doctors had been trained to do dating back to the Hippocratic Oath, instead the role of physicians shifted, and they became responsible for caring for society. This fundamental change in perspective is very important in order to understand everything that happened next and how something like the Holocaust could take place.

German eugenics was built on the utilitarian perspective that individual rights were not important and should be subverted in favor of what is best for society. Social problems became biological or medical problems. Eugenics was used as the scientific, medical justification for carrying out the Nazi political goals. There was a merger that is very important to understand between medicine, on the one hand, and politics, on the other hand, that came together to create the Biological State. The politicization of medicine was used as a way to create public health measures and enact public policies that were not in keeping with what was in the best interest of the individual, but with what was perceived to be in the best interest of society. Abortion as a public health measure was one step further than the individual cases of forced sterilization that were taking place in the United States where Hitler looked for inspiration. Some of the Nazi propaganda shows



Photo 2. | In Nazi Germany abortions were illegal for all healthy Aryan women, but were enforced for eugenic reasons on other women. Robert Proctor (1988). *Racial Hygiene: Medicine Under the Nazis*. Reproduced with permission from Tessa Chelouche, MD

that abortions were illegal for all healthy Aryan women but were enforced for eugenic reasons on women considered to be “unfit.”

Medical experimentation is probably the most well-known example of the abrogation of medical ethics that occurred during the Holocaust. Doctors performed many different types of medical experiments with the goal of obtaining information that could be used – again not to treat the individual person, but to advance science, medicine, the military and society. Concentration camps were a unique opportunity to access human subjects for research purposes without any legal or ethical boundaries. Obviously, no informed consent was sought out or obtained. Many people question whether it is even possible to call what took place in the concentration camps “medical experiments” or whether they would be more accurately classified as torture. While judging by today’s standards the latter would appear to be the more applicable description, the patients being experimented on were seen as “less than human” so any type of ethical research codes of conduct would not apply.

While many people are familiar with the role of physicians in medical experimentation, the participation of the medical community extended well beyond that one area. There was a systematic, comprehensive participation of the medical community that included:

- providing scientific justification for public policy measures,
- enforcing public policies through hereditary health courts,
- deciding which children would live or die based on nothing but a questionnaire,
- injecting lethal doses of medication into handicapped children and adults,
- falsifying death certificates,
- selecting who would be sent to an immediate death and who would be forced into labor on the ramps of concentration camps,
- performing torturous “medical experiments” in the name of scientific progress,
- operating the gas chambers that killed millions of innocent victims.

What happened when we, as an international community, found out about the abrogation of ethics that took place during the Holocaust? We created the Nuremberg Code, which consists of ten characteristics for acceptable research involving humans. The first principle, which was obviously a direct result of learning about what had taken place during the Holocaust, stated, “The voluntary con-

sent of the human subject is absolutely essential.” The Nuremberg Code was seen by many as being the birth of modern bioethics. It placed autonomy above all other principles, but it was problematic because it did not address those who could not give voluntary informed consent. As medical science continues to advance, the issue of how to protect vulnerable populations without restricting their right to emerging medical technology remains problematic. The core debate revolves around ensuring the protection of human dignity in all people regardless of these advances in medical science, yet the question that we seem to constantly return to is, just because we can, does that mean we should?

We have the capability now of doing things that were unimaginable just ten years ago and ten years from now we will have the ability to do even more. Does that necessarily mean that we should? There is a difference between what is possible and what is ethical and what is legal. Above all else we are always going to continue to advance – we need to continue to advance – but we need to respect and protect the individual patients, the people. “They too asked and answered the question, ‘Who shall live and who shall die? And who belongs to the community entitled to our protection?’ Then and now, the subject at hand is killing and letting die, and helping to die, and using the dead. Then and now, the goal is to produce healthier human beings and, perhaps, a better quality of human being.” (Neuhaus, 216). These are the bioethical issues that we are facing now.

There are four major areas within current bioethics that can be viewed using the Holocaust as the historical framework: beginning of life care, end of life care, human subject research and human rights efforts.

The Human Genome Project was created in 1990 with the intention of discovering the cause of disease, determining treatment, and potentially finding a cure. Those are good motivations. However, there are possible negative outcomes of choosing the qualities society deems favorable for future generations. How do we make sure that the practical application remains ethical?

Stem cell research raises questions about human rights, ethical principles, and the use of evidence-based scientific facts as opposed to the politicization of medicine. On March 9, 2009, President Obama gave a speech in which he reversed a 2001 Executive Order that limited federal funding for stem cell research. In his speech, President Obama promised to “make scientific decision based on facts, not ideology.” We all need to be doing that, however often times in bioethical debates

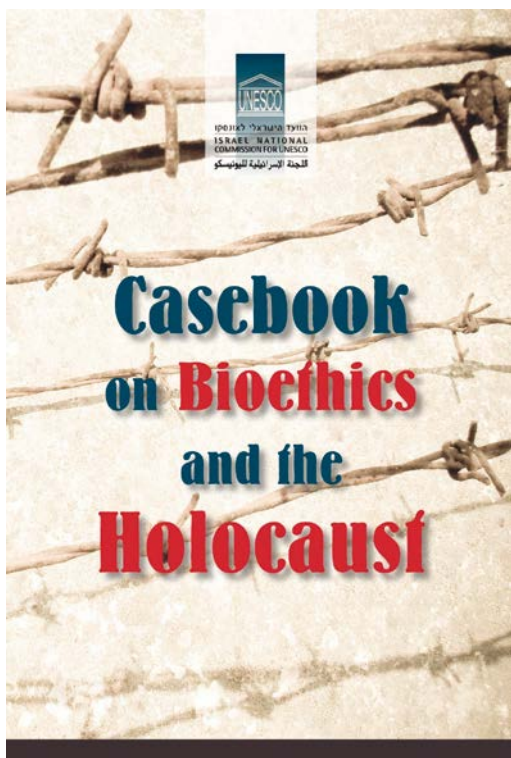


Photo 3. | *Casebook on Bioethics and the Holocaust*, Tessa Chelouche, Geoffrey Brahmer, Susan Benedict, University of Haifa

where, by definition, there is a lack of black-and-white answers, political motivations can supersede scientific or medical efforts.

CRISPR (Clustered Regularly Interspaced Short Palindromic Repeats) is a tool that enables scientists to target a specific area of a gene and work “like the search and replace function in Microsoft Word to remove a section and insert the correct sequence” (Berg, 2017). There is great potential here. There is great possibility to heal, but there is also great possibility to abuse this tool. How do we regulate and enforce its use?

Medical genetics and genetic engineering are fields that have gained a lot of attention due to the rising popularity of Do-It-Your-

self kits like 23andMe which promise to sequence one’s DNA and provide a comprehensive individualized genetic report. What is the proper use of this type of kit? What about genetic testing? Who determines what is a “proper use?” How will the data we obtain from genetic testing be used, and how should it be used? Is this a personal choice or a societal choice? Should there be governmental regulations to ensure the proper use of this medical technology? These are not easy questions. They are not black and white, they require accurate information, an understanding of history and how history impacts these current issues and, ideally, a forum for discussion regarding these issues.

End of life care is another bioethical issue that is important to address. In the United States, euthanasia is illegal, however physician-assisted suicide continues to gain support in a growing number of states. This means that doctors in certain states can prescribe medications for mentally competent, terminally ill patients



18 and over but cannot administer this medication. This is largely based on the fear that the participation in the death of a patient can lead to indifference about the value of human life. In Europe, as of May 2018, physician-assisted suicide is permissible in a limited number of countries, while both euthanasia and physician-assisted suicide are legal in Belgium, the Netherlands and Luxembourg. This creates ethical concerns about whether physicians who took an oath to heal should be allowed to kill. Should there be universal requirements? What kind? Who decides? This raises questions regarding the concepts of vulnerability, informed consent, the rights of children and the terminally ill, and whether or not these countries will become destination sites for people from other countries looking to have access to euthanasia.

After the horrendous acts of torture perpetrated at the hands of Nazi medicine were uncovered, the rest of the world was quick to distance themselves from what took place in Germany during the Holocaust. However, we know that the United States continued to be involved in multiple unethical research projects and human rights abuses including the Tuskegee Syphilis Experiment, the Willowbrook Study, and the Jewish Chronic Disease Hospital Study well after the publication of the Nuremberg Code. Even today, we continue to struggle with unethical medical practices and inequitable treatment of vulnerable populations throughout the world. For this reason, the study of medicine during and after the Holocaust is essential.

Medical technology will continue to advance, and the treatment of the individual will continue to define us as a society. How do we ensure a balance between scientific advancement and human dignity? The Holocaust is the only example of medically sanctioned genocide, which makes it a very valuable historical teaching resource. However, we also need to find ways to draw relevance between the Holocaust as a historical event and current issues in health, bioethics and human rights. This is not to say that what is happening today is the same as what took place during World War II. It is not. We must use caution when making any type of comparison out of respect for the uniquely horrific nature of the Holocaust. The key is balance. We need to strike a balance in our conversation between then and now. We must strike a balance between the Holocaust as an essential component of Jewish history, and an equally important part of medical history and, I would argue, human history. We all have a responsibility to learn about this because if we don't we are doomed to repeat our past mistakes.

Science and ethics are not objective, distinct entities. They exist within the context of political, societal, cultural, religious and economic settings. The healthcare profession is not immune to the abuse of power and, in fact, has a tremendous responsibility because of the amount of power placed in their hands. We have seen Nazi physicians abandon their responsibility to the individual patient in favor of a perceived duty to the nation and to advance societal progress. Science and medicine will and must continue to advance, but it is our responsibility to remain vigilant in order to ensure that the rights of the patient are respected and protected. We must remain committed to preserving dignity and equality in health care. Only by remembering the past can we protect the future.

## PLEDGE TO PRESERVE HUMAN DIGNITY IN HEALTH CARE

As global citizens dedicated to creating a better future by reflecting on the past, we pledge to:

- **recognize** the great power and responsibility associated with the field of health care;
- **remember** the victims of unethical medical practice, including those who perished during the Holocaust and those who continue to suffer injustices throughout the world;
- **uphold** the values of dignity, equality, and justice within health care;
- **adhere** to an internal and professional moral ethos that places respect for human life ahead of the promise of scientific or societal progress;
- **reconcile** necessary advances in scientific technology and medical practice with the need to respect the autonomy of those we serve;
- **protect** the most vulnerable members of society and give voices to the voiceless.

We are committed to a world in which every person is treated with respect & dignity. *Join the Movement; Sign the Pledge:* [www.misericordia.edu/humandignitypledge](http://www.misericordia.edu/humandignitypledge). I invite you to join the Maimonides Institute for Medicine, Ethics and the Holocaust and the Center for Human Dignity in Bioethics, Health, and the Holocaust at Misericordia University in pledging your commitment to remembering the past and pro-



tecting the future by upholding the essential value of human dignity and signing the Pledge to Preserve Human Dignity in Health Care.

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# Addendum: Children in Auschwitz

Helena Kubica

It is very hard to estimate the number of children deported to Auschwitz, the number registered in the camp as prisoners, and the number of children who died or were killed there. The extant records do not provide a reliable basis for such a calculation.

All we can say on the basis of those of the camp's documents which have survived and general estimates is that there were about 232 thousand children and young people under 18 in the over 1.3 million persons deported to Auschwitz-Birkenau. This figure entails about 216 thousand Jewish children and adolescents, 11 thousand Roma, at least 3 thousand Poles, and over one thousand Belarusians, Russians, Ukrainians, and others. The camp's registers record about 10% of this figure – just over 23.5 thousand children and young people of all nationalities – either as named individuals or entered collectively. Children and young people accounted for about 6% of the total of 400 registered inmates.

Most of the children arrived in Auschwitz with their families in a variety of operations against entire national or social groups.

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*About the author:* Helena Kubica is a historian and worked at the research centre of the Auschwitz-Birkenau State Museum from 1977 to 2018. She is the author of numerous publications concerning topics such as the youngest prisoners of Auschwitz-Birkenau concentration camp, Josef Mengele's pseudo-medical experiments, the murder of Poles displaced from the Zamość Region and from the insurrectionary Warsaw in Auschwitz, and the sub-camps of Auschwitz-Birkenau.

This paper was first delivered on 24 January 2018, during the annual meeting held by the Kraków Medical Society, the Jagiellonian University, and the Auschwitz-Birkenau State Museum which marks the anniversary of the liberation of Auschwitz-Birkenau concentration camp.

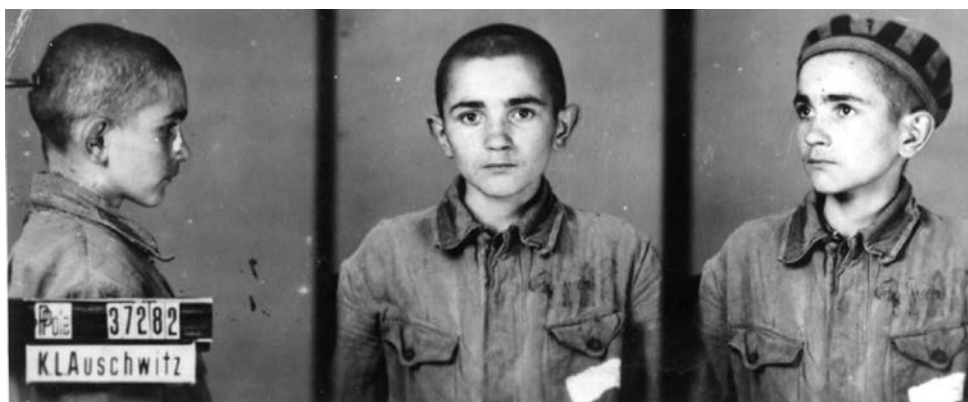


Photo 1. | Concentration camp photo of Józef Kocik, a Polish boy aged 15, sent to Auschwitz on a transport of prisoners from Kraków on 3 Jun. 1942. On 12 Feb. 1943, on suspicion of attempting to escape, he was put in the bunker of Block 11 and next day shot at Death Wall with 15 other Poles. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections

## POLISH CHILDREN

Boys of sixteen and seventeen were in the very first transports of Polish political prisoners, who arrived in Auschwitz in June, July, and August 1940. There were even some fourteen-year-olds among them. They were arrested for helping the underground resistance movement, or taken as hostages, caught in street roundups, or apprehended in various repressive measures against Polish young people.

There were also children in the group of Poles deported from the Zamojszczyzna (the region around the city of Zamość). At least 170 youngsters arrived on the three transports from that area which brought 1,300 persons to the camp. The youngest boys suffered the most tragic fate. After a few weeks in Birkenau almost all of them were murdered with a phenol jab. Many of the girls from these transports died within a short time as well, due to typhus, starvation, or they and their mothers were selected for the gas chambers.

Another large group of Polish children arrived with adults arrested and deported from Warsaw following the outbreak of the 1944 Uprising, which provided Hitler and Himmler with a pretext to raze the city and drive out its inhabitants. In August and September of that year nearly 13 thousand men and women, including at least one and a half thousand babies, children, and under-18's were sent to Auschwitz



Photo 2. | Left: ID card of Tadeusz Galka, a Polish boy born in Auschwitz on 6 Sept. 1943 and marked camp number 155915. He was taken away from his mother and on 11 Oct. 1944 and sent to Potulice camp in a transport of children for Germanisation. Both mother and son survived, but Tadek's mother never recovered him. After liberation Tadek was adopted by a Polish family and eventually found his biological siblings (after his mother's death). Right: photo of Tadek after liberation. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections



Photo 3. | Michalina Pietryko, a Polish girl aged 13, arrived in Auschwitz with her parents on 13 Dec. 1942 from a transit camp for Poles deported from Zamość. They all died in Auschwitz. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections

via Dulag 121, a transit camp at Pruszków near Warsaw, where they were kept in old railway repair sheds with no facilities to accommodate human beings.

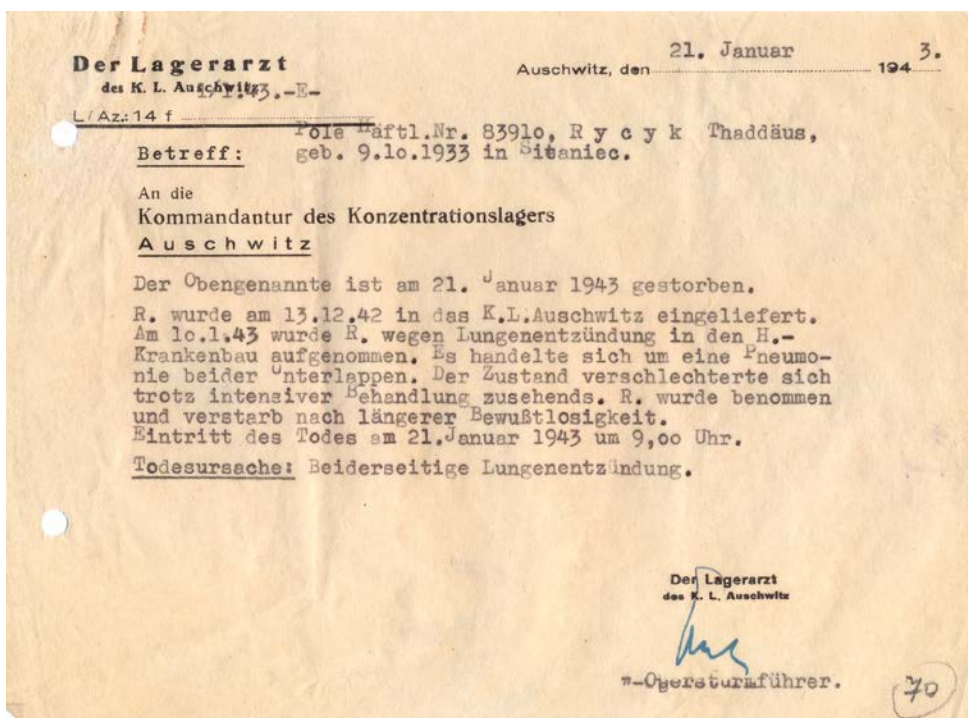


Photo 4. Notice from the camp hospital to the commandant's office of the death of prisoner Tadeusz Rycyk, aged 9, who was deported in December 1942 with his parents and siblings from the village of Sitaniec in the Zamość region. The notice contains fabricated data, giving bilateral pneumonia as the cause of death. In reality the boy was killed on 21 January 1943 with a phenol jab. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections

The children, especially boys under 10, were put in a separate children's barrack (No. 16) in the women's camp. Older boys were sent to the men's quarantine block and later to the BIId area in the men's camp.

As of late August 1944 some, mostly adolescents, were sent to Germany along with adults and made to work in the armaments industry. This was the time when the first evacuation of Auschwitz prisoners started.

# CHILDREN FROM THE SOVIET UNION

In 1943–1944 over one thousand children and young persons were brought to Auschwitz in 15 transports from the occupied territories of the Soviet Union.

Most were from Belarus, apprehended together with adults during the pacification of several places, especially in the region of Minsk and Vitebsk, by German police units, particularly Einsatzkommando 9. Some of those captured were murdered on the spot, and about 6 thousand men, women, and children were deported

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11. Block Fa 0

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32	205	"	" Maria	4 "	11.11.43
33	206	"	" Maria	2 "	11.11.43
34	120	"	Гавришарова Мария	45 "	11.11.43
35	138	"	Гавришарова Мария	66 "	11.11.43
36	208	"	" Maria	31 "	11.11.43
37	105	"	Гавришарова Мария	53 "	11.11.43
38	106	"	" Maria	30 "	11.11.43
39	144	"	Гавришарова Мария	31 "	11.11.43
40	148	"	Гавришарова Мария	8 "	11.11.43
41	149	"	" Maria	5 "	11.11.43
42	150	"	" Maria	5 Jahre	11.11.43
43	157	"	" Maria	6 Jahre	11.11.43
44	158	"	" Maria	4 "	11.11.43
45	164	"	" Lydia	10 "	11.11.43
46	165	"	" Olga	5 "	11.11.43
47	166	"	Гавришарова Мария	7 "	11.11.43
48	166	"	Гавришарова Мария	1 "	11.11.43
49	160	"	Гавришарова Мария	7 "	11.11.43
50	161	"	" Maria	5 "	11.11.43
51	161	"	Гавришарова Мария	4 "	11.11.43
52	135	"	Гавришарова Мария	49 "	11.11.43
53	136	"	Гавришарова Мария	63 "	11.11.43
54	100	"	Гавришарова Мария	36 "	11.11.43
55	197	"	Гавришарова Мария	51 "	11.11.43
56	198	"	" "	33 "	11.11.43
57	107	"	Гавришарова Мария	51 "	11.11.43
58	167	"	Гавришарова Мария	57 "	11.11.43
59	116	"	Гавришарова Мария	18 "	11.11.43

Photo 5. | A page from a list of women and children who arrived in Auschwitz from Vitebsk (Belarus) on 23 Nov. 1943. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections



to Auschwitz. Within a short time most of the children died or were transferred to concentration camps for children from the East at Potulice near Bydgoszcz (renamed Bromberg under German occupation) and Konstantynów near Łódź (renamed Litzmannstadt under German occupation).

Belarusian and Russian children were also transferred to Auschwitz from concentration camps at KL Lublin (Majdanek) and Stutthof. In addition Russian, Ukrainian, and Belarusian teenagers caught during attempts to escape from forced labour in Germany were also sent to Auschwitz.

## JEWISH CHILDREN

Jewish children and young people made up the largest group of minors brought to Auschwitz, about 20% of the total number of 1.1 million Jewish deportees.

Most of the Jewish children were sent to concentration camps along with adult Jews within the framework of the *Endlösung der Judenfrage* operation – viz. the extermination of the entire European Jewish population – which started in the early months of 1942. Jewish children were treated as incapable of working and automatically sent to the gas chambers and killed as soon as they alighted from the train on the ramp. A very few teenage boys and girls were picked out and sent to the camp. In 1944 even 13- and 14-year-olds were being spared due to shortages in the labour force, and sent to work in a variety of commandos and sub-camps, even in the Trzebinia oil refinery and the Jawischowitz coal mine. As of mid-1943 some children were picked out of the Jewish transports to serve as guinea-pigs for the criminal pseudo-medical experiments conducted by SS doctors, particularly Josef Mengele.

The Jewish children who arrived in Auschwitz from September 1943 to May 1944 from the Theresienstadt ghetto suffered a slightly different fate. They were put in BIIb, a special “family camp” at Birkenau, so the children were with their families. But it turned out that, like the special camp for Roma, this arrangement, which was in operation for 11 months, was just a propaganda stunt, and in reality the SS wanted to fool public opinion (as well as the victims themselves) as to the true aim of “deporting them to the East.”



49

ARBEITSLAGER TRZEBINIA.

Trzebinia, den 21.8.1944.

Verzeichnis der Jugendlichen.

Jugendliche bis zu 15 Jahren.

Lfd. Nr.	Häftl. Nr.	Name	Vorname	Geb. Dat.	Beruf
1	B-5956	Grünzweig	Jonas	20.4.29	ohne
2	B-5966	Hollo	Tomas	31.8.29	"
3	B-5971	Horti	Heinr.	9.2.30	"

Jugendliche bis zu 17 Jahren.

4	B-3087	Grüner	Jakob	17.2.27	"
5	B-2992	Ebner	Moses	15.9.28	Klempnerlehrl.
6	B-5664	Adler	Andras	9.6.27	ohne
7	B-5873	Blum	Stefan	15.4.27	Fahrradmech.Lehrl.
8	B-5894	Barabas	Georg	17.8.27	ohne
9	B-5901	Deutsch	Tibor	21.9.27	"
10	B-5902	Deutsch	Georg	9.12.27	"
11	B-5906	Elek	Frans	17.4.27	"
12	B-5907	Engel	Janos	1.6.27	"
13	B-5908	Engel	Stefan	7.2.28	"
14	B-5913	Fleischmann	Matyas	5.11.27	"
15	B-5951	Gergely	Janos	10.3.27	"
16	B-5961	Hochwald	Sandor	25.10.27	"
17	B-5962	Herskovits	Miklos	16.2.27	"
18	B-5976	Jakob	Peter	18.9.27	Schlosserlehrl.
19	B-5977	Jakob	Ernst	17.11.27	Mechanikerlehrl.
20	B-5979	Jambor	Andor	17.5.28	ohne
21	B-5998	Kameny	Ivan	15.11.27	"
22	B-5999	Kalman	Georg	22.5.27	Schlosserlehrl.
23	B-6005	Kovacs	Imre	14.10.27	Wasserleitungseinst.
24	B-6061	Reichmann	Ignac	5.5.28	ohne
25	B-6044	Präsent	Viktor	26.2.29	Gärtnerlehrling
26	B-6086	Schönfeld	Laslo	25.8.27	ohne
27	B-6088	Schlosser	Georg	6.9.27	"
28	B-6101	Schönthal	Josef	12.11.27	Masch.Schlosserlehrl.
29	B-6103	Schreiber	Attila	16.7.28	Elektrikerlehrl.
30	B-6114	Steiner	Otto	24.5.28	Glaserlehrl.
31	B-6115	Sommer	Julius	7.7.28	Glaserlehrl.
32	B-6128	Varadi	Stefan	29.3.27	Elektr.u.Radiomech.
33	B-6131	Weiss	Oskar	22.7.27	ohne
34	B-6143	Wohl	Sandor	12.5.28	"
35	B-6141	Walfisch	Miklos	18.9.27	"

Photo 6. | Page 1 of a list of Jewish children and adolescents who were prisoners working in Trzebinia sub-camp. There are 125 names on the list, around 15% of all the prisoners in that sub-camp. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections

In the first days of November 1944 the German authorities issued an order for the mass killing of the Jews to be suspended.<sup>1</sup> So when the next (and in fact last) transport arrived on 3 November 1944, bringing about a thousand Jews from the labour camp at Sered' (Slovakia), all of them, including the babies and pregnant women, were admitted to the camp with no selection for the gas chambers.

1 Czech, 798–799.

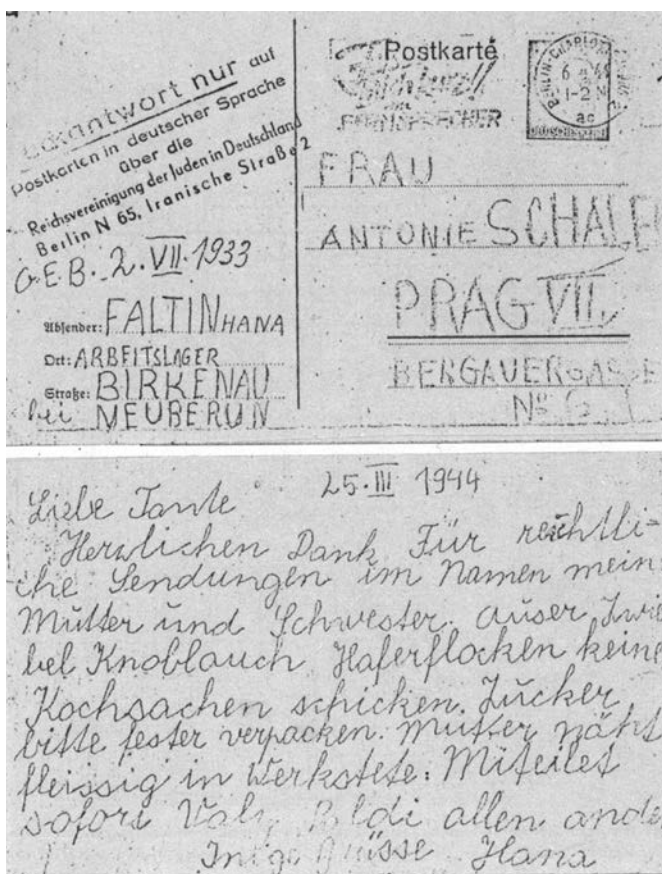


Photo 7. | A postcard Hana Faltin, a Czech Jewish girl aged 10, sent her aunt a few days before she died on 8 March 1944. It says that Hana, her mother and sister, are in the Birkenau family camp for Jews deported from the Theresienstadt ghetto. Inmates were told to put a future date on their letters, to hide the fact that this camp was about to be terminated. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections

## ROMA CHILDREN

Roma children and young people made up the second largest group of underage prisoners. Like the Jews from Theresienstadt, for 17 months (February 1943–August 1944) the Roma people were in a special “family camp,” BIIe, one of the sectors of Birkenau. Of the 11 thousand children and young people in it nearly 9.5 thousand were under 15, and 378 were born there.

Auschwitz, den 13. Mai 1943 194

**Anforderung** Nr. 15

von Kindergarten Zigeunerlager

werden benötigt:

Menge	Artikel	ausgegeben
3000	Esslöffel <i>3000</i>	
3000	Essschüssel <i>3000</i>	
<i>Unterschrift des Anfordernden</i> <i>Plagge SS-Unt.</i>		

Die Anforderungen müssen von einem Führer überprüft u. unterschrieben werden.

Genehmigt: <i>[Signature]</i>	An Abtlg. <i>[Signature]</i> zur Erledigung
----------------------------------	---

Photo 8. | Order for 3,000 bowls and spoons for the kindergarten in the Roma camp. Signed by Ludwig Plagge, Rapportführer of the Roma camp. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections

For a short time the Roma children in the family camp “enjoyed” certain privileges. They were with their families and got slightly better food rations. In the summer of 1943, on orders from Dr Mengele, chief SS physician of the Roma camp, a kindergarten was set up for them with a playground fitted out with a merry-go-round, a sandpit, and swings. The Roma children were the first guinea pigs of Mengele’s experiments.

29. JUN. 1944 8.7

Hyg.-bakt. Unters.-Stelle  
der Waffen-SS, Südost

Auschwitz OS., am 29. Juni 1944.

Anliegend wird übersandt: 465744/VIII/150  
(12-jähriges Kind)

Material: Kopf einer Leiche entnommen am

zu untersuchen auf Histologische Schnitte

Name, Vorname:

Dienstgrad, Einheit: siehe Anlage

Klinische Diagnose:

Anschrift der einsendenden Dienststelle: H.-Krankenbau  
Zigeunerlager Auschwitz II, B II e

Bemerkungen: Der 1. Lagerarzt  
K.L. Auschwitz II  
Mengele.  
SS-Hauptsturmführer.  
(Stempel, Unterschrift)

Photo 9. | Order sent to Raisko Hygiene Institute for an examination of a head removed from a 12-year-old child's corpse. Signed by SS Dr Josef Mengele. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections

The Roma children did not enjoy their privileges for long. The dreadful hygienic and sanitary conditions resulted in an epidemic of typhus, scabies, and other diseases, which pushed up the mortality rate in the Roma community, especially among the children. Dr Mengele's experiments led to the death of most of the Roma children. They were given a lethal phenol injection, after which a post-mortem was carried out on their bodies and the "experiment" ended with the writing up of a scientific conclusion. The winding up of the Roma family camp started on 2 August 1944. About 2 thousand persons were moved to other camps in Germany, and the remainder, over 4 thousand men, women, and children, were killed in the gas chambers of Birkenau.



## CHILDREN BORN IN THE CAMP

In the initial phase of the women's camp (viz. from late March 1942) all the children born there were killed regardless of nationality, and no records were kept of the number of these births (and deaths).

From mid-1943 children born to non-Jewish women were left alive. A few days after birth they were registered and given camp numbers. As a rule, children born to Jewish women were killed, until November 1944, when the mass extermination of Jews was suspended. The so-called family camp in Theresienstadt was the only

22.10.1944

**Geburtsurkunde**

(Standesamt) **CKOS** **WARSAWE** Nr. 195/1944

ist am 26. Oktober 1944

in Jaszowice, Kasernenstrasse geboren

Vater: Jacek Bogdanowski, römisch katholisch

Mutter: Kazimiera Bogdanowska geborene Sikorski, römisch katholisch, wohnhaft in Warschau, Żytnia 28

Anderung der Eintragung:

Jaszowice, den 15. Januar 1945

Der Standesbeamte  
C. Kucharski

pol 3/1945

A 51, A 52, Geburtsurkunde (für eheliche und uneheliche Geburt)  
Verlag für Standesämter G. m. b. H., Berlin SW 61, Gitschiner Str. 109  
Verlag für kommunales Schrifttum und Verdrücke Kurt Gruber, Kattowitz. 88002

A 51 | A 52

Photo 10. Birth certificate for a child born in Auschwitz, so the baby was automatically a prisoner. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections





Photo 12. | Employee's ID card and photo of Jerzy Afanasjew, a Polish boy aged 12. In August 1944 he and his mother were deported with from Pruszków camp to Auschwitz. In January 1945 both were evacuated to Berlin-Blankenburg camp (a sub-camp of Sachsenhausen). The card and photo were made on their arrival at Blankenburg. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections

In late 1943 the camp's authorities set up separate barracks for children over two. The conditions in them were no different than what adults had. Until 1944 the camp's authorities made no provisions whatsoever for the infants, not even milk or baby foods, thereby starving them to death. Only children in the camp's hospital had slightly better conditions; there the prisoners who worked as doctors and nurses did what they could for them, trying to get blankets, food, clothing and medications for them.

It was hardest to organise help for Jewish children, who were in danger of selection for the gas chamber at any time.

## EVACUATION

In the final phase of evacuation, that is from January 1945 on, the Polish children in the camp whose mothers or guardians were still alive were allowed to join them and evacuated by rail in trains with carriages for human transportation departing from a side-line of the railway station in the city of Oświęcim. They were taken to Blankenburg, Köpenick, Reinickendorf, and Henningsdorf, sub-camps of Sach-



Photo 13. | Children liberated from Birkenau. The photo was taken on the Auschwitz I site at the turn of February and March by a Soviet film crew

senhausen and Buchenwald on the outskirts of Berlin. Some of the mothers who had had babies in the camp and their children were put on these trains, along with some of the expectant mothers. These transports were called “transports of mothers and children,” and most of the prisoners on them were Polish women from Warsaw who had been taken to Auschwitz with their children in the aftermath of the 1944 Warsaw Uprising.<sup>2</sup>

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2 APMA-B (Archiwum Państwowego Muzeum Auschwitz-Birkenau – Archives of the Auschwitz-Birkenau State Museum), D-AuII-3/4. *Lagerstärke* (log book of numbers in the camp), kept by the clerk of the Birkenau women’s camp. This record says that there were 22 boys in the first two evacuation transports (leaving on 10 and 11 January 1945), but according to the personnel records (Häftlings-Personal-Karten) there were at least 49 boys on board these trains; see also *Zespół Wspomnienia* (Memoirs Collection), Vol. 246, sheets 79–80, recollections of survivor Jacek Kruczkiewicz; Vol. 129, sheets 89 and 93, recollections of survivor Jadwiga Aleksiewicz-Machaj; *Zespół Oświadczenia* (Statements Collection), Vol. 89 b, sheets 70–85, statement by Maria Reszka, and Vol. 135, sheet 265, statement by Leokadia Barcińska.



POLSKI CZERWONY KRZYŻ

W Y K S S

dzieci i młodzi, znajdujących się w Obozie Śmigaj-Birkenau,  
zebrany przez dr. Heilberta w dniu 9 lutego 1945 r.

Blok 2.

№	Nazwisko i Imię	Imię	Wiek	Miejscowość	Narodowość
✓ 1.	Birenbaum Zinta	A 27622	7	Starachowice	polka
✓ 2.	Projek Monika	A 19947	2	Radom	"
✓ 3.	Bolinowska Gisella	A 27649	14	Łódź	"
✓ 4.	Balter Perla	A 16862	12	Ostrowiec	"
✓ 5.	Pankowa Zina		2		ruska
✓ 6.	Pekete Wilmosa	A 12089	7	Silad Hadfelen	węgierska
✓ 7.	Pekete Bela	A 7040	7	"	"
✓ 8.	Krasnanski Iwan	B 14156	10	Bratislava	słowacka
✓ 9.	Kraus Hanna	73492	5	Praga	Czechosł.
✓ 10.	Kraus Ewa	73493	5	Praga	"
✓ 11.	Burger Tomi	B 13987	11	Treblanof	ślow.
✓ 12.	Burger Franciszek	B 13986	6	"	"
✓ 13.	Hamburger Juliusz	B 14101	7	Bratislava	"
✓ 14.	Fuks Arpat	B 14054	7	Nitra	"
✓ 15.	Bacsi Liliana	76484	7	Fiume	Italia
✓ 16.	Neuman Jurek	B 14213	10	Bratislava	Słowacja
✓ 17.	Blumowa Vera	A 26847	11	Seczowce	"
✓ 18.	Feldbournowa Marianna	A 26919	13	Bratislava	Słowacja
✓ 19.	Neumanowa Erika	A 27059	7	Seczów	Słowacja
✓ 20.	Neumanowa Judita	A 27060	6	"	"
✓ 21.	Diamont Ewa	A 26877	12	Budapest	Węgry
✓ 22.	Braunowa Judita	A 26840	11	Michalowce	Słowacja
✓ 23.	Alichow Brygida		5		Niemcy
✓ 24.	Binet Gaspar	B 14005	6	Kirszekujew	Węgry
✓ 25.	Binet Ursa	B 14006	5	"	"
✓ 26.	Bacsi Aleksander	76483	5	Fiume	Italia
✓ 27.	Projek Rajala	A 15687	30	Radom	Polaka
✓ 28.	Birenbaum Basia	A 27777	32	Starachowice	"
✓ 29.	Balter Perla	A 16861	41	Ostrowiec	"

Photo 14. | Page 1 of a list of Jewish children, survivors of Auschwitz, who were taken into care in Katowice by the Polish charity Caritas. The list was drawn up on 9 February 1945 and contains the names of 47 orphaned boys and girls, including twins. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections

## LIBERATION

After the last evacuation marches on 18 and 19 January 1945, there were still about 9 thousand inmates left in the main camp of Auschwitz, Birkenau, and a few of the local sub-camps. Most of them were sick and debilitated. There were over 700 children and young people (including over 500 under 15) among them. Most of them were Jewish (over 50%); there were also Polish, Belarusian, and Russian children.

Until the arrival of Soviet troops they were looked after by a small group of doctors and nurses who had been prisoners and had managed to evade evacuation.



Photo 15. | Józio Fefferling-Gomez, camp no. 155910, born in Auschwitz on 18 April 1943 to Anna Fefferling, a Jewish woman registered in the camp as Polish. Both mother and son survived. The photo was taken after liberation. APMA-B (Archives of the Auschwitz-Birkenau State Museum) Collections

It was not until the first days of February 1945 that Soviet troops managed to organise medical aid for the survivors. This was also the time when the military field hospitals set up in the neighbourhood started their work.<sup>3</sup>

In the meantime some of the survivors who were physically fit enough left the camp and made their own way home. Groups of them headed for Kraków, where they received aid from Polish social and charity institutions and organisations which had been restored after hostilities in the area had ceased.

Just before and a few days following liberation local people from the city of Oświęcim and its environs took in over a dozen orphaned children from the barracks of Birkenau.

On 6 February the Polish Red Cross started its operations on the site of the camp.<sup>4</sup>

3 Lachendro, 2011; see also APMA-B. Zespół Oświadczenia (Statements Collection), Vol. 74, sheets 229–230, statement by survivor Zofia Kucharska-Lutomska.

4 The plan to organise medical aid for Auschwitz survivors on the site was initiated at a secret meeting of doctors evacuated from Warsaw in the aftermath of the Uprising, held on 25 October 1944 at St. Lazarus' Hospital in Kraków. They had arrived in this city along with wounded insurgents. After the Red Army entered the city (18 January 1945) J.K. Wende, plenipotentiary for the Polish (Communist) Government arrived in Kraków and attended a conference meeting in the Hotel Francuski, in the presence of Polish Red Cross officials and a Red Army delegate. A decision was taken that the Russians would supply food provisions for the survivors still on the site

Not many of the hundreds of thousands of children deported to Auschwitz survived, and only a few hundred survived in the camp to the day of liberation. Those children who survived were encumbered with a terrible burden for the rest of their lives – their health had been ruined, and so had their ability to do well at school, to work, or even to lead a normal life; in addition they were permanently and are still being troubled by nightmares of the atrocities and cruelty, the hunger, death, and the smoke from the crematorium chimneys. Even if their memories faded, the concentration camp left a dreadful imprint on the rest of their lives. Many of them lost their homes and their families.

They say they are “like a broken branch which will never heal.” Because what they went through in Auschwitz will stay with them forever.

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of the camp, and the Polish Red Cross would send in medical staff, medications, and equipment. Within a few days 38 members of the Polish Red Cross Hospital in Kraków had reported to the hospital's head, Dr Józef Bellert, volunteering to serve on the medical team. On 5 February 1945 all of them came to the Hotel Francuski, the appointed venue, and on 6 February they were on the site of the former camp. APMA-B, Zespół Opracowania (Studies Collection), Study No. 3, Kodź, Henryk. “Praca ochotniczego zespołu PCK w szpitalu obozowym w Oświęcimiu.” Oświęcim, 1945. See also APMA-B, Zespół Oświadczenia (Statements Collection), Vol. 77, sheets 130–132, statement by Dr Stanisław Kostarczyk; Strzelecki, 214–215.