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The Past and Promise of Jewish Prisoner-Physicians' Accounts

A Case Study of Auschwitz-Birkenau's Multiple Functions

Abstract

Seeking to demonstrate how the unique perspectives of Jewish prisoner-physicians can yield valuable insight into Nazi camps, this article first examines how scholars have used these medical functionaries' accounts to inform their portrayal of Auschwitz-Birkenau's exterminatory capacity and horrific conditions. It subsequently explores how these individuals' memoirs and legal statements can also speak to the camp's functions as a labour camp and transit camp. The article reinforces the significance of this relatively obscure prisoner group through an examination of Nazi documents, and it indicates that the prisoner-physicians' parallel assignments to and experiences in Birkenau and concentration camp subcamps reveal that both institutions were simultaneously engaged in the Nazis' dual missions of exploiting Jewish labour and annihilating European Jewry.

Introduction

Beginning with the publication of the first authoritative monograph on the Holocaust – Raul Hilberg's *The Destruction of the European Jews* – in 1961, Olga Lengyel's *Five Chimneys: The Story of Auschwitz* and Gisella Perl's *I Was a Doctor in Auschwitz* have served as valuable sources in historians' attempts to understand and, in turn, convey the horrors of Auschwitz-Birkenau.¹ The camp, also known as Auschwitz II, claimed the lives of nearly one million Jews from its opening in March 1942 until its liberation in January 1945.² Initially comprising two farmhouses converted into gas chambers, its killing infrastructure later included four large crematoria, each of which housed an undressing room, gas chamber, and high-capacity ovens, thereby greatly accelerating the 'processing' of European Jews.³ As its large area and multiple

1 Raul Hilberg, *The Destruction of the European Jews*, Chicago 1961, 582 note (hereafter: 'n') 39–40, 584n53, n56, n57, 607n35, 614n26, 616n33, 626n30–4, n36, 626n37, n38, 628n52, 629n65, n66, n68, 613n12, 633n26; Olga Lengyel, *Five chimneys. The Story of Auschwitz*, Chicago 1947; Gisella Perl, *I Was a Doctor in Auschwitz*, New York 1948. Hilberg also uses the memoir of non-Jewish prisoner-physician Ella Lingens (Ella Lingens, *Prisoners of Fear*, London, 1948). I do not discuss the accounts of Lingens or those of other non-Jewish prisoner-physicians here, as this article is an outgrowth of my dissertation "Between Coercion and Resistance: Jewish Prisoner-Physicians in Nazi Camps, 1940–1945" (in progress), which focuses on Jewish doctors and thus primarily calls upon source material of and about these individuals.

2 This figure is the most recent cited by historians of the Auschwitz State Museum. See <http://auschwitz.org/en/history/auschwitz-ii/> (30 November 2015). Birkenau was also the epicentre of the Nazis' effort to exterminate the Sinti and Roma – a process to which Jewish prisoner-physicians have also testified in great detail. See, for example, the memoir of a doctor in the 'Gypsy' Camp: Lucie Adelsberger, *Auschwitz. A Doctor's Story*, Boston 1995. Privation, illness, and violence at Birkenau also took a lethal toll on several other persecuted groups.

3 The two farmhouses or 'Bunkers' – the 'Red House' and the 'White House' – were first utilised as gas chambers in early 1942 and the summer of 1942, respectively. The first of the four new crematoria began operating on 22 March 1943, and all four were operating in concert by the end of June 1943 (Franciszek Piper, *Gas Chambers and Crematoria*, in: Yisrael Gutman/Michael Berenbaum [eds.], *Anatomy of the Auschwitz Death Camp*, Bloomington 1994, 161 and 163.)

subdivisions indicate, Birkenau was not solely an extermination camp (*Vernichtungslager*) in which the Nazis automatically sent entire transports of Jews to be gassed.⁴ It also served as a labour camp (*Arbeitslager*)⁵, which housed, at its peak, nearly 60,000 inmates – a steadily increasing portion of whom were Jews – who performed arduous tasks inside the electrified fence or at outside worksites.⁶ Furthermore, as of September 1943, Birkenau functioned as a transit camp (*Durchgangslager*) for Jews, where prisoners waited for varying periods of time before they were dispatched to other camps in response to labour shortages – first in small numbers to the General Government and, after mid-May 1944, by the masses to the Reich's interior.⁷

While scholarship tends to focus most on Auschwitz-Birkenau's identity as a killing centre, the camp's functions as a site of slave labour and as a key transit point, although not absent from historiography, receive considerably less attention.⁸ This article demonstrates that Jewish prisoner-physicians' accounts are particularly valuable not only in illustrating the camp's role in the genocide of European Jewry, but also in shedding light on Auschwitz-Birkenau's other functions. After all, their med-

4 There were four such camps: Belzec, Chelmno, Sobibór, and Treblinka. See Patrick Montague, *Chelmno and the Holocaust. The History of Hitler's First Death Camp*, Chapel Hill 2012; Yitzhak Arad, *Belzec, Sobibor, Treblinka. The Operation Reinhard Death Camps*, Bloomington 1987. Majdanek was a hybrid between extermination camp and concentration camp: Barbara Schwindt, *Das Konzentrations- und Vernichtungslager Majdanek. Funktionswandel im Kontext der "Endlösung"*, Würzburg 2005.

5 I have decided to use the term 'labour camp' as opposed to 'concentration camp' (*Konzentrationslager*) because the latter is too vague and may call to mind its earlier phase during which most concentration camp inmates fell under the title of 'protective custody' (*Schutzhaft*) and were prisoners for 'political,' not 'racial' reasons. The former, in contrast, draws attention to the labour element. After all, the Jews who were not selected for the gas chamber upon arrival were selected specifically for labour. Furthermore, this designation sets it apart from the Main Camp (Auschwitz I), which was a concentration camp from its inception on 14 June 1940: Franciszek Piper, *The Origins of the Camp*, in: Waclaw Długoborski/Franciszek Piper (eds.), *Auschwitz 1940–1945. Central Issues in the History of the Camp*, Vol. 1, Oświęcim 2000, 56. My reference to Birkenau as a 'labour camp,' however, is not a claim that it was a 'forced labour camp' (*Zwangsarbeitslager*), as the latter is a category unto itself. For a detailed discussion of this category, refer to Wolf Gruner, *Jewish Forced Labor under the Nazis. Economic Needs and Racial Aims, 1938–1944*, New York 2006. For a concise discussion of categorising camps, including the challenges therein, see Aharon Weiss, *Categories of Camps – Their Character and Role in the Execution of the "Final Solution of the Jewish Question,"* in: Yisrael Gutman/Avital Saf (eds.), *The Nazi Concentration Camps. Structure and Aims – the Image of the Prisoner – the Jews in the Camps (=Proceedings of the Fourth Yad Vashem International Historical Conference)*, Jerusalem 1984, 115–132. For a study that probes the topic much further, see Nikolaus Wachsmann, *KL. A History of the Nazi Concentration Camps*, New York 2015.

6 Franciszek Piper, *Auschwitz Prisoner Labor. The Organisation and Exploitation of Auschwitz Concentration Camp Prisoners as Laborers*, Oświęcim 2002, 75. The figure appears in Table 3 "Number of prisoners in Auschwitz Concentration Camp (1940–1945)" (located between pages 64 and 65) and corresponds with the date 22 August 1944. The total does not include the approximately 30,000 non-registered Hungarian Jews in Birkenau at that time. Piper points out that, as a result of the large numbers of people in quarantine and the hospitals, there was a significant disparity between Birkenau's prisoner population and the number of inmates who had labour assignments (73).

7 Piper, *Auschwitz Prisoner Labor*, 70–72. In contrast to the significant body of literature on death camps and concentration camps, scholarship on the broad category of transit camps is severely lacking. Perhaps the best discussion of these camps can be found in Angelika Königseder, *Polizeihaftlager*, in: Wolfgang Benz/Barbara Distel (eds.), *Der Ort des Terrors. Geschichte der nationalsozialistischen Konzentrationslager*, Band 9, Munich 2009. Given the focus of the article, I will be discussing neither Camp BIb – the Theresienstadt Family Camp (*Familienlager*) nor Camp BIe – the 'Gypsy' Camp (*Zigeunerlager*). For insight into Jewish prisoner-physicians' work in the former, see Gottfried R. Bloch, *Unfree Associations. A Psychoanalyst Recollects the Holocaust*, Los Angeles 1999. Regarding the latter, see Lucie Adelsberger, *Auschwitz. A Doctor's Story*, Boston 1995.

8 For example: Peter Longerich, *Holocaust. The Nazi Persecution and Murder of the Jews*, Oxford/New York 2010; Debórah Dwork/Robert Jan van Pelt, *Holocaust. A History*, New York/London 2002. Longerich discusses Birkenau as a site of extermination (e.g., 282), and the closest he comes to discussing it as a site for labour is the initial attempt to establish a forced labour camp for prisoners of war (315). Dwork and van Pelt refer to Birkenau's capacity as a transit camp, in referring to it as "the gateway [through which] Jewish slaves be shipped to concentration camps attached to industrial plants" (306) and, of course, to the camp's exterminatory function (e.g., 305 f.). There is no mention, however, of Birkenau as a site for labour.

ical training enabled the Jewish prisoner-physicians to assess the labour capacity, or lack thereof, of their fellow inmates and, when possible, to help their patients return to a state of relative fitness for work inside or outside the camp, thus placing these individuals in a unique position.

Jewish Prisoner-Physicians as Witnesses

Before proceeding, it is important to establish how and why historians have tended to use these sources thus far. As Hilberg did so frequently in his discussion of Auschwitz-Birkenau, we will return to Lengyel and Perl, both of whom worked as doctors in the medical block in camp BIIC, the Hungarian Women's Camp.⁹ The former was a trained surgical assistant who worked in her husband's hospital in Cluj, Romania, prior to her 1944 deportation to Birkenau, and the latter was an obstetrician-gynaecologist who practiced in Sighet, Romania before her deportation the same year.¹⁰ Their memoirs, published in 1947 and 1948, respectively, provide such significant insight precisely *because* of their positions as prisoner-physicians in the camp. The nature and location of their work enabled them to live longer than the average Jewish inmate in Birkenau.¹¹ After all, they worked indoors in clinics (*Reviere*) or inmate hospitals (*Häftlingskrankenbauten*) and were thus protected from harsh weather conditions and brutal Kapos trying to achieve daily production quotas – two factors that contributed significantly to inmate morbidity and mortality.¹² Over their relatively long periods in the camp, they witnessed much and met patients who informed them of much that they could not observe first-hand. Furthermore, their patients' physical conditions spoke to the camp's copious brutality, woefully inadequate rations, and abhorrent sanitation. Aware of the prisoner-physicians' accumulated knowledge, scholars have turned to their accounts for source material. For example, as someone expected to tend to the painful breast wounds SS guard Irma Grese's whip inflicted, Perl offered Hilberg insight into guards' sadistic behaviour.¹³

Given their regular interaction with Nazi doctors, prisoner-physicians have also offered scholars unique and important glimpses into these criminal figures and their activities. For information on the infamous Josef Mengele, historian Martin Gilbert called upon another Jewish prisoner-physician's memoir: Miklós Nyiszli's *Auschwitz: A Doctor's Eyewitness Account*.¹⁴ Nyiszli's position as the Nazi doctor's

9 Although she did not receive a medical degree, this article will count Lengyel as a Jewish prisoner-physician, because she served as a de facto prisoner-physician in the BIIC prisoner hospital.

10 Both cities belonged to Hungary at the time of the doctors' respective deportations.

11 Ross Halpin, *The Essence of Survival. How Jewish Doctors Survived Auschwitz*, Darlington 2014, 4. Halpin calculates that Jewish prisoner-doctors had a camp lifespan of 20 months in Auschwitz. In contrast, the average Birkenau prisoner's life expectancy could be measured in weeks or months. It is unrealistic to provide greater specificity, given that the determining factors, such as extreme weather conditions and physical condition, varied significantly from month to month, transport to transport. Unfortunately, Halpin's figure, which emerges from a sample of "approximately 48" individuals, is not specific to those who worked in Birkenau (Auschwitz II), as he factors in data from prisoner-physicians who worked in the Main Camp (Auschwitz I), Buna-Monowitz (Auschwitz III), and the subcamps. Furthermore, the figure is skewed, since it counts not only the period spent in Auschwitz, but also the length of time spent in any subsequent camps up until the individual registered in a DP camp, signifying that Halpin considered only the prisoner-physicians who survived. Of course, many did not.

12 The four terms signifying where they worked are used synonymously, as they are in Birkenau survivors' testimonies.

13 Hilberg, *Destruction*, 577. It appears that Perl's description of Grese also informed Hermann Langbein, *People in Auschwitz*, Chapel Hill 2004, 400.

14 Miklós Nyiszli, *Auschwitz. A Doctor's Eyewitness Account*, New York 1960.

forensic pathologist afforded him direct knowledge of Mengele's specific interest in, and experiments on, physically deformed Jews – information which Gilbert subsequently included in his 1985 monograph *The Holocaust: A History of the Jews of Europe during the Second World War*.¹⁵ Not surprisingly, studies of Nazi medical conduct in Auschwitz, including Robert Jay Lifton's *The Nazi Doctors* and Ernst Klee's *Auschwitz, die NS-Medizin und ihre Opfer*, are especially dependent on Jewish prisoner-physicians' accounts.¹⁶ Revealing the variety of formats for such testimonies, the former leans heavily on personal interviews, and the latter turns to statements collected in investigations into Nazi crimes. Klee was the beneficiary of so much material, because Allied war crimes investigators quickly recognised in the immediate post-war period that prisoner-physicians could offer a wealth of relevant information and subsequently made a concerted effort to collect testimony from these individuals.¹⁷

Particularly incriminating statements connected the Nazi doctors to the selections performed in the camp hospital. The prisoner-physicians witnessed, and sometimes unwillingly participated in, these practices by which SS doctors condemned dozens, if not hundreds, of Jewish inmates to death during regular visits to the prisoner medical facilities.¹⁸ They thus possessed an acute awareness of the murderous fates that awaited the patients whose illnesses or injuries would require a prolonged hospital stay. Perl's memoir, for instance, describes how the activity brought one or several Nazi medical officers to the clinic, where they "walked through the wards, inquired as to the diagnosis in each case, then called [the] guards, ordered them to strip the patients and after beating, kicking, whipping them to within an inch of their lives, loaded the entire hospital on a truck and sent them to be cremated".¹⁹ In turn, Perl's recollections, as well as those of Lengyel, informed Hilberg's discussion of these lethal events in the hospital.²⁰ Prisoner-physicians' accounts thus became critical sources for researchers writing about Auschwitz-Birkenau's function as an extermination camp (*Vernichtungslager*).

15 Martin Gilbert, *The Holocaust. A History of the Jews of Europe During the Second World War*, New York 1985, 719-721.

16 Robert Jay Lifton, *The Nazi Doctors. Medical Killing and the Psychology of Genocide*, New York 2000 [1986]; Ernst Klee, *Auschwitz, die NS-Medizin und ihre Opfer*, Frankfurt am Main 1997. Lifton's Birkenau Jewish prisoner-physician sources included Adelsberger (190-192), Aharon Beilin (e.g. 526n61), Lengyel (e.g. 344-345), Nyiszli (e.g. 350-351), Perl (e.g. 345) and Otto Wolken (e.g. 181); and there are also those who go unidentified behind pseudonyms. Among Klee's sources were Odette Abadi (402), Aron Beilin (alternate spelling of Aharon Beilin) (397), Nyiszli (e.g. 481-482), Perl (e.g. 460), Margita Schwalbová (e.g. 298), Marie Stoppelmann (472), Wolken (e.g. 406).

17 For example, in a letter dated 20 May 1946, Major A.K. Mant of the Royal Army Medical Corps' War Crimes Investigation Unit instructed colleagues to collect statements from prisoner-physicians, see *The National Archives of the UK, War Office 309/1652 Medical Experiments*.

18 In April 1943, Himmler ordered a reprieve for hospital selections for non-Jews. From that point forward, only Jewish patients were subjected to selections, see e.g. Piper, *Auschwitz Prisoner Labor*, 64.

19 Perl, *I Was*, 108 f.

20 Hilberg, *Destruction*, 626. It is interesting to note that neither Hilberg nor Gilbert addressed the prisoner-physicians' coerced involvement in hospital selections. For further discussion about the topic's absence, see Sari J. Siegel, *Treating an Auschwitz Prisoner-Physician. The Case of Dr. Maximilian Samuel*, in: *Holocaust and Genocide Studies*, 28 (2014) 3, 451-453. Not all scholars omitted this important information, however. For example, Lifton includes a chapter entitled "Prisoner Doctors: The Agony of Selections" (*The Nazi Doctors*, 214-225), and Klee addresses the topic in a section called "Häftlingsärzte als Täter und Opfer", *Auschwitz*, 424-432.

Birkenau as an Extermination Camp

Auschwitz-Birkenau has deservedly come to symbolise the Nazis' genocidal project. It was the deadliest site of the Holocaust, and its gas chambers were the final destination for Jews on transports from all across Europe – a fact to which Jewish prisoner-physicians of so many nationalities attest.²¹ While Hilberg could turn to Lengyel's and Perl's memoirs for insight into fatal selections, the women's first-hand knowledge could inform Hilberg of the lethal process only until they lost sight of the trucks that carried the doomed patients to the crematoria. For details as to what happened within these buildings, Hilberg called upon Nyiszli's and Charles Sigismund Bendel's affidavits that war crimes investigations collected in the months and years after liberation.²² As doctors attached to the *Sonderkommando*, the Special Squad of inmates who worked in the crematoria, Nyiszli and Bendel were privy to the killing procedure in the gas chamber and witnessed the aftermath of a gassing. Given that the SS executed *Sonderkommando* units at regular intervals to prevent the spread of such delicate information, relatively few eyewitnesses survived, making Nyiszli's and Bendel's observations particularly valuable.²³

Gilbert also relied on Nyiszli's proximity to the mass murder as a vantage point from which he could report on the complete destruction of the Jewish community of Corfu, Greece.²⁴

In addition to the affidavits gathered in preparation for the Nuremberg trials, scholars could rely on witness statements assembled in the context of criminal investigations in the decades thereafter. As with earlier stages, prosecutors sought the testimony of prisoner-physicians who possessed information that could eventually lead to conviction of Nazi doctors. For insight into the SS physicians' involvement in Birkenau's killing capacity, Klee turned to statements gathered in the late 1960s and early 1970s. For example, the statement of Slovakian Jewish prisoner-physician Margita Schwalbová, recorded on 7 February 1967, informed him of the camp practice of sending new mothers and their newborns to the gas.²⁵ Through Lengyel's memoir and his own interviews with prisoner-physicians, Lifton learned that the medical functionaries responded to such measures by performing covert abortions or secretly killing newborns in order to save the mother's life.²⁶

Schwalbová's testimony also enabled Klee to address a deadly 'medical' custom by which Nazi camp doctor Hellmuth Vetter ordered all Jewish patients in the *Revier*, even the severely ill, to go to work; anyone who no longer had the strength and therefore chose to remain in the block was sent to the gas chamber.²⁷ In the same collec-

21 To name a few with their memoirs: for the Czech Republic (previously the Protectorate of Bohemia and Moravia): Gottfried R. Bloch, *Unfree Associations. A Psychoanalyst Recollects the Holocaust*, Los Angeles 1999; for France: Odette Abadi, *Terre de détresse [Land of Distress]. Birkenau, Bergen-Belsen/Paris* 1995; for Germany: Adelsberger, *Auschwitz*; for Greece: Marco Nahon, *Birkenau. The Camp of Death*, Steven Bowman (ed.), Tuscaloosa 1989; for Hungary/Romania: Perl; for Slovakia: Margita Schwalbová, *Elf Frauen. Leben in Wahrheit. Eine Ärztin berichtet aus Auschwitz-Birkenau 1942–1945*, Annweiler/Essen 1994.

22 Affidavit by Dr. Nikolae Nyiszli, 8 October 1947, Nuernberg Military Tribunals Document NI-11710 cited in Hilberg, *Destruction*, 627n42, n43, n45, n48; Affidavit by Dr. Charles Sigismund Bendel, 21 October 1945, Nuernberg Military Tribunals Document NI-11390 cited in Hilberg, *Destruction*, 627n43.

23 For more information on the *Sonderkommando* and discussion of their accounts, see Gideon Greif, *We Wept Without Tears. Testimonies of the Jewish Sonderkommando from Auschwitz*, New Haven 2005.

24 Gilbert, *The Holocaust*, 698–699.

25 Statement of Margita Schwalbová, 7 February 1967, Mengele-Verfahren, Band 26, 75 cited in Klee, *Auschwitz*, 298.

26 Lengyel, *Five Chimneys*, 99–101; Lifton's interview with 'Dr. Gerda N.' (a pseudonym), no date provided. Both cited in Lifton, *Nazi Doctors*, 224–225. Gisella Perl's memoir also informed Langbein of her involvement in the same practice (Langbein, *People in Auschwitz*, 235).

27 Statement of Margita Schwalbová, 7 February 1967.

tion of documents, Klee found French Jewish prisoner-physician Odette Abadi's statement regarding a third 'medical' practice. Abadi (née Rosenstock) revealed that the SS protocol for combatting contagious diseases such as scabies dictated that, when an inmate was found to be infected, the ill person's entire block was emptied and all its occupants sent to the crematoria.²⁸

Birkenau as a Labour Camp

While the camp's deadly gas chambers and its regime of violence understandably attract significant scholarly interest, it is also important to discuss Birkenau's function as a labour camp. Prisoner-physicians offer an effective way to bridge the two dialogues, as these individuals functioned at the boundary between an inmate's life and death, health and sickness, productivity and futility. They worked in the prisoner hospitals from which inmates were sent to their deaths *and* from which other inmates emerged to return to work. Not all *Häftlingskrankenbau* patients received a lethal injection or a trip to the gas chamber.²⁹ Hospital barracks were also places for medical and surgical treatment of the ill and injured (albeit of a decidedly limited nature), and there were even blocks designated for a variety of medical specialties.³⁰ Although conditions often did not promote healing, and, in some cases, actually led to patients contracting new illnesses, these facilities and the prisoner-physicians who staffed them helped return some inmates to labour assignments.³¹

As we have seen, Lengyel and Perl described in horrific detail the brutal treatment, cruel regulations, and tragic fate of their patients selected for the gas chamber from the hospital in BIIC. At the same time, however, their texts yield insight into the importance of labour in Birkenau. For example, focusing only on the prisoners condemned to death in a selection neglects the fates of the women who remained in the hospital. One also needs to consider what happened to women after Perl's aforementioned interventions, namely terminating pregnancies or killing newborns, about which Perl wrote: "After the child had been delivered, I quickly bandaged the mother's abdomen and sent her back to work."³² Perl thus reminds us of the purpose for the women's continued existence in Birkenau – to work. As long as the birth remained secret from the SS, the new mothers had a chance at survival, since they could return to their labour detail, either inside Birkenau or in the surrounding fields, construction sites, or factories. Asking any doctors who read her memoir to suspend their disbelief, Perl declared, "Every one of these women recovered and was able to work, which, at least for a while, saved her life."³³ Productive labour was the key. As soon as a woman's physical condition significantly hampered her ability to work, she lost her value and was thus in great danger of selection for the gas chamber.

Regarding the hospital patients who were initially spared from the gas chamber, some fell victim to subsequent hospital selections; others were able to heal and recu-

28 Statement of Odette Abadi, 9 June 1972, Mengele-Verfahren, Band 10, 101.

29 This statement refers to the years 1943 and 1944. In prior years, the camp hospitals were accurately known as "waiting rooms for the crematoria" (Irena Strzelecka, *The Hospitals at Auschwitz Concentration Camp*, in: Długoborski/Piper [eds.], *Auschwitz*, Vol. 2, 328).

30 Strzelecka, *The Hospitals*, in: Długoborski/Piper (eds.), *Auschwitz*, Vol. 2, 310 f.

31 Regarding exposure to other patients' diseases, Lengyel wrote, "Instead of being cured, a patient might contract a new disease in the hospital. Because of the close quarters it was impossible to fight contagion" (122). After the spring of 1943, the Birkenau medical staff was in a better position to help the sick and injured return to a state of productivity (Piper, *Auschwitz Prisoner Labor*, 166).

32 Perl, I was, 81.

33 *Ibid.*, 82.

perate. Given the absence of most avenues of therapy, Perl reasoned that those who recovered from illness or injury in the hospital did so “more by being excused from roll call than through treatment”.³⁴ As Perl indicated, a temporary reprieve from roll call (*Zählappell*) could make a substantial difference, since the procedure, conducted in the early morning and in the evening, typically involved hours of standing outside, regardless of the weather or the inmates’ physical condition.³⁵ Either way, the system the administration had in place provided the formerly incapacitated prisoners with the opportunity to convalesce – a prospect that would be inconceivable at a site designated solely as a death camp. Instead, at least some of the inmates whose health improved could resume their tasks in a camp that concentrated an ever-growing population of Jewish labourers, while its staff simultaneously dispatched hundreds of thousands of Jews to their deaths.

As Abadi revealed above, among that doomed population were inmates who fell victim to the Auschwitz medical officers’ policy that condemned inmates with certain highly contagious diseases (and, at times, those who had been in close proximity to the diseased) to the gas chamber. Lengyel and Perl informed their readers of this decree through their discussion of their successful attempts to undermine it. Both recalled how they cheated this policy by submitting their own blood for testing in place of the blood of those who were to be tested for diseases the doctors already knew the patients had. This practice prevented Mengele’s detection of the typhoid or malaria in these patients and at least delayed deaths that the SS doctor would have ordered immediately, had he known the truth.³⁶ Lengyel subsequently boasted, “[h]ow happy we were when we could deceive him”.³⁷ It is evident that the Nazis’ brutal strategy was meant to prevent the outbreak of epidemics that could spread to the remainder of the prisoners – a population purposely kept alive in order to work.³⁸

Just as there were diagnoses that came with death sentences, there were also ‘safe’ ones. The ailments in this category were not communicable and thus posed no threat of an epidemic that would decimate labour capacity. As a result, camp policy allowed those suffering from such illnesses to remain in the hospital, at least for a short time, so they might have the chance to recover and return to work. Aware of this, Lengyel and Perl purposely entered fake diagnoses on their patients’ charts, so they could stay in the hospital to recuperate from a condition that would have otherwise led to their immediate selection for the gas chamber. For example, Perl wrote of a woman who had just gone through a particularly strenuous labour: “I put her into the hospital, saying that she had pneumonia – an illness not punishable by death.”³⁹

Although the hospital was the hub of medical activities in the Hungarian Women’s Camp, it was not the only location to which prisoner-physicians were assigned. In a 1946 report, Jewish prisoner-physician Dr. Ella Böhm indicated that each block had its own doctor (*Blockärztin*). She recalled how, shortly after she arrived at Birkenau in the spring of 1944, SS physician Dr. Josef Mengele recruited doctors to staff all the barracks in section BIIC, where they were under orders to examine the block’s prisoners for scabies and other infectious conditions.⁴⁰ Böhm, who was appointed as

34 Ibid., 61.

35 For a description of morning and evening roll calls, see Irena Strzelecka, The working day for Auschwitz prisoners, in: Długoborski/Piper (eds.), Auschwitz, Vol. 2, 66-69.

36 Ibid., 94; Lengyel, *Five Chimneys*, 146.

37 Lengyel, *Five Chimneys*, 146.

38 Also of concern was the spread of the illness from the prisoner population to the SS.

39 Perl, *I was*, 83.

40 Österreichisches Staatsarchiv (OeStA), Allgemeines Verwaltungsarchiv (AVA) E/1797:48 Weisze [sic] Ordner ‘Zeugen’ – Korrespondenz: A-F, Handwritten copy of report by Ella Böhm from 1946, 8.

the *Blockärztin* for Block 17, and her colleagues were then responsible for sending those deemed ill to the hospital block. This initiative to separate the sick from the healthy demonstrates Mengele's desire to curb any further spread of infections and to keep at least some women fit enough for work. The (relative) health of the women who remained in the blocks evidently mattered, as they would likely return to their labour details shortly.

For further discussion of Jewish prisoner-physician sources and their ability to shed light on Birkenau's capacity as a labour camp, we can move beyond Lengyel and Perl and Section BIIC to include Birkenau's entire population of Jewish prisoner-physicians.⁴¹ The largest collection of them was to be found in the men's prisoner hospital camp (*Häftlingskrankenbaulager*). This section, also known as BIIf, was founded in July 1943 for the purpose of reinforcing Birkenau's workforce.⁴² The hospital section held, on average, 2,000 patients and initially contained 15 barracks (with three added later).⁴³ Its medical staff had the responsibility of curing and mending ill and injured inmates from various sections of Birkenau as well as those from Auschwitz satellite camps who were transferred to undergo treatment and then ordered to return to their labor assignments to resume their work in mines, quarries, and factories and on construction sites.⁴⁴ It was split into several departments, and Jewish prisoner-physician Gottfried Bloch, for example, found himself assigned to duty in the surgical department in July 1944.⁴⁵ He worked in the block for minor surgeries, and the one for major surgeries stood adjacent.

Like the *Häftlingskrankenbaulager* (BIIf), the *Quarantänelager* (BIIa) had a named function yet served multiple purposes. The Quarantine Camp did, in fact, operate as indicated, but its central task was to introduce male newcomers to the brutal realities of being Birkenau inmates before they were transferred to the Men's Camp (BIId) or elsewhere.⁴⁶ Jewish prisoner-physician Otto Wolken, who served as a clerk in BIIa, indicates yet a third role, reporting that for 3,824 Jews between 29 August 1943 and 29 October 1944, BIIa functioned merely as a temporary stopover on the way to the gas chamber.⁴⁷ It is only this last facet that identifies Birkenau as a death camp; the first two point to Birkenau's labour camp function. After all, quarantine and behavioural training both imply that the camp administration intended to introduce prisoners to the general camp population, provided that the quarantine period elapsed without the new arrivals' exhibiting symptoms of a feared disease and that they assimilated the brutally inflicted lessons. Not surprisingly, Wolken's numerical records, which he amassed surreptitiously through his position as a clerk, also speak to the medical and disciplinary aspects of the Quarantine Camp. For instance, the approximately 4,000 Jews who were sent from BIIa to BIIf for in-patient

41 The size of this population is currently unknown and will likely remain so for a number of reasons. These include the fact that Nazi documentation of the inmate medical staff is incomplete and that many did not survive and were thus unable to record – either textually or orally – their experiences as Jewish prisoner-physicians. I expect that my (inevitably incomplete) future survey of extant camp files and survivor accounts (e.g., memoirs and legal depositions) will yield a total ranging between 100 and 200.

42 Interview with Waclaw Długoborski, 3 June 2015, Auschwitz-Birkenau State Museum, Oświęcim, Poland. He said, "Es mangelte an Arbeitskräften, und deswegen wurde dieses Krankenhaus gegründet." Długoborski worked in BIIf from the summer of 1944 through the camp's evacuation in January 1945.

43 The figure is found in Strzelecka/Petkiewicz, Construction, in: Długoborski/Piper (eds.) Auschwitz, Vol. 1, 93. The information on the blocks appears in Danuta Czech, Die Rolle des Häftlingskrankenbaulagers im KL Auschwitz II, in: Hefte von Auschwitz, Band 20, Oświęcim 1997.

44 Długoborski interview.

45 Bloch, Unfree Associations, 153.

46 Strzelecka/Petkiewicz, Construction, in: Długoborski/Piper (eds.) Auschwitz, Vol. 1, 94.

47 Figure and dates provided by Otto Wolken, a Clerk in the Quarantine Camp, and cited in Irena Strzelecka, Das Quarantänelager (BIIa), in: Hefte von Auschwitz, Band 20, Oświęcim 1997, 106.

treatment inevitably comprised both individuals who were separated via routine triage and those who required medical attention as a direct result of their ‘introduction’ to Birkenau.⁴⁸

In contrast to their male counterparts, female inmates of Birkenau did not have their own *Häftlingskrankenbaulager*; their hospital was, instead, a collection of blocks within the Women’s Concentration Camp (*Frauenkonzentrationslager* abbreviated *FKL*), which comprised sections BIa and BIb as of July 1943. As former Jewish prisoner-physician Sima Vaisman informs us, by February 1944, the hospital had grown to a size of fifteen barracks – eleven of which formed wards devoted to particular ailments such as dysentery and tuberculosis, as well as to medical specialties like surgery or general medicine.⁴⁹ The presence of such facilities and the trained staff assigned to them seem to indicate that Birkenau was thus not designed entirely to kill Jews. Vaisman, however, challenges this conclusion, as she draws attention to what she and her colleagues lacked: “We have a hospital, we have medical personnel, but [the SS] do not give us any medicine; no cotton, no gauze, nothing with which to make a bandage. What they do give us is so minimal that we can consider it almost nonexistent.”⁵⁰ Here we must recall Perl’s observation that Birkenau’s prisoner-hospital policy, which provided patients with exposure to healers and at least a reprieve from the exhausting and deadly roll calls, could contribute to the recuperation of at least a few sick or injured inmates, even in the face of grossly insufficient supplies and adverse conditions.

Dr. Schwalbová’s account of her experiences in the Women’s Camp hospital reveals that patients did recover from pneumonia and typhus, “as if by some miracle,” and conditions such as severe frostbite improved slowly.⁵¹ She recalls, “These successes give us strength and courage to continue working through the greatest difficulties and almost deadly fatigue.”⁵² Given Birkenau’s central role in the Final Solution, such victories were frequently short-lived and overshadowed by Birkenau’s function as a death camp, where the next hospital selection condemned 105 out of 120 Jewish patients to die in the gas chamber.⁵³ To focus on the 105, though, would be to reinforce Birkenau’s identity as a site for killing. The opposite approach would be to draw attention to the fact that 15 women survived the selection due, at least in part, to the efforts of Jewish prisoner-physicians, whom the camp administration installed to help support Birkenau’s capacity as a labour camp.

While this article is advocating the latter tack, we must not lose perspective on the proportions. The figures from this selection are consistent with the Birkenau SS physicians’ practice of designating significantly more Jews for the gas chamber than for labour exploitation. This pattern was particularly pronounced during the selections conducted at the ramp immediately after a Jewish transport’s arrival, at which point an average of 80 per cent of a transport would be sent to the gas chamber.⁵⁴ Under the

48 Ibid., 114.

49 Sima Vaisman, *A Jewish Doctor in Auschwitz. The Testimony of Sima Vaisman*, Hoboken 2005, 38.

50 Vaisman, *A Jewish Doctor*, 38.

51 Schwalbová, *Elf Frauen*, 10. Original German text: “Und es geschehen fast Wunder in unserem Krankenbau: es genesen ‘Lungenentzündungen’, ‘Fleckfieber’, manchmal auch ‘Dysenterien’, ‘Sepsis’, ‘schwere Frostschäden’, ‘amputierte Zehen’ heilen langsam.”

52 Ibid., Original German text: “Diese Erfolge geben uns Kraft und Mut auch bei größten Schwierigkeiten und fast Todesmüdigkeit weiterzuarbeiten.”

53 Ibid., 11.

54 Piper, *Auschwitz Prisoner Labor*, 58. This figure is specific to transports of Jews. Birkenau administrators were under different orders for “Gypsy” transports, whose members were to be held in the camp, not murdered upon arrival (Piper, *Auschwitz in the Nazi Policy of Enslavement and Mass Murder*, in: Długoborski/Piper (eds.) *Auschwitz*, Vol. 3, 55.

influence of severe coercion,⁵⁵ individuals like prisoner-hospital chief doctor Enna Weiß tragically found themselves in the middle of a murderous process. Vaisman writes:

“A commission made up of the head S.S. doctor of the hospital, a few S.S. officers, and our main doctor (woman director), who was a detainee, went into one block after another. Everyone already knew what was going to happen. An enormous panic spread among the Jewish patients. [...] Cold and impassive, with an expression of disgust, the S.S. doctor makes a slight sign of the hand: to the left or to the right. To the left, the numbers are recorded, the death warrant is signed, no hope for a reprieve.”⁵⁶

After her initial assignment as a prisoner-physician in the Women’s Camp, where she witnessed such ghastly scenes, Vaisman received orders to work in the *Revier of Kanada* (BIIG), which presented her with a completely different juxtaposition of Birkenau’s labour and exterminatory functions. Vaisman herself calls BIIG a “work camp,” as the section housed vast storehouses in which the possessions stolen from hundreds of thousands of new arrivals to Birkenau – most of whom were sent straight to the gas chamber – were gathered and sorted.⁵⁷ Here the camp administration required Vaisman’s medical skills specifically to maintain a workforce whose tasks stemmed from the fact that Birkenau was the biggest hub of the Final Solution. Through an examination of their accounts, we see that, from one section to the next, Birkenau Jewish prisoner-physicians encountered different dynamics between the camp’s pursuit of both exploiting a Jewish workforce and murdering Europe’s Jews.

Birkenau as a Transit Camp

In addition to serving as a site for killing and forced labour, Birkenau functioned as a transit camp.⁵⁸ Its location in annexed Eastern Upper Silesia near the border of the General Government and its immense size made Birkenau a logical collection point from which to distribute prisoners from all over Europe to forced labour camps in the Greater German Reich. As with Birkenau’s labour facet, prisoner-physicians’ relationship to health, and thus individuals’ working capacity, made them relevant to the transit function, which was actually also a matter of labour – the only difference being that the worksite was not associated with Birkenau. In turn, historians can find at least traces of this third Birkenau identity in Jewish prisoner-physicians’ accounts.

Given that Germany by 1944 desperately required labourers to supplement its own decimated workforce and to turn the tide of the war back in Germany’s favour with increased munitions and other industrial output, prisoner-physicians were

55 While the consequences of disobeying orders may not have automatically been immediate execution, the prisoner-physicians could have easily faced the loss of their ‘privileged’ position, which gave them protection from the elements and access to greater food rations. Such a demotion could have meant death. In addition, they would no longer be in a position to utilise their medical knowledge and the meagre supplies at hand in order to aid their fellow prisoners.

56 Vaisman, *A Jewish Doctor*, 42-43.

57 *Ibid.*, 51.

58 Several sections (or parts of sections) in Birkenau functioned as transit camps. For example, in May 1944, several barracks in BIIE (the ‘Gypsy Camp’) were allocated for use by ‘transit Jews’ who had recently arrived from Hungary and the last ghettos in Poland and were awaiting transport to forced labour camps in Germany. Irena Strzelecka/Piotr Setkiewicz, *The Construction, Expansion and Development of the Camp and its Branches*, in: Długoborski/Piper (eds.) *Auschwitz*, Vol. 1, 91. The arrival of massive transports from Hungary and the subsequent strain on the exterminatory process also led to the use of camp BIII (‘Mexico’) as a transit camp, *ibid.*, 99-100.

needed to tend to and assess the health of these crucial workers, either before their departure from Birkenau or after their arrival at their subsequent camp. The former rationale likely motivated Otto Wolken's ongoing work as a prisoner-physician and clerk in BIIa, even after the Quarantine Camp became a transit camp to accommodate the unprecedented influx of Hungarian Jews in the spring and summer of 1944. The section's new occupants were the thousands of Hungarian Jews whom Nazi doctors had deemed 'capable of work' (*arbeitsfähig*) during selections.⁵⁹ There they awaited transfer to forced labour camps in Germany.

The latter reasoning led to prisoner-physician Olga Schwartz's transfer from Birkenau. Schwartz was Perl's best friend and medical colleague. Perl wrote of their painful separation in her memoir; she explained, "In 1944, Olga was appointed to accompany a big transport of workers to Germany as their physician."⁶⁰

A similar reference to the departure of labour transports from Birkenau appears in Jewish prisoner-physician Miklós Nyiszli's memoir. Although it does not speak to the connection between prisoner-physicians and the health of the labourers, Nyiszli's discussion of the fates of his own wife and daughter reveals that Schwartz's transport was just one of many to leave the Hungarian Women's Camp. Officially labelled as a transit camp (*Durchgangslager*), BIIc was a "section [from which] convoys were chosen to be sent to camps farther away".⁶¹ Hoping to save his wife and daughter from the section's pending liquidation, Nyiszli encouraged them to volunteer for one of the "two convoys of 3,000 prisoners [who] were due to be sent from C Camp to western Germany's war plants".⁶² The reference represents another way prisoner-physicians' accounts can provide insight into Birkenau's transit camp function.

Undoubtedly, further evidence exists in Jewish prisoner-physicians' accounts, and such sources would be particularly useful, because their authors were likely to have been involved – directly or peripherally – in the selections that assessed the fitness of potential forced labourers. Such testimony unfortunately remains evasive. There is no reason, however, to limit further investigation of this topic to prisoner-physicians' post-war accounts, especially when the historian must compensate for narrative thrusts that privilege Birkenau's exterminatory capacity. An entirely separate body of sources requires our attention, if we aim to examine Birkenau's alternate identities through prisoner-physician-related documentation.

Directions for Further Research

Working with Contemporaneous Sources

Contemporaneous documents, such as Nazi administrative records and communications, can also shed light on how Birkenau was not necessarily the final terminus for all those who were transported there. For example, a transport list written on 12 December 1944 records the 27 November 1944 arrival of a group of three Jewish women prisoners – Slovakian physician (*Ärztin*) Irene Janowitz and two Hungarian nurses (*Pflegerinnen*) – at 'F.K.L Mauthausen' from 'F.K.L. Auschwitz' and thus indicates that the latter camp, the women's camp in Birkenau functioned as a transit

59 Otto Wolken, *Chronik des Quarantänelagers Birkenau*, in: H.G. Adler/Hermann Langbein/Ella Lingens-Reiner (eds.), *Auschwitz. Zeugnisse und Berichte*, Köln/Frankfurt am Main 1979 [1962], 119-120.

60 Perl, I was, 95.

61 Miklos Nyiszli, *Auschwitz. A Doctor's Eyewitness Account*, New York 1960, 141.

62 *Ibid.*, 146.

camp.⁶³ These women were not the only ones on the list, however, as the document also announces the simultaneous arrival of eight non-Jewish female prisoners from Ravensbrück. The separate points of origin and the absence of the latter group's professions from the list appear to indicate that the *Ärztin* and the *Pflegerinnen* were dispatched to Hirtenberg – the Mauthausen subcamp listed as their destination – specifically because of their medical training.

One may also draw conclusions about Birkenau's function as a forced labour camp through an examination of various lists from the camp. Two possibilities are lists for the distribution of prisoner-functionaries' bonus vouchers (*Prämienscheine*) and personnel lists. The former often indicate the role of each functionary and thus help us establish the presence of prisoner-physicians in a particular section.⁶⁴ The latter could offer further information, as some of these lists reveal the blocks, or even rooms, to which specific prisoner-physicians, including Otto Wolken, were assigned.⁶⁵

Ideally, the contemporaneous sources should be used in tandem with post-war accounts, because the combination allows the historian to present a more complete picture – an 'integrated history,' of sorts. The vast majority of extant prisoner-physician-related documents from Birkenau were written by or on the orders of the Nazi administration, and it was usually for their own eyes and for the purpose of communication or record keeping. Not surprisingly, survivors' accounts offer a significantly different point of view, as they present the experiences of the intended victims and address the events through a retrospective narrative. Bringing the two types of sources together thus aids the historian in bridging a gap between the Nazis' present and the survivors' past, the (supposed) objectivity of lists and reports and the subjectivity of remembered occurrences.

Moving Beyond Birkenau

Fortunately, both contemporary and post-war sources facilitate the expansion of the Birkenau conversation for the purpose of comparison with subcamps (*Nebenlager* or *Aussenlager*), which fell under the administration of one of several major concentration camps (*Konzentrationslager*) in the Greater German Reich. Examining documents concerned with Jewish prisoner-physicians in such camps reveals that they confronted situations and sometimes engaged in practices similar to those of their counterparts in Birkenau.

The main purpose of these labour camps was to provide a workforce largely for assignments to construction sites, mines, quarries, and factories that would help the German economy, provide raw materials and finished products necessary for the home front and even more so at the battlefield, and pad the pockets of industrialists and factory owners. In light of such goals, the presence of Jewish prisoner-physicians in these locations is not surprising, as they helped to maintain the labour force, even though they more often than not lacked the necessary medications and facilities for the task at hand. For example, in a deposition taken on 9-10 November 1978, former prisoner-physician Dr. Walter Loebner recalls how Auschwitz Chief Garrison Physician (*Standortarzt*) Eduard Wirths recognised him from his prior posts in the Auschwitz Main Hospital and the hospital of the Auschwitz subcamp Budy and

63 Archiv der KZ-Gedenkstätte Mauthausen, K/4c/1. F.K.L. Mauthausen Schutzhaftlager, Liste der Zugänge vom 27. November 1944 für Aussenkdo. Hirtenberg, 12 December 1944

64 Archivum Państwowe Muzeum Auschwitz-Birkenau (APMA-B), D-AuII-3a/1849 (Inventory Number 72532), *Prämienscheine* erhalten, 5 June 1944.

65 APMA-B, D-AuII-5/1a (Inv. 154372), *Pfleger*-Personal BIIa, 15 May 1944.

ordered his transfer from Dora-Mittelbau to its subcamp Ellrich im Harz “to lower the mortality rate there” in March 1945.⁶⁶ And, to ensure Loebner’s success, Wirths promised that he would have the necessary medical equipment on hand; it is unclear, though, whether Wirths kept his word.

Although the subcamps were supposed to achieve productive, as opposed to destructive aims, the prisoner-physicians who staffed their clinics faced situations that mirrored ones that Lengyel and Perl encountered in Birkenau. In an early post-war piece entitled *Der Tod ist keine Strafe*, Loebner discusses his experience in Auschwitz subcamp Budy, to which an SS doctor from the Main Camp would travel to perform selections during which the visitor would condemn to the gas chamber all the inmates with communicable diseases and those whose recovery would require too much time. The dreadful scene that subsequently unfolded featured naked and screaming prisoners dragged onto trucks, whose destinations were the crematoria of Birkenau – a tableau similar to what Lengyel, Perl, and their colleagues witnessed all too frequently in direct view of the killing installations. Faced with this practice, Loebner turned to a strategy the two women also employed: falsifying diagnoses when the truth would have been lethal. He reports that his efforts saved the lives of hundreds of malaria patients.⁶⁷

Another tragic parallel between Birkenau and the subcamps was the practice of infanticide. As we saw above, the delivery of a healthy baby in Birkenau was a death sentence for both mother and new-born. While the subcamps appear not to have implemented an identical policy that mandated the mothers’ deaths, at least in some camps over particular periods, the leadership pursued the newborns’ deaths. Since labour capacity was of the utmost importance, these administrators concluded that the infants, who were likely to undermine the mothers’ productivity, needed to be killed; and, in at least one case (although several more are expected to be found during the examination of further documents), they turned to a prisoner-physician to perform this gruesome task. In a deposition recorded on 25 February 1970, Ela D., formerly a prisoner-physician in the Gross-Rosen subcamp Kratzau, recalls that a camp official told her to make arrangements so that a French woman would not deliver a live baby; she simply refused.⁶⁸ The baby survived in this instance, but Dr. D. mentions that the same official, with the help of a Polish prisoner, poisoned another baby born in the camp.⁶⁹ This serves as a reminder that Birkenau was far from the only camp in which the Nazis pursued the active killing of Jewish babies.

Furthermore, Ela D.’s testimony draws attention to the Nazi practice of ‘medicalised’ killing across the camps.⁷⁰ Jewish prisoner-physicians were in prime position to witness, if not to participate in, this murder of prisoners within the confines of the *Revier* typically utilising medical means (i.e., injections of lethal doses of various

66 OeStA, AVA, E/1797:48, Walter Loebner, Gedächtnisprotokoll von meiner Zeugenaussage am 9. und 10. Nov. 1978 beim Schwurgericht in Hannover gegen den SS-Mann Niemeier aus Hannover, undated, 3.

67 OeStA, AVA, E/1797:48, Walter Löbner, *Der Tod ist keine Strafe*, undated, 3.

68 Der Bundesbeauftragte für die Stasi-Unterlagen, Archiv der Zentralstelle, MfS – HA IX/11, RHE 124/70 T.2, Deposition of Dr. med. Ela D. (official translation from Czech into German), 25 February 1970, 107. Original German text: “Betreffs dieser Französin sagte mir die Kommandoführerin, ich solle es so einrichten, daß das Kind nicht lebend zur Welt kommt. Ich lehnte dies ab.” The doctor’s name has been anonymised according to the archive’s regulations.

69 Ibid.

70 Note that this overlaps with, but remains distinct from, Robert Jay Lifton’s concept of the “medicalization of killing,” which he defines as “the imagery of killing in the name of healing” in *The Nazi Doctors. Medical Killing and the Psychology of Genocide*, New York 2000 [1986], 14. It does not imply, in contrast to Lifton’s formulation, that the perpetrators believed their actions to have been in line specifically with healing. Instead, it refers to murders whose motivations were framed in a health- or science-related context.

substances) and justifying the killing along medical grounds (i.e., stating that the victim was *too sick* to perform a necessary task). Or, as Nyiszli describes, Mengele ordered the murders of prisoners for the sake of medical science.⁷¹ Beyond Birkenau, we encounter at least one alleged example of a Jewish prisoner-physician administering the lethal injection himself: Dr. Leon F. in the Neuengamme subcamp of Hannover-Ahlem.⁷² Dr. F.'s case, just like that of Dr. D., reminds us that, presumably under coercion in one form or another, Jewish prisoner-physicians also killed in medical settings; murder was not solely the terrain of the Nazis, nor were these killings limited to places designated as death camps.

Conclusion

Given their close observation of, if not direct participation in, the various aspects of Birkenau in each of its sections, Jewish prisoner-physicians yield tremendous – and largely untapped – insight into the camp. As demonstrated here, their accounts are to be found in memoirs and legal documents spanning from the end of the Second World War to recent decades. Also revealing is the appearance of Jewish prisoner-physicians in Nazi documents, where their presence offers further evidence of their importance to the camp's administration, which harnessed their medical training to aid Nazi aims. As we have seen, an investigation of both types of sources reveals the manifold purposes of Birkenau, and an expansion of our scope to include materials related to Jewish prisoner-physicians in other camps indicates that there were more similarities than differences between these functionaries' activities across many camps. This, in turn, indicates that historians should put Birkenau into conversation with other camps. Through the experiences and assignments of Jewish prisoner-physicians, we can recognize how multiple facets operating simultaneously in Birkenau and concentration camp subcamps catalysed the Nazis' dual missions of exploiting Jewish labour and annihilating European Jewry.

While this article has demonstrated how Jewish prisoner-physicians can contribute to a multidimensional representation of Birkenau and several concentration camp subcamps between 1942/1943 and 1945, the study of this group can extend further back to their assignment to and activities in forced labour camps for Jews in the Warthegau, Upper and Lower Silesia, and the Sudetenland from 1940 until 1943/1944. Furthermore, it can operate on multiple scales, as these expert functionaries' assignments were intimately tied to macro-scale factors, such as the war effort and demand for Jewish labour, which, in turn, influenced micro-scale variables, like the availability of medical supplies and the extent of oversight, which then dictated the Jewish prisoner-physicians' room for manoeuvre. The accounts of the prisoner-physicians, as well as those of inmates who witnessed their activities, can also reveal what transpired within that often severely restrictive space, thus shedding light on a whole spectrum of medical conduct under extreme conditions. The promise of these sources is indeed great.

⁷¹ Nyiszli, *Auschwitz*, 54.

⁷² Hauptstaatsarchiv Hannover, Acc. 90/99 Nr. 196/3, Nds. 721 Hannover, Ermittlungsverfahren gegen Dr. med. Leon F. wegen Beihilfe zum Mord, Staatsanwaltschaft bei dem Landgericht Hannover, Verfügung, 18. November 1975.

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