

# SO THAT OTHERS MAY LIVE

The Struggle of Jewish Doctors to Preserve Life in the Holocaust



Illustration by Edel Rodriguez

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The knock at the door stirred him from his sleep. The visits were sporadic. At any given moment a situation could arise that dictated the need for his presence. Opening the door, Dr. Miklos Nyiszli found one of the men of the Sonderkommando before him. He said there was an emergency and he must come quickly. One of their men was unconscious.

Approaching the bed, Nyiszli could see it was the old man known as ‘Captain.’ He was alive and in no immediate danger. A quick examination confirmed his suspicion. The man had taken a vast amount of sleeping pills; possibly smuggled out of the luggage depot known as ‘Canada’, the final resting place for the belongings of all Jews who passed through the gates of Auschwitz.

Death was on display daily in the camp. And for the men of the Sonderkommando it was staring them in the eye. In exchange for an additional few short months to their lives, these men became accomplices in the Nazi death machine, burning the corpses of their people until nothing but ash remained. Many of them lost their humanity long before they lost their actual lives.

In the case of the ‘Captain’, the psychological toll had become too much. Rather than wait for the Nazis to finish him off, he opted to take his own life on his own terms. Now as Nyiszli stood over him, the men of the Sonderkommando requested that he do nothing. “Don’t save him. You’ll only be prolonging the agony...you can see for yourself he wanted to escape it now...”<sup>1</sup> Without acknowledging their words, he silently prepared his equipment. He inserted the syringe into the vial and withdrew the antidote. While tempers flared from the other men, realizing their request would be denied, Nyiszli injected the vaccine and left the room. The

‘Captain’ would live provided he didn’t come down with pneumonia or typhus in the coming days.

As he returned to his own quarters, Nyiszli was haunted by the event in his mind. In his words, “Now that I was no longer beside his bed...his face no longer called forth the doctor in me, the purely human side of my nature was forced to admit that the Captain’s friends had been right. I should have ‘let him go his way,’ not in front of the cold steel barrel of a machine gun, but in the pleasant narcosis that now enveloped him, where he was free from all moral and physical pain.”<sup>2</sup> Not for the first time, he was confronted with the dilemma of his duty as a doctor while keeping intact his own sanity. There was never a clear solution.

The Holocaust was a horrifying example of what could happen should a country commit itself to the systematic destruction of a people. By means of their legal system, ghettoization, slave labor, concentration camps, and outright genocide, the Germans sought to destroy not only their victims but also rob them of their very humanity leaving absent any sign of civilized behavior. In most cases, one was “dead” before death itself arrived.

Within the Nazi death system, though, was a group of men and women who did more work to sustain the will to live than previously noted. By the very definition of their profession, the Jewish medical professionals during the Holocaust became one of the last bastions of hope in the most dire of circumstances. Numerous memoirs and books have been written detailing the moral and ethical struggle they faced during the war.<sup>3</sup> Faced with daily death rates that would weaken even the strongest resolves, these individuals committed themselves to the survival of others dictated to them by their Hippocratic Oath.

The topic has been acknowledged but widely unappreciated. More often than not the role of Jewish doctors is reduced to their forced involvement with the infamous physician Dr.

Mengele and his experiments on Jewish prisoners.<sup>4</sup> This macabre approach is a disservice to these men and women and does more to harm their legacy than promote it. The truth is that Jewish doctors, nurses, and medics played a vital role in the survival of the Jews during the Holocaust and the death toll by war's end would have been significantly higher had it not been for their work.

### **Where Are the Jewish Doctors?**

As Hitler tightened his grip on Germany, the everyday life of the Jewish population changed drastically. Through a systematic approach within the Bundestag, the politicians within the Nazi party began passing a series of laws that slowly took away all freedoms from the Jews of Germany.<sup>5</sup> As early as April 1933, the Nazis passed a decree restricting the admission of Jewish students to the universities and medical schools within German borders. That same month, further legislation was passed aiming to minimize “Jewish activity” in the medical and legal professions. The Nuremberg Race Laws of 1935 became the cornerstone of the Nazi racial policy and their effects were felt long after its introduction. By 1938, Jewish doctors were forbidden from treating non-Jewish patients.<sup>6</sup> For these medical professionals, either in practice or training, these policies were felt twice over. Not only was their quest to aid their countrymen's health reduced to nothing, but they were no longer even considered citizens.

This was recounted in Lucie Adelsberger's memoir of those early days after the passing of Nazi legislation: “Within two months Jewish doctors faced boycotts and individual acts of terror... [She] was able to maintain her medical practice in Berlin, although during the years immediately prior to her deportation she could no longer call herself a doctor. The Nazis

withdrew that title...instead she became a *Judenbehandler*, an attendant of Jews.” To put this in perspective, more than 20% of Germany’s female physicians were located in Berlin prior to the start of World War II.<sup>7</sup> Of those 722 women doctors, 270 were Jewish. The need to racially discriminate against the Jews was felt so strongly by the Nazis that they were willing to eliminate a substantial amount of their country’s health care personnel. In her case, Adelsberger had been serving for nearly twenty years as a physician specializing in immunology and allergies. With the stroke of a pen she was no longer worthy to operate as a physician in her home country.

While seniority was so easily discarded in the private sector, the atmosphere at the university level could be considered even more volatile. Knowing that tensions towards Jews affected entrance rates in Czechoslovakia, Mina Deutsch applied to the University of Prague for medical training knowing that it was the most lenient of the institutions when it came to Jewesses in their ranks. While attending in the early 1930s, she met a fellow medical student, Leon Deutsch, who she quickly fell in love with and married after Leon’s graduating year in 1937. During their summer break they took a long vacation home in conjunction with their honeymoon. They both returned in the fall of 1937: for Mina to finish her last year of medical school and Leon to begin his initial year of medical training. As Mina details, the atmosphere in Prague was drastically different from the one they left.

“Conditions at the university had changed dramatically by then. German students greeted professors with cries of ‘Heil Hitler,’ and the professors responded in kind. In class, front-row seats were occupied only by German students, who ignored even those Jews whom they had previously befriended. We were told that only those Jewish students in their last year of studies would be permitted to complete their final examinations; all others could not continue at all...It was then that we realized there was nothing further for us in Prague.”<sup>8</sup> While Mina and Leon

were able to gain their title of doctor outside of Germany, the Nazis succeeded in ensuring that they would have no future as physicians within the borders of their growing empire.

By 1939, Germany had invaded Poland and began one of the deadliest wars in human history. This development only brought more uncertainty to the Jewish population. Those outside Nazi control began to flee in fear of the Nazi wave of aggression. For those trapped within Germany, Nazi law had already prohibited Jews from immigrating to other nations. Rumors began to circulate of the immediate future of any Jews. Words such as ‘ghetto’, ‘deportation’, and ‘liquidation’ were used with increasing frequency. With no right to property, no right to citizenship, and seemingly no hope, the Jewish population prepared for whatever may come. In the following years the recent outcasts of the medical world would come to play a pivotal role in the survival of the Jewish people.

### **Mockery of All Accepted Standards**

As Germany geared itself for war, it also began to address the Jewish question with increasing aggressiveness. Gone were the days of decrees, strikes on business, and “random” pogroms. Now the Nazis herded all Jews into ghettos on the outskirts of towns under the pretense of deportation. To provide the illusion of competent medical care, hospitals were established within ghettos and the camp system. Abysmal working conditions was to be the norm, not the exception, for all physicians throughout the Holocaust.

The ghetto was the Nazi’s first introduction of death to the Jews. Living conditions within its walls were horrendous. There was no running water for the majority of the population. Nor was there any attempt at proper sewer treatment. Coupled with the harsh weather, hard

labor, meager food rations, and overpopulation, the hospitals quickly became inundated with patients. Beds were on a premium. Proper care for those in a bed a luxury.

Having been trained in France and receiving his medical license immediately before the outbreak of war, Arnold Mostowicz found himself in the 'Sanitary Service' for the Lodz ghetto. While this allowed him to work in the hospital on Drewnowska Street, he was primarily involved with first-aid, or ambulance service, throughout the ghetto.<sup>9</sup> "First-aid service! When I think of the audacity I showed by undertaking such work without any experience in that field, I can explain it only by the courage of youth. And also by the times that formed the background to this decision."<sup>10</sup> Mostowicz quickly realized that he was in over his head. It was a cruel joke that he served as a symbol of hope to his Jewish peers yet was never equipped to provide any real care. Should the mortality rate skyrocket, the Nazis would simply cite the lack of care at the hands of the Jewish physicians. Nearly 160,000 Jews were isolated in the northeastern part of the city, separated into three sections.<sup>11</sup> With five tiny hospitals, and two ambulances apiece, the task of caring for the ghetto population was more than daunting.

Within weeks Mostowicz's ambulance service, with its worn out *droshky*, or open carriage, became simply a number-keeping service for the dead. With next to no supplies at their disposal, they often arrived with no means to actually treat their patients outside of simple bandages and splints. To try and transfer a patient meant waiting for approval from the hospital itself, which resulted in a long delay could mean death for the patient.

As impossible as it may seem, something as vital as a functioning hospital was truly an amenity in the Lodz ghetto. By 1942-1943 liquidations of the population began in earnest. The next stop for the selected Jews was a concentration camp. Upon arrival they were either selected for death or sent to slave labor until the Nazis felt their usefulness ran out. It was the climax of

the Nazi death system. As tenuous as the hospitals may have been in the ghetto, the hospitals that followed in the concentration or death camps were cast further into doubt.

In the case of Auschwitz-Birkenau, the initial opening of the hospital in 1941 was met with optimism by the prisoners. The *Krankenbau*, known commonly as Ka-Be, was the infirmary for the inmates. Spanning over several different blocks, it was in constant need of simple supplies to address the droves of patients it admitted every day. Despite the lack of supplies, it did become a shelter from the horrors of the camp they endured. If nothing else it could be a place to die peacefully. The sense of relief to be admitted to Ka-Be was described in Primo Levi's memoir. When Levi injured his foot during a work detail, he reported to the outpatient clinic for examination. After a long, arduous process, he is finally seen by a prisoner doctor and nurse.

“I do not need a long examination: I am immediately declared *Arztvormelder*. What it means I do not know... [But] Chajim rejoices with me: I have a good wound, it does not seem dangerous, but it should be enough to guarantee me a discreet period of rest.” Levi was granted a reprieve from camp life for a night pending a true examination. The next day his foot was deemed worthy of rest and Levi began a twenty day stint in Ka-Be. So peaceful was this time that he was actually able to experience deep sleep for the first time in months.<sup>12</sup>

By 1943, that perception changed due to the increasing mortality rates. Working in tandem, epidemics and selections by SS doctors turned the hospital into a scourge for the prisoners and turned it into a, “‘waiting room for the crematorium.’ Even seriously ill prisoners went to great lengths to avoid hospitalization.”<sup>13</sup> Even if the reputation hadn't been earned, the fact is that the medical care in the common prisoner's hospital was so insubstantial that it couldn't assist in the recovery of most of its patients. This feeling of frustration and rejection



was felt by Levi once he was discharged from Ka-Be. "...The man who leaves the Ka-Be, naked and almost always insufficiently cured, feels himself ejected into the dark and cold of sidereal space...he is as helpless and vulnerable as a new-born baby, but the following morning he will still have to march to work."<sup>14</sup> Satisfaction of quality care was never to be a staple of a medical visit in the camp. Most patients who made it out of the hospital during this time actually owed their existence more to their innate will to survive than to what the Nazis allowed.

Even the small medical facility that attended to the staff of the crematoria faced their own crisis of standards. Miklos Nyiszli was selected on the ramp by the infamous Dr. Mengele to be one of the prisoner doctors that would work by his side. While he makes it no secret that he was glad to have been selected initially, the conditions of his workplace were less than adequate. He was faced, "...with practically no medicines, working with defective instruments and in surroundings where the most elementary aseptics and antiseptics were lacking..."<sup>15</sup> The hands of these physicians and nurses were metaphorically tied when it came to treatment.

The hospital system was only meant to improve patients' condition reasonably well enough so that they could return to work. Outside of this parameter they were deemed useless and selected for extermination. Even if they weren't, they were left to be packed in overcrowded rooms, with clothes that barely covered their emaciated bodies, waiting for what little relief they could expect. Conditions in the hospitals and ghettos would continue to be a mockery of all acceptable medical standards until the fall of Nazi Germany. It was a nightmare.

Why try then? How could one see any hope in this system? How could a doctor or nurse perform without tools that allowed them or their patients to succeed? While some inevitably did give in to the psychological toll of this service, several carried with them the same innate sense of resistance that thousands of other survivors carried. They realized that in order to truly carry

out their work they would need to adapt. They would have to show some ingenuity in their practices.

Perhaps the hardest lesson that most of these medical professionals learned up front was that they weren't going to save everyone. In fact, the hope of curing an ailment was as scarce a thought as living through the Holocaust itself. No, they couldn't stop death itself in this system. Instead their efforts turned to slowing the machinery of death. The Nazis meant to kill them all. With this realization firmly entrenched in their mind, their mission now was to save whoever they could: a hundred, a dozen, or even just one.

### **By Any Means Necessary**

The doctors, Jewish or Gentile, knew that their captors had no intent to improve their working conditions. Rather than being stymied by this fact, they spurred themselves into action. To have any chance at saving a life they would need to be as resourceful as possible. This meant recycling materials, bartering for goods and, in some cases, even resorting to scavenging the dead for potential lifesaving medicine or materials.

For the men and women in ghettos, or in hiding, it was much harder to come across needed supplies. In the case of Mina Deutsch and her husband, their services dictated that they move from home to home as they tried to evade the Nazi wave. As she remembers, in the effort to have even a decent examination room in their temporary home, they collected crates from farmers and then covered them with sacks filled with straw as an impromptu examination table. For Mina this primitive set-up was still preferable to actually reporting to a clinical hospital for

most men at this time. For villagers who were shown to be in good enough health, or without serious injury, they risked conscription into the army and shipment to the front.<sup>16</sup>

In another instance, Mina and her husband Leon were confronted with the dilemma of their own survival and that of their sense of duty. While in hiding, one of the local villager's sons fell ill due to lack of calcium injections.<sup>17</sup> Knowing that Leon was a doctor, he begged him to administer the shots to continue the boy's treatments. Leon and Mina agreed to treat the boy, and all ensuing cases for the village, in return for what food could be provided them. This may seem to conflict the moral code of a doctor, but Leon had to come out of hiding to treat his patients. He put his life, and the life of the villagers, at risk should he be discovered. This was not lost on the villagers in this moment. They would oblige the doctors' request. To treat their sick during a time of war merited a small loaf of bread or, on a good day, a small sack of potatoes.

Providing services for food did not equate to losing honor. The first rule of any first responder is to protect oneself, lest one becomes unable to render lifesaving service to someone else. A doctor on the brink of starvation, unable to properly treat a patient, is not beneficial to anyone. This reasoning was on display in Auschwitz as well. Gisella Perl admitted that often prisoners would come to the medical staff asking for individual treatment. Rather than show up on a hospital roster, risking possible selection by SS physicians, they became the "private" patients of the hospital.<sup>18</sup> To open a cyst, malignant boil, or any other small operation often yielded a can of smuggled food, a piece of margarine or a few slices of *wurst*. These additional rations were key for the medical staff. Whatever was collected during the day was routinely shared in the evening with the rest of the staff. While small, it allowed enough energy for them to continue their work for at least one more day.

During the war, resources were scarce for both the military and civilians alike. Supplies were nearly non-existent for those within the ghettos or those in hiding. An unlikely advantage presented itself for those already trapped in the camp system. Every prisoner, upon entering the camp, was robbed of all belongings they brought with them. These items were promptly stored in a warehouse that was sorted by prisoners themselves, repackaged, and shipped back into the empire for use by the Nazis. For prisoners of Auschwitz, their warehouse, named Canada for its perceived riches, became a critical source of supplies for the medics of the hospital.

By way of the camp's Polish underground, supplies were routinely smuggled out of the store rooms of Canada. What made its way into the hospital was given to a trusted nurse or doctor who would distribute it appropriately. It was almost always a small amount, but crucial for some patients. It presented a difficult situation, calling back the dilemma of who can be saved and who should be let go. As Dr. Robert Waitz put it, "the choice was 'either do nothing, which was a solution dictated by cowardice, or to become an activist.'"<sup>19</sup> It was an impossible decision, but one that needed to be made.

Miklos Nyiszli realized this more than anyone. He was placed in a more advantageous situation in the crematorium than his medical counterparts in Ka-Be. Recognizing this, he made an effort to aid where he could during his daily rounds of the camp. Thousands of women would pass by his crematorium during these same rounds. Raiding the crematoria storeroom before it went to Canada, he would stuff his pockets with vitamin pills, sulfa tablets, bottles of iodine, bandages and anything else of medical worth so that he could slip it to the women as they passed. He would do this until his supplies were depleted stating, "For those who received them, these medicines often meant the difference between life and death. At least for a little while."<sup>20</sup> Nyiszli had no way of knowing if these supplies were ever put to good use. He simply acted in

good faith, hoping that it would allow someone to make it through at least another day. For patient and physician alike this was the ultimate goal.

These goods, like everything else in camp life, were based on a bartering system. Very few things ever came without a price tag. For the underground and labor detachments to risk their lives smuggling, they would need to be compensated in some form. Sometimes it was the trading of food as mentioned before, something that dominated the minds of all prisoners of the camp system. In other cases it came down to the need for the most intimate of human interactions. In exchange for goods, men and women would rendezvous for sexual encounters. As unlikely as it may seem given the setting, sex was a currency that was as valuable as any other currency inside the wire. Not even the threat of the SS could prevent this from occurring. Instead, Nazi guards would simply laugh and make fun of the behavior as they viewed it as further proof of the degraded nature of their prisoners.

When Gisella Perl initially found out that women in her barracks, including some of her staff, were engaging in a level of prostitution she was shocked. As she puts it, “My pride, my integrity as a woman revolted against the very idea. I begged and preached...I even threatened to refuse treatment if they didn’t stop prostitution.”<sup>21</sup> Her initial assessment of the situation altered shortly thereafter. She identified the need for the activity. She saw the usefulness in the act rather than simply seeking pleasures of the flesh. If a sexual encounter allowed for more ointment, bandages, and medications to trickle into her hospital than it was a worthy act. After she came to this conclusion, she understood and later forgave. In this instance, the end did justify the means.

### **Choiceless Choices**

Within the camp system, an even more frightening dilemma existed for the female inmates. Women were being admitted into the camps pregnant – some of them clearly in the third trimester. What would happen to these women? The idea of raising an infant, let alone giving birth, in a concentration camp was a harrowing prospect. Their captors would never allow it. What then was the solution? For women physicians such as Lucie Adelsberger and Giselle Perl, both spending time in Auschwitz, the question of pregnant women defined their struggle as doctors within the Nazi death camps.

Inevitably, some women did give natural birth within the camps. The result was immediate death for both mother and child. If pregnancies were allowed to continue, the ranks of the women's camp would thin even quicker. The only solution was one the physicians would never consider under normal circumstances. Adelsberger readily admitted that it was a medical mistake and that to induce termination of a pregnancy in a healthy woman was a taboo all over the world. However, these were unreasonable times. Knowing that to do nothing meant the loss of two lives, the women doctors fell back on cold reasoning to bring them to action.

As Adelsberger put it, "Medical ethics prescribe that if...the mother and child are in danger, priority must be given to saving the life of the mother...The child had to die so that the life of the mother might be saved."<sup>22</sup> Quietly amongst themselves they began to triage the women who were expecting. Starting with the nine month pregnancies and working her way down, Perl would induce labor without any aid of sanitary equipment. All she had were her fingers and what little water could be saved. This often took place in the middle of the night; in a dark corner of their barracks or the latrine. She would then bandage their abdomens to conceal any signs of their work and send the women on their way. In extreme cases she would admit

them to the hospital listed as pneumonia patients--a safe diagnosis that wouldn't arouse any suspicions or risk selection to the gas chambers.<sup>23</sup>

In the event that they were unable to perform an abortion on time, or that a child survived the procedure, the physicians turned to their stockpile of poison that had been collected for this sole purpose. It was administered to the child immediately, but even that sometimes wasn't enough. Adelsberger recalled several instances where the newborn's fight for life was stronger than any dose that they could administer. In one such case, she recalls a mother's action that was usually spared them by the doctors: "One time there was no poison available, and so the mother strangled the child she had just delivered...She was a Pole, a good mother who loved her children more than anything else. But she had hidden three small children back home and wanted to live for them." Such a barbaric act, no matter the reasoning behind it, brought a psychological toll on both mother and doctor. In her memoir, Adelsberger admits that many women they performed this operation on never recovered from the death of their infant and never forgave the physician.<sup>24</sup>

The toll wore heavily on the physicians as well. With every abortion, Perl had to battle her every instinct as a mother herself to perform the operation "No one will ever know what it meant to me to destroy these babies...if I had not done it, both mother and child would have been cruelly murdered...every one of these women recovered and was able to work, which, at least for a while, saved her life."<sup>25</sup> The logic was cold and calculating but simple. They could lose two or save one. However, to save that life meant to destroy another, inadvertently making them unwilling accomplices to the Nazis.

Such "choiceless choices" didn't fall only on the physicians conducting these abortions. Miklos Nyiszli, a pathologist by trade from Hungary, was recruited by Dr. Josef Mengele

himself upon arrival to Auschwitz. The man who became known as the “Angel of Death” stood diametrically opposed to everything a doctor should stand for. In the years he spent at Auschwitz, he conducted a litany of experiments under the pretense of racial pseudoscience. To conduct them en masse, he forced Jewish medical professional into his service at the crematoriums.

As a direct assistant to Mengele, Nyiszli was tasked with a seemingly endless number of autopsies brought to his lab. The high population within Auschwitz allowed for a number of experiments on prisoners of good health, twins, dwarfs, giants, and those with abnormal congenital effects. With corpses freely disposed of, Nyiszli was regularly asked to dissect his fellow prisoners and ship noteworthy samples back to Germany. There, the highest medical authorities reviewed the results of the demented experiment. Nyiszli, along with the rest of the Jewish staff, were active members in the Nazi “noble goal” of perfecting the Aryan race.<sup>26</sup>

Reflecting on this later in his life, Nyiszli was still overcome with the guilt of his actions. “...I...carrying out the orders of a demented doctor, had dissected hundreds of bodies, so that a science based on false theories might benefit from the deaths of those millions of victims.” The extent of these orders didn’t simply end with an autopsy. Nyiszli and his staff would be forced to cut the flesh of healthy young men and women, boil the flesh of victims so that they could preserve the skeletons for shipment back to the Reich, and, in rare cases, review diagnosis of patients from Ka-Be who were eligible for liquidation.

In one of these cases, Nyiszli was questioned by Mengele on the validity of typhus diagnosis by physicians from the woman’s camp. Knowing that Mengele was a race biologist, Nyiszli knew he wouldn’t have the expertise that he possessed as a pathologist. If the diagnosis stood, the entire block of prisoners risked liquidation. To disagree with the diagnosis could



mean the death of the physicians. Nyiszli made his decision: the women's diagnosis was incorrect. The patients didn't have typhus. He instantly felt remorse.

“According to medical customs as practiced outside the barbed wire I had certainly acted unethically...I had wronged two or three innocent people.” Nyiszli knew the man he was dealing with. When combating an epidemic the Nazis were ruthless in their response. “...what lengths might Dr. Mengele have gone in his fight against epidemics and might have been the number of victims, if I had acted differently?”<sup>27</sup> He never found out what happened to the women physicians. He hoped they simply lost their job and were reduced to hard labor rather than the gas chamber. All he knew is that he chose the life of many over a few. The guilt of that decision would remain with him over the ensuing decades.

## **Contagion**

Disease has always been a harbinger of death with allegiance to no one. Through the centuries it has destroyed armies, devastated cities, and brought civilizations to its knees. As ruthless as the Nazis were, the threat of an epidemic froze even them in their tracks. The abhorrent conditions within the ghettos and camps became a breeding ground for any number of ailments. Aside from the Nazis themselves, disease was the greatest single threat to the Jewish population. It was also the area with the greatest single impact by the struggling Jewish physicians.

Initially, one would think that disease was something the Nazis would rejoice in. Exterminating a group of people took time and manpower. If a single epidemic could do the

work for them without any effort on their part, then why intervene? When being consulted by an SS officer on containing a typhus outbreak within the ghetto, Arnold Mostowicz saw the vulnerability that neither party would admit. “If he knows, he must also know the old epidemiological rule asserting that no barbed wire will stop a louse...behind the barbed wire was first of all the ghetto...and then there was the city, the Aryan city.”<sup>28</sup> There was no guarantee of safety. Disease forced the Nazis into an unlikely partnership with the Jewish doctors, the very people they meant for death. If a disease could be stopped in its tracks, that was preferable to the logistics of liquidating an entire ghetto on the spot. That option was very real and in the case of Mostowicz he was shown the validity of the threat. The same SS officer asking for his help promptly executed two typhus patients in front of him as an example of what would happen should they fail to contain the disease. As Mostowicz saw it, two patients were denied the chance to win the fight for life.

Tactics to fight such ailments were universal throughout the Holocaust. With numbers of infected quickly on the rise the doctors needed to act quickly. As a first course of action they resorted to one of the oldest medical practices: quarantine. Within the ghetto and camps, shuffling people in and out of rooms and barracks in an effort to isolate the infected was common place. Lice were often the main culprit of the major epidemics and were tenacious in their ability to infect. As Adelsberger put it concerning Auschwitz’s bout with lice, “the bloks were crawling with them even more densely than with people.”<sup>29</sup> Even if one did die as a result of the disease, the lice still lived and remained a threat to those around the deceased. All the more reason that if they were to pass, they passed with those already infected.

Those quarantined weren’t left to their own devices, though. Once quarantined, the doctors took their lives into their own hands and ventured into these areas to treat those in need.

In the case of the Lodz ghetto, Mostowicz and his peers set up a system in which doctors would rotate within the infected gypsy camp on a multi-day rotation. Always in pairs. Always with limited supplies despite the Nazi demands. After two months it was clear that their efforts weren't helping. With increasing frequency, the doctors themselves were falling ill with typhus. The doctors became more cautious. Mostowicz remembers hearing a story of a doctor who, during his rotation, was handling the stethoscope with a stick while standing on a table to examine his patients.<sup>30</sup> The death rate climbed so high at one point that the Nazis, notorious record keepers, stopped issuing death certificates and eventually buried the dead in the nearby Jewish cemetery.

Still the doctors did not give up. If they couldn't intervene appropriately to cure their patients, they could at least assure them the opportunity to fight for their own life. Whether it was typhus, cholera, dysentery or any other ailment, the Nazis had displayed their proclivity towards executing those who were considered "too sick" to return to work. As such, all medical professionals were careful to document any case of infectious disease to their captors. To do so was to invite an ad hoc selection process. Instead they would literally hide their patients.

On a small scale it was simply moving a patient from one room to another. If the patient, or perhaps even the staff, were too weak to move them at a distance, they would place them on the top bunks out of eyesight of Nazi patrols. In more severe cases, long term patients would actually be rotated through wards so as not to appear to have overstayed their welcome. When news of upcoming selections were brought to the staff, they would discharge all patients deemed at risk. Once the selection was completed, they would promptly readmit all those they had discharged.<sup>31</sup>

In the notable case of Dr. Brauns (first name not given) of the Kovno ghetto, he simply lied about the condition of his patients. With 70 typhus patients on his hands, Brauns simply diagnosed them with influenza. In comparison to typhus, this was a relatively harmless situation. At that time, Dr. Elkhanan Elkes was the head of the *Judenrat* and, working in tandem with Dr. Brauns, procured extra rations of food and water for his patients. Working in secret, without the harassment of the Nazis or Lithuanians, Brauns was able to effectively treat his patients, only losing three in the process. This extremely low mortality rate showed what was possible should even simple supplies be available to a doctor dedicated to the life of his patient.<sup>32</sup>

### **To Do No Harm**

Within the medical world, a doctor represents hope and salvation to a patient. Someone who can take away their troubles through a specialty that they may not understand, but fully appreciate. Often lost in this process is the plight of the providers themselves. Medical professionals often are left to quietly suffer when treatment plans go awry, a patient's health deteriorates, or when a patient is lost. However, there is rarely time to grieve and instead the provider is forced to move on. This was never truer as the physicians of the Holocaust sought to strengthen their resolve while simultaneously battling the psychological toll that grew within.

The traumatic experience of the ghettos and camps catapulted these physicians into the most austere of environments. Not only were they charged with the health of hundreds of thousands of people, but also they had to find a way to survive themselves. These circumstances left most reeling, but the physicians who survived fell back on the cold hard logic of their profession to guide them through. For Gisella Perl, she saw it as her own way to fight back.

“I knew that my work had an aim. Here I was a partisan, too, a partisan fighting against the Nazis by saving the lives they intended to destroy.”<sup>33</sup> Several survivors stated that by simply living they stood as a slap in the face of the Nazis. For Perl, transforming her work into an active form of resistance was the only way to respond to the death system. Every life she saved with the primitive tools given to her was an act of open defiance.

Within the Lodz ghetto, Arnold Mostowicz sought to do the same within his own means. When the threat of typhus began to seep into the ghetto proper, the Nazis issued an order stating that potential infectious patients were no longer to be transported for treatment. Instead they were to be gathered for “deportation.” After seeing so much death due to this process, or leaving them to die on their own, he was spurred to action. When a call one night presented a little girl clinging to life due to typhus, he transported her quickly to the hospital.

After the girl had been admitted and treated, Mostowicz was confronted by the senior physician of the ward who chastised him for putting the entire hospital at risk. Unaffected by this, Mostowicz simply wanted to know if the girl would live. When he found out she would, he proceeded to visit her for the next two weeks until she was discharged. While his behavior could be described as reckless, it was more important for him to do something to save a life rather than watch another one slip away.<sup>34</sup> Another death was simply unacceptable.

These selfless heroics weren't without a cost. Witnessing the deaths of thousands over time takes its toll on any individual. A physician is no exception. When doctors couldn't compartmentalize any further, they would often turn to some form of self-medication in order to numb themselves further. After overhearing the murder of 70 women within the crematoria one night, Miklos Nyiszli retreated to his room and promptly ingested ten centigram sleeping pills. On days he bared witness to the massive funeral pyres outside the crematoria he would need

thirty centigram pills. For him, it was the best remedy for sleep after a day's work. On lighter days, he would simply spike his tea with rum. For him the effect of the alcohol was as comforting as the caress of a mother's hand.<sup>35</sup>

Gisella Perl took doses of morphine on more than one occasion when she had her moments of weakness. She explains her actions by stating, "The Nazi method of completely dehumanizing us before throwing us into the fire worked beautifully. Only a very few, the strongest, the cleanest, the noblest were able to retain a semblance of human dignity."<sup>36</sup> While she attempts to explain these lapses, within her quote Perl actually speaks to the struggle of her peers.

So often it fell on them to be that stronger person that all could see. The individual with dignity that could be relied on to guide others through the horrors of the Holocaust. Adelsberger, after battling her own demons, felt this same sense of duty. "Suddenly I was overwhelmed by the thought that, despite it all, life is still stronger than death. Someday a new life would arise..."<sup>37</sup> Aiding this mission to survive was the duty to bear witness. Adelsberger, Mostowicz, and Nyiszli all commented at length on this responsibility within their memoirs. For every life they saved would be another voice, in addition to their own, to describe the horrors they had suffered. It was easier to forget. Especially since they faced death more than any others within the system. But that aversion to remembering is precisely the reason they must remember. The legacy of the dead is in their hands.

## **CONCLUSION**

The plight of the Jewish physicians was a situation that could only be presented by the conditions of the Holocaust. As the world was witnessing the largest genocide in history, these men and women were reduced to a hollow shell of their profession. To be appointed the care of the hundreds of thousands of prisoners, while simultaneously being denied any supplies to perform on an adequate level, was a cruel joke that fell in line with Nazi practices. What couldn't be denied, however, was the resolve of these physicians who performed dutifully in any capacity available to them. Whether it was simply words of encouragement or substantial medical care, their impact was felt. Driven by their Hippocratic Oath to do no harm, they navigated their way through the moral dilemmas faced daily while saving what lives they could. Their lifesaving efforts, and the hope they provided, were often why patients in their death throes would cry out for "Doctor" instead of a God they perceived as having abandoned them long before. A rabbinic precept states: "When everyone acts inhuman, what should a man do? He should act more human." When confronted with the Nazi killing machine the Jewish physicians did just that. Rather than give in to death, they were on the front lines in the fight for life.

## Endnotes

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- <sup>1</sup> Miklos Nyiszli, *Auschwitz: A Doctor's Eyewitness Account* (Arcade Publishing 2011), 108
- <sup>2</sup> Nyiszli, *Eyewitness*, 109
- <sup>3</sup> Mina Deutsch, *Mina's Story: A Doctor's Memoir of the Holocaust* (ECW Press 1994); Gisella Perl, *I Was a Doctor in Auschwitz* (New Hampshire: Ayer Company 1997); Michael Berenbaum and Yisrael Gutman, *Anatomy of the Auschwitz Death Camp* (Indiana University Press 1998); Arnold Mostowicz, *With a Yellow Star and a Red Cross* (Library of Holocaust Testimonies: Vallentine Mitchell 2005); Lucie Adelsberger, *Auschwitz: A Doctor's Story* (Northeastern 2006); Miklos Nyiszli, *Auschwitz: A Doctor's Eyewitness Account* (Arcade Publishing 2011)
- <sup>4</sup> Berenbaum and Gutman, *Anatomy*, 269, 308-314, 325-327; Nyiszli, *Eyewitness*, 63-65, 87, 97, 161
- <sup>5</sup> Week 3 Lecture Power Point: Slides 6, 9, 14, 17-18
- <sup>6</sup> United States Holocaust Memorial Museum. "Anti-Semitic Legislation 1933-1939." <http://www.ushmm.org/wlc/en/article.php?ModuleId=10007901>
- <sup>7</sup> Adelsberger, *Auschwitz*, xv
- <sup>8</sup> Deutsch, *Mina*, 16-17
- <sup>9</sup> Mostowicz, *Yellow Star*, 15
- <sup>10</sup> Mostowicz, *Yellow Star*, 15
- <sup>11</sup> United States Holocaust Memorial Museum. "Lodz." <http://www.ushmm.org/wlc/en/article.php?ModuleId=10005071>
- <sup>12</sup> Primo Levi, *Survival in Auschwitz* Translated by Stuart Woolf. (New York: Touchstone, 1996), 50-52
- <sup>13</sup> Berenbaum and Gutman, *Anatomy*, 382
- <sup>14</sup> Levi, *Survival*, 56-57
- <sup>15</sup> Nyiszli, *Eyewitness*, 27
- <sup>16</sup> Deutsch, *Mina*, 87
- <sup>17</sup> Deutsch, *Mina*, 60-61
- <sup>18</sup> Perl, *Doctor*, 92
- <sup>19</sup> Berenbaum and Gutman, *Anatomy*, 486
- <sup>20</sup> Nyiszli, *Eyewitness*, 77
- <sup>21</sup> Perl, *Doctor*, 79
- <sup>22</sup> Adelsberger, *Auschwitz*, 100
- <sup>23</sup> Perl, *Doctor*, 73-74
- <sup>24</sup> Adelsberger, *Auschwitz*, 101



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<sup>25</sup> Perl, *Doctor*, 74

<sup>26</sup> Nyiszli, *Eyewitness*, 57-61

<sup>27</sup> Nyiszli, *Eyewitness*, 97

<sup>28</sup> Mostowicz, *Yellow Star*, 26

<sup>29</sup> Adelsberger, *Auschwitz* 51

<sup>30</sup> Mostowicz, *Yellow Star*, 28-29

<sup>31</sup> Berenbaum and Gutman, *Anatomy*, 388. Nyiszli, *Eyewitness*, 94-95.

<sup>32</sup> Boston University: Bostonia. "Do No Harm." <http://www.bu.edu/bostonia/winter-spring12/holocaust-doctors/>

<sup>33</sup> Perl, *Doctor*, 160

<sup>34</sup> Mostowicz, *Yellow star*, 49

<sup>35</sup> Nyiszli, *Eyewitness*, 42, 68, 89

<sup>36</sup> Perl, *Doctor*, 30, 37

<sup>37</sup> Adelsberger, *Auschwitz* 54

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