

# Introduction

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The chapters in this volume have been selected to document and explore Jewish medical resistance, a subject that has received little analysis in the broad study of resistance during the Holocaust. The range of material collected is great and includes both small- and large-scale efforts in the ghettos of Warsaw, Vilna, Lodz, Kovno, and Shavli, and in the concentration camps of Auschwitz and Theresienstadt. The authors include eyewitnesses, children of survivors, and Holocaust scholars. While some chapters consider the health of the ghetto population as a whole, others focus on the experiences of individuals. Stories of doctors, nurses, pharmacists, dentists, and other medical and public health workers are included. Collectively, these chapters illuminate the tragic choices faced by Jewish medical professionals, as well as how these choices composed a unique form of resistance. The stories have important implications for the way in which we view the Holocaust, and how we view medicine post-World War II. Through these chapters we are reminded of the strength and ingenuity of the Jewish people, a narrative that has been largely overshadowed by the genocide that followed. Furthermore, we see the antithesis of medicine as practiced by the Nazi doctors during the Holocaust. Indeed, the literature is latent with reflection on the shadow of Nazi medicine and its implication for the modern practice of medicine. However, in the ghettos Jewish medicine was also used as a means of solidarity, philanthropy, and humanity. Publishing these accounts honors the efforts of those health professionals who practiced selfless medicine in extremis, and thus had an enduring impact on the lives of other Jews, and on the field of medicine itself.

## EUGENICS AND THE WEIMAR REPUBLIC

For the twelve years preceding Hitler's rise to power and the Third Reich, Germany was governed by the democratic Weimar Republic. During the Weimar, eugenics and racial hygiene became central to German public health. Eugenics advocates, including numerous medical professionals and academics, argued that modern medicine and welfare programs interfered with natural selection, and with the survival of the fittest in society. German physicians warned that if the nation did not produce children that were more fit, it was headed for extinction.

Biological solutions were soon implemented to solve what were considered social problems. People were ranked based on supposed genetic superiority. Inferior persons were thought to be deleterious to the gene pool, and were therefore in need of sterilization. It should be noted that such practices were also prevalent in the United States.

When Hitler came to power in 1933, he used the eugenics movement to empower anti-Semitism, stipulating that the Nordic race was superior. Thus, under Hitler's Third Reich, more invasive measures were taken to control the makeup of the Aryan gene pool. For example, reproduction and marriage were regulated. On July 14, 1933, *Das Gesetz zur Verhütung erbkranken Nachwuchses* (The Law for the Prevention of Genetically Diseased Offspring) was passed. This program was based on the previously voluntary sterilization law drafted by the Prussian health officials in 1932. Both men and women were required to be sterilized if they suffered from one or more of the nine conditions assumed to be hereditary: feeble-mindedness, schizophrenia, manic-depression disorder, genetic epilepsy, Huntington's chorea, genetic blindness, genetic deafness, severe physical deformity, or chronic alcoholism. This ultimately resulted in four hundred thousand forced sterilizations. Furthermore, death from sterilization procedures was not uncommon, especially for women. In October of 1935 the *Gesetz zum Schütze der Erbgesundheit des Deutschen Volkes* (Law for the Protection of the Genetic Health of the German People, hereafter called the Marital Health Law) banned marriage between so-called fit and unfit partners. Political infrastructure was developed in order to eliminate what was called genetic poisons linked to birth defects and the falling birthrate.

The *Gesetz zum Schütze des deutschen Blutes und der deutschen Ehre* (Law for the Protection of German Blood and German Honor, hereafter called the Blood Protection Law) established on September 15, 1935, further stipulated that marriage or intercourse between Jews and Germans was to become illegal. This marked the official integration of eugenics and anti-Semitism.

In addition to blatant racism, this was an unfounded and illogical extension of eugenics. In fact, statistics suggest that, prior to World War II, European Jews were, on the whole, healthier than analogous German populations. Furthermore, before World War II the Jews of Eastern and Western Europe were prominently represented in the medical community, and Jewish communities in particular were served by well-developed systems of public health. This is consistent with Jewish teachings, which emphasize sanitation and disease prevention.

## GHETTOIZATION

As the Nazis' persecution of the Jews unfolded, the oppression continued to escalate. Soon medical professionals were limited or prevented from practicing medicine until, in 1933, all Jewish medical personnel were banned from working in the public health system. As a result, prevention and treatment services became increasingly scarce, and conditions worsened for the Jews.

Finally, on September 21, 1939, Reinhard Heydrich, the leader of the Reich Security Main Office, put forth his famous Schnellbrief in which he ordered the concentration of all the Polish Jews into large population centers, which eventually became the ghettos. The brief also demanded that the SS take control of the Jewish factories, which were important to the economy and to the war effort. Its final directive was the creation of the *Judenrats*. The *Judenrats'* primary task was to ensure that all orders from the German high command were implemented.

## THE *JUDENRAT*

The *Judenrats* were a central feature of all the major ghettos, and an important component of Jewish medical resistance. Originally formed by the Germans in September of 1939, members were either appointed by the Nazis or elected by fellow Jews. A small number of those elected declined the position, either choosing categorically not to cooperate with the Nazis, or foreseeing the complex choices that lay ahead. Originally, the *Judenrat's* prescribed duties were (i) to execute German orders, (ii) to take an improvised census of Jews in a given area, (iii) to evacuate Jews from rural to urban areas, (iv) to provide adequate maintenance for the evacuees en route to cities, and (v) to provide quarters for the evacuees in the city ghetto. Faced with numerous tragic decisions, it is not surprising that the choices of the respective *Judenrats* remain controversial. While the *Judenrats* were able to organize

many services for the public good, they were also fundamentally created to aid the Nazis. Furthermore, the Nazis continuously manipulated the *Judenrats*, threatening greater punishments or promising better treatment of the ghetto in exchange for cooperation by the *Judenrat*. For example, the Nazis commonly demanded that the *Judenrats* create lists of Jewish names for deportation to concentration camps. As stated by Holocaust scholar Isaiah Trunk, "Cooperation then reached the morally dangerous borderline of collaboration. The councils were called upon to make fateful decisions of the life and death of certain segments of the coreligionists."<sup>1</sup> Under the weight of decisions such as these, Adam Czerniakow, the head of the *Judenrat* in Warsaw, was driven to commit suicide.

Another point of controversy arose as in general the *Judenrats* did not support active violent resistance, fearing this might inspire lethal retaliation by the Nazis. This often contributed to animosity between organized underground Jewish resistance organizations and the *Judenrats*. There were, however, notable exceptions. Efraim Barasz in the city Bialystok in Poland supported armed resistance as a desperate final maneuver. In Kovno, Dr. Elchanan Elkes actively supported the underground resistance, and in Lachva, Belarus; and Tuchin, Ukraine, *Judenrat* members took part in armed uprisings, and were subsequently murdered. In general, a disproportionate number of *Judenrat* members were ultimately murdered.

An examination of the inherent morality of the tragic decisions made by the respective *Judenrats* is beyond the scope of this book, but the following chapters repeatedly point to the respective *Judenrats* as key players in the Jewish *medical* resistance efforts. Though often less known than the violent uprisings organized by the Jewish underground, Jewish medical resistance efforts were also critically important to the history of the ghettos.

## THE WARSAW, LODZ, KOVNO, VILNA, AND SHAVLI GHETTOS

The largest ghetto in Europe was established in October 1940 in Warsaw, Poland. Before World War II, Warsaw was home to 375,000 Jews. After the Germans forced the Jewish populations from surrounding towns into Warsaw, the total population of the ghetto swelled to 450,000 people. This multitude of human beings, which constituted over a third of the population of Warsaw, was ultimately forced to live in just 2.4 percent of the city's area, leading to a population density seventeen times that of New York City at that time. On average, there were six to seven people living in each room, and each person received merely two hundred calories a day. The overcrowding and lack of food quickly led to a public health disaster. There

were epidemics, and more than eighty thousand Jews died as a result of the unsustainable living conditions.

The Warsaw *Judenrat*, led by Adam Czerniakow, formed a health department to combat epidemics such as typhus and typhoid. However, due to a lack of supporting infrastructure, these efforts were not sufficient to contain the epidemics which ensued.

The Vilna ghetto was established in August 1941 on the heels of “The Great Provocation,” in which the assassination of two Nazis was staged in the Old Jewish Section, and then used as justification for the formation of the ghetto. The original inhabitants of this area—predominantly poor Jews—were quickly deported and murdered in order to make space for the new ghetto. Thousands more were killed in the subsequent round up of Jews throughout the city.

Originally, two ghettos were created. Those deemed fit for work, approximately thirty thousand people, were sorted into Ghetto No. 1. Another eleven thousand inhabitants were forced into Ghetto No. 2. The Nazis appointed two five-member *Judenrats*, one for each ghetto. Though the *Judenrat* of Ghetto No. 1 comprised prewar leaders, the *Judenrat* of Ghetto No. 2 was somewhat random. This perhaps portended the fate of the second ghetto, which was totally annihilated in October of 1941.

The remaining Ghetto No. 1 quickly overpowered the water and sewerage systems, which were barely sufficient for even the original, much smaller population. As with the other European ghettos, sanitation conditions increased the risk of epidemics.

The most unique feature of the Vilna ghetto was the venerable Jewish hospital, which continued to function throughout the longevity of the ghetto. Reasons for this remarkable exception to Nazi protocol are unclear, though it has been proposed that personal ties to key authorities played a role. Nonetheless, the hospital was able to provide a plethora of services, including outpatient clinic visits, house calls, and emergency services. Later, minor procedures were added, as well as departments of internal medicine, pediatrics, gynecology, surgery, neurology, ophthalmology, otolaryngology, and radiology. The clinic also offered dentistry and physical therapy, and contained its own laboratory. Even in mid 1942, the hospital consisted of 152 health providers.

In addition to, or perhaps as a result of, the fortuitous state of medicine in Vilna, successful strategies were implemented to improve the public health of the ghetto. Various preventative measures were instated relating to sanitation, hygiene, and nutrition. Soup kitchens, teahouses (at which people were able to obtain clean hot water), milk kitchens, public laundry services, and public baths were organized. Smuggling of necessary goods

was also successfully orchestrated. Additional creative solutions were formulated, such as the manufacture of vitamins from waste products, and the removal of refuse for crop fertilizer by willing Lithuanian peasants. Remarkable evidence of the unique circumstances of Vilna was that there were no major epidemics in the ghetto.

The Lodz ghetto in Poland was established on April 30, 1940, and encompassed 164,000 Jews. The ghetto in Lodz was particularly isolated, and was surrounded by a large wooden fence and multiple barbed-wire fences. There was no electricity or potable water in the ghetto. There was also a critical lack of fuel to heat homes during the oppressive Polish winters. These factors, combined with overcrowding and poor sanitation, contributed to the outbreak of typhus fever. The most omnipresent problem, however, was starvation. Ultimately 43,500 people in this ghetto died from a combination of these conditions.

The Lodz *Judenrat*, led by Mordechai Chaim Rumkowski, helped to organize a school system with fifteen thousand students, a prison, and five hospitals, which continued until mid 1942. Perhaps most notably, the *Judenrat* also helped to promote Jewish labor. Because Lodz had been a key industrial city before the war, the *Judenrat* predicted that the best means of ensuring survival of the population was to make the Jews indispensable to the Nazis. At one point during the ghetto period, the Lodz factories employed as many as seventy thousand Jews. In spite of this effort, in January 1942 the Nazis began deporting Jews to Chelmno for extermination.

The Nazis created another ghetto in Kovno, Lithuania. At inception in August of 1941, it contained 29,760 Jews, but the Nazis killed three thousand within ten weeks of formation. On October 28, 1941, an additional nine thousand people were brought to the Ninth Fort and murdered. After this tremendous loss of life, the Nazis robbed the remaining population of their wealth, and exploited them as a labor force. Dr. Elchanan Elkes, a famous physician before the war, led the *Judenrat* in Kovno. Dr. Elkes was able to establish a hospital, a medical clinic, an elder-care center, a soup kitchen, a school, and even an orchestra. On June 21, 1943, at the behest of Heinrich Himmler, the Nazis began to transform the Kovno ghetto into a concentration camp. This transition was completed by the fall of 1943, and thousands of murders followed. After the conversion of the Kovno ghetto, one of the major Jewish resistance leagues, the General Jewish Fighting Organization, responded by increasing its presence in Lithuania, and specifically the surrounding Augustow Forest.

In July 1941 the Nazis created a ghetto in western Lithuania in the city of Shavli. Mendel Leibowitz was appointed as the head of the respective

*Judenrat.* The Shavli ghetto comprised two separate areas five hundred meters apart from each other, one in Kafkaz and the other in Traku. Shavli was home to some 5,360 Jews before the German invasion, which began on June 22, 1941, and lasted for four days. During the confusion of those four days, approximately one thousand Jews were able to escape Shavli. In the following two weeks, both Germans and Lithuanians massacred another one thousand Jews. The remaining population was used as forced labor in the leather factory, the airport, or other German workshops. The Nazis put their “wages” toward the collective need, such as the creation of the Kafkaz area hospital.

The Nazis transformed Shavli into a concentration camp and in September 1943 they liquidated the Kafkaz ghetto. On November 5, 1943, the Nazis murdered 574 children and hundreds of handicapped and senescent Jews. In July 1944 the remaining Jews were sent to the Stutthof concentration camp in Germany.

## CONCENTRATION CAMPS

The period of ghettoization ended in late 1944, when the Nazis systematically destroyed the ghettos and murdered their populations or deported them to concentration camps. Concentration camps had been in effect since 1933, conceived to imprison so-called enemies of the state. The first camp, Dachau, was founded to house communists, social democrats, and other political prisoners. Heinrich Himmler’s powerful SS organization reorganized the concentration camp system to include “undesirable people” including Jews, criminals, Soviet prisoners of war (POWs), homosexuals, and Gypsies. Fueled by the T-4 euthanasia program, the twenty thousand Nazi concentration camps were used to propagate the “Final Solution”; total genocide ensued.

Few stories of organized medical resistance survive from this last, most gruesome period of the Holocaust. Those that do exist largely relate individual efforts to mitigate the inhumanity of the Nazis. The preponderance of these stories comes from Auschwitz.

Established in 1940 in western Poland—central to the German theater—Auschwitz was the largest concentration camp in operation during World War II. It consisted of three main camps: Auschwitz I (hereafter Auschwitz), Auschwitz II (hereafter Birkenau), and Auschwitz III (hereafter Monowitz-Buna), as well as forty-five satellite camps. Auschwitz was the most significant site of medical experimentation. For example, Block 10 in Auschwitz

was home to the infamously heinous experiments of Josef Mengele on twins, dwarfs, and women; and of Dr. Carl Clauberg, a gynecologist who strove to develop a faster, more efficient method of sterilizing women. The largest of the three camps, Birkenau was established in 1941, with the express function of extermination. Monowitz-Buna was initially established as a source of slave labor for the nearby chemical plant.

Generally, in concentration camps the deplorable conditions, tight control, and overwhelming climate of despair made any system of public health impossible. Auschwitz, however, had such a large population and such an intricate hierarchy of prisoners and overseers that it was possible to establish a minimal system of public health.

The Revier served as the Auschwitz hospital. Overcrowded, filthy, and lacking in every vital supply, many died waiting in the queue, and many more preferred to die at work or in the barracks rather than enter the Revier. There were, however, opportunities for workers at the Revier to help the patients. For example, doctors commonly changed the charts of patients, and propped them up, pinching their cheeks to help them avoid selection for the gas chamber. Some efforts were also made to isolate prisoners with infections within the blocks, or to hide prisoners who were sick or pregnant. Furthermore, female prisoners in Block 10 often attempted to help ease the suffering of fellow victims, though often they could do little to prevent death.

## JEWISH RESISTANCE

The genocide that followed the creation of these concentration camps has largely overshadowed the stories of Jewish resistance during the Holocaust. In reality, Jewish resistance took on many forms. Much of the armed resistance against the Nazis happened after 1942. Armed resistance units were spread throughout German-occupied Europe and they worked as individuals or as teams comprised of both Jews and non-Jews. The partisans struggled to survive in the forests with limited food and shelter. However, they were able to perform remarkable feats such as halting trains carrying Jews, and attacking heavily armed German military units. Partisan units in France and Italy collaborated with the Allied forces to oppose the Germans. In Western Europe armed resistance units smuggled money to Jewish fighters, hid Jews, and attacked German soldiers. In Eastern Europe resistance fighters operated from forests and along city limits after escaping from ghettos or camps. From there, they helped organize revolts and uprisings. In addition, over one hundred ghettos in Eastern Europe harbored resistance



organizations, which engaged in activities ranging from smuggling weapons to coordinating escapes.

Perhaps the most significant uprising occurred in the Warsaw ghetto in 1943. In October of 1942 Heinrich Himmler issued a decree to destroy the ghetto and its inhabitants. In response, the Żydowska Organizacja Bojowa (ŻOB, or Jewish Combat Organization) and the Żydowski Związek Wojskowy (ŻZW, or Jewish Military Union) collaborated to resist the Nazis' decision. Armed with limited weapons, Jewish fighters attacked the Nazis on January 18, 1943. Most who fought were subsequently murdered, but their efforts were not in vain: deportations were suspended. When deportations were planned to resume in April, fighters again attacked the Germans. After several months of resistance, the ghetto was unilaterally burnt and annihilated.

In addition to armed moments, more subtle forms of resistance were commonly practiced. For example, spiritual and cultural resistance was common in the ghettos. Spiritual resistance was nonviolent, and included hidden spiritual services and prayer as well as religious education. Several ghettos concealed Jewish libraries for spiritual study. The famous Vilna Reading Room, for example, contained over one hundred thousand books. The Theresienstadt forced labor camp in Czechoslovakia remarkably maintained a library of over sixty thousand books, which were shared with the surrounding Jewish community. Jewish underground schools were established to pass on religious traditions and cultural teaching to the children of the ghettos. In the Theresienstadt ghetto, children were given art supplies in order to paint or sketch their experiences in the ghetto. The *Judenrats* and other leaders organized plays, concerts, and lectures. Diaries and journals were maintained and kept carefully hidden throughout the duration of the war.

And, of course, medical and public health resistance was organized and implemented. It has been well documented that among the primary objectives of the ghettos was destruction of the inhabitants by a combination of epidemic, cold, and starvation. Indeed, the record is replete with examples in which the Nazis actively attacked public health in the ghettos in order to accelerate this end. In response, in all of the major ghettos, a concerted effort was made to maintain public health. The sentiment was that if public health could be maintained in spite of the Nazis, the people in the ghettos could perhaps survive the war. In many cases, the ghettos would have indeed succeeded in this goal of survival had the Nazis not deported the remaining Jews to extermination camps, thus committing active genocide. Here, our story begins.

## NOTES

The historical facts found in this introduction were derived from the online encyclopedia of the United States Holocaust Memorial Museum (<http://www.ushmm.org>) and Yad Vashem (<http://www.yadvashem.org>).

1. Isiah Trunk, *Judenrat: The Jewish Councils in Eastern Europe under Nazi Occupation* (Nebraska, 1996), 570.