

Medicine in Theresienstadt

Anna Hájková

In 1979, the former nurse Emilie Valentová remembered her boss, the ophthalmologist Richard Stein: “He was a scientist, a specialist, he was operating on, in Theresienstadt, in the conditions there, he was even operating on strabismus, which was then by far not as frequent as today. After the war I realized, he was actually operating on people who were designated to die. But above all, he was a physician.” Stein, who survived and emigrated to Israel, becoming one of the key founding physicians of the country, was emblematic of many among the physicians in Theresienstadt.

Medical history is immensely informative about the Holocaust victims’ society and yet the field remains a lacuna. When I set out to research the ghetto, I found out there is really little work on Holocaust and medicine in the camps and ghettos, even though the forced experiments have become an epitome of the Nazi crimes. This gap is even more striking given that alongside hunger, fear of transports to the East, and crowded accommodation, ill health brought about by the persecution was a unifying experience for all Holocaust victims. In Theresienstadt, even the social elite of the young Czech Jews was confronted with diseases specific to or much more frequent and deadly to the ghetto: typhus, typhoid, TB, ileus, pneumonia, and enteritis.

Health Services (*Gesundheitswesen*) was the department of Jewish self-administration that took care of the sick. Led first by the radiologist Erich Munk and later by Richard Stein, by 1943 Health Services became the most effective (and second largest) department. The SS allowed for a broad delivery of medication; one of the reasons was that the perpetrators were afraid of a Jewish infection. Leitmeritz, the regional capital, was nearby, and a Wehrmacht hospital was just outside the ghetto. In summer 1944, the monthly delivery of medication billed half a million crowns, and the delivery lists of list all

the essential medications used in continental medicine between 1940 and 1945, including pain, dysentery, paratyphoid, and heart medications, as well as sulpha drugs. In 1943, the head radiologist Lilly Pokorná (and one of the three leading women physicians) had to show around a visiting Wehrmacht officer who inquired whether she had any photographic material for x-rays. She had little, she answered, and often had to make do with x-ray paper. The officer was amazed: in Vienna, there was no x-ray photographic material since months. Similarly, the operations that took place were modern and complex.

At the same time, access to health care reflected the prisoner hierarchies. The elderly represented a majority of the sick and also were the group with highest mortality. By summer 1943, 25,882 people have already died, 77% of all those who died in the entire duration of Theresienstadt. In fact the majority of the Terezín dead perished within six months, between August 1942 and March 1943. The result was attrition of the elderly, in addition to the 16,000 seniors who were deported to Treblinka and Maly Trostinets in fall 1942. By March 1943, the numbers reversed, as most of the elderly were no longer alive: 64% of the patients were able-bodied. As I found out in the course of my work, these chilling numbers go back to the food distribution and graft. The decision to categorize the elderly as non workers and thus receiving the smallest, and least nutritious rations came from the Jewish self-administration, not the SS. Similarly, the food that the cooks “organized” usually belonged to the non-workers: a fact to bear in mind when we think about cooks’ patronage for soccer players or musicians. This misdistribution of resources that was triggered by the reduced food rations the Germans allotted for the Theresienstadt led to the high mortality of the elderly.

Enteritis serves as a particularly poignant disease for our understanding how the Theresienstadt doctors applied triage. While almost everyone became infected with gastric flu, it was deadly for the elderly: they died of dehydration and weakened heart. Between January and March 1943, there was an outbreak of typhoid in the ghetto, perceived as an

epidemic. 444 prisoners became infected, both children and grown ups, with an overall mortality of 9,63%. Gonda Redlich, the head of the Youth Care, and the leading physicians were dismayed that the illness was killing children. However, the numbers of children who died of typhus in January-March 1943 are very low: twelve in February and one in March. In the same period, the total mortality in the population was 2,506 in January, 2,271 in February, and 1,653 in March. Great majority of them were old inmates who died of enteritis. Of course, there were many more elderly in in Theresienstadt than children. The interesting aspect here is that typhoid, not enteritis, was perceived, narrated, and to this day remembered as an epidemic. In defining what was a noteworthy death, the doctors repeated the triage mentality applied for food rations.

Theresienstadt had an unusually high proportion of physicians per population; many Central European Jews studied medicine. Not all deported doctors succeeded in working in their profession in the ghetto; the best chance had young Czech physicians, especially those who arrived in the first months. For doctors, Theresienstadt presented a unique chance: unlike almost everyone else, they could continue in their profession and make a palpable difference. Persecution and incarceration came with a feeling of powerlessness that people hated: working as a medical expert gave them agency. The physicians perceived the ghetto as a continuation of their career; indeed, those who survived often published their notes as academic articles, proving that foremost, they were doctors — and only then Jewish prisoners. These professional continuities included considerable sexism, in which male doctors treated nurses as extension of their abilities rather than colleagues. Similarly, sleeping with nurses served boosting doctors' status: The pediatrician Dr Hardt became enamored with a German nurse Lieschen who worked for a different doctor. Hardt "bought" Lieschen for sugar from his colleague so she would work for him. We will not know Lieschen's last name nor her perspective: it was not deemed historically interesting.

Aspects like these demonstrate how medical history allows for a deeper understanding of the Holocaust society. The fourth chapter of my book, *The Last Ghetto: An Everyday History of Theresienstadt, 1941-1945* will be the first systematic analysis of this topic.