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Luc Albinski,
January 23, 2021



Foreword

by Michael Berenbaum

Dr. Maria Ciesielska's *Doctors of the Warsaw Ghetto* is a book rich in detail. I read it three times: when it was translated into rough English—before it was condensed and edited—the first draft of the major edit, and the galleys that became this book. Each time, I learned something important, something different. It is not an easy read but it is one that forces us to confront fundamental issues of humanity, ethics, and survival.

Having committed myself to writing the preface, I decided to offer readers a “map” to assist them in understanding Ciesielska's highly detailed and exacting research and how those statistics and lists are the heart-rending description of the reality the doctors and their patients faced in Warsaw before and during the Holocaust.

Historians of the Holocaust struggle to decide whose history to write. Which stories should they tell? Is it the history of how Jews were killed? That is telling German history and the history of its allies, collaborators, and enablers. That is what we call perpetrator history, in which their victims appear precisely as the perpetrators want them to appear—as targets deprived of their identities and agency. How Jews were killed is just part of the story. If we tell the stories of the killers, we must also focus on their victims—who they were, why they were chosen, and how they were separated from the societies in which they were more or less integrated, and how they were enslaved and murdered.

Ciesielska tells the story of how Jews lived under horrific conditions, struggling under circumstances not of their doing. She writes of physicians, nurses, and pharmacists who did what they could to sustain a

medical system under conditions the Germans designed to methodically kill them and their patients, one step at a time.

Under German occupation of Poland, Nazi leaders generally had no interest in the health of the Jewish population. But they were keenly interested in preventing epidemics that could endanger German personnel or get beyond the ghetto walls and afflict the general population. In the latter case, it was feared that the disease might infect German troops and civilian personnel making German occupation deadly for the occupiers.

In 1941 a typhus epidemic hit Warsaw hard. The ghetto wall did not prevent the epidemic from spreading to the Aryan side, especially since many Poles and Germans were going back and forth from one side to the other. German assistance to the hospitals, pharmacists, physicians, and health services of the ghetto was motivated by a desire to contain epidemics—most especially, the typhus epidemic. But the measures put in place were not designed to enhance the well-being of the captive Jewish population.

Healthcare professionals, many of them leaders in their respective fields, worked under conditions of deliberate deprivation. Proper medical supplies were incredibly scarce; the populations they were serving were starving and living under horrifying conditions. Food was inadequate, sanitation was primitive, water was scarce, and treating patients was challenging, to say the least. One in ten Jews died in 1941. Two percent of the population died from disease and despair in each of the first seven months of 1942 just before the Great Deportation. (Had there been no such deportation, one in four inhabitants of the Warsaw Ghetto would have died that year without a bullet being fired or a train transporting them to Treblinka.) Doctors numbed themselves to the numbers they lost and conditioned themselves against getting too involved with those they could not treat and those too far gone to treat at all. They found their only solace in patients they saved and dared not ask themselves the questions: *From what? For what?*

Rachel Auerbach, one of the few resistance fighters to survive the Ghetto Uprising, ran a soup kitchen in the ghetto. She was a sensitive observer of her own situation and of the people she served. In February 1942, a mere five months before the Great Deportation, she wrote in her diary:

Death's new, pithy balance sheet. What else could I be writing about in the context of my work in the soup kitchen? It has slowly dawned on me that all the work of our charitable institutions should be called death by installments, meting out death in installments. We finally have to come to terms with the fact that we are incapable of saving anyone from death, since we have nothing to do it with. We can only put off death, stretch out death, but not prevent it. I have not managed it through my work with a single person, not one!

We are powerless, we are working in a vacuum. The only outcome of our work may be the fact that the whole ghetto will not die out all at once, that death is regulated in some way, that we can more or less keep up with burying the bodies. We are incapable of changing anyone's fate.

As you read about these medical professionals, try to imagine their despair. They were dealing with people no longer capable of going to the soup kitchens. Their wards were the anterooms to death.

Most Holocaust memoirs are written in three essential chapters: *before*, *during*, and *after*. This work, while not a memoir, is no exception. The structure of Ciesielska's work follows that familiar pattern. *Before* is a comprehensive history of the medical profession in Poland; its training of doctors, its major institutions, and the essential professional organizations; its specialties, and subspecialties. Because she is dealing with Jewish doctors, she grapples with the distinct obstacles they had to overcome to become doctors.

Some of the restrictions placed upon would-be Jewish medical students in Poland were like those American Jewish medical students faced in the 1930s. Others were not. A quota system restricted the admission of Jews into Polish medical schools. Polish nationalists wanted to Polanize the profession. American readers will not intuitively understand that Polish nationality was linked to Roman Catholicism, and policies were promoted by nationalists to exclude Jews, even those whose families had lived in Poland for centuries.

Because interest in becoming doctors was so high, many Jewish students did an end run around the restricted admissions in Poland getting their training and degrees in other countries, often earning

more advanced and prestigious degrees. Ironically, when they returned to Poland, they had higher status than their peers, warranted by their advanced training. Polish physicians who were antisemitic but committed to getting the best treatment for their patients might, however reluctantly, refer patients to Jewish specialists.

The students who were finally admitted still suffered humiliations such as the “Jewish Bench”¹ initiated by nationalist students who sought to confine Jewish students to segregated seats. Defiant Jewish students who were proud chose to stand rather than sit in “the back of the bus” and be shamed. Some professors were inclusive and had liberal leanings, so they ignored the “Jewish Bench” because to them it was morally repugnant. For others it was a matter of integrity; no matter the political currents in their universities, they would not enforce the “Jewish Bench” or permit students to stand. A few Roman Catholic students stood in solidarity with their classmates; many more would not. Eventually, administration and faculty gave in to the antisemitic students so as to keep the peace.

Jewish students were also rejected because they could not produce bodies for autopsies, which are crucial for training in medical schools. Jewish tradition prohibits autopsies except when required by civil law or when it can immediately save an identifiable person’s life, so few Jewish bodies were offered to science. In retaliation, Jewish students were prohibited from training on Polish Christian corpses. No Jewish corpses meant no training for Jews.

Some Jews understood that being Jewish was a handicap and were anxious to rid themselves of that inconvenience, so they converted just to make it possible to advance their careers. There were similar situations in prewar twentieth-century America. One of the greatest American Judaic scholars wrote in Harvard’s *Menorah Journal* in 1923, “Some are born blind, some are born lame, some are born Jewish.” The sense that being Jewish was a condition to be avoided if one wanted to succeed was far more widespread than one might assume today. For those less committed to Jewish tradition, less tied to their Jewish family or to the Jewish people, conversion was a way of assimilating and participating in

1 A practice of obligatory separation of Jewish and non-Jewish students, manifested concretely in the former being seated on the left of the lecture hall, and the latter on the right.

one's chosen profession and in the greater society with fewer obstacles to advancement.

Such "former" Jews were not universally accepted. They were in a state of what one today might call "conditional Polishness." After conversion, one might still be considered a social Jew, with the benefit of official conversion that diminished most legal and ethnic forms of discrimination. Until the Germans arrived.

When the Germans invaded Poland—and every other country—they imposed the Nuremberg Laws of 1935, defining Jews by race and not by identity or religion in occupied territory. Converts once again found themselves legally defined as Jews. There was no escape. And once Jews in Poland were confined to ghettos, converted doctors suddenly found themselves ghettoized precisely among the people they wanted to avoid. Betrayed by the Germans and often by their Polish colleagues, they in turn found themselves considered traitors by many of the Jews they treated. The loss of status was dramatic, their sense of alienation acute.

Those who converted for faith rather than advancement were in an even more problematic situation. Still, one of the last buildings in the Warsaw Ghetto to survive was a Roman Catholic Church frequented by racially Jewish but religiously Catholic priests, nuns, and devout parishioners. Ironically, the residents of the ghetto respected the converts of faith much more than they respected the converts of convenience.

The more the doctors wrapped themselves up in their professional identities, the more they were insulated from the social currents of the world around them. As Robert Jay Lifton has demonstrated, doctors are trained in *doubling*, as they divide their personality into the physician-self and the non-physician self. This makes it possible for a doctor who is also a loving father to tell parents that their child is about to die, or for a male gynecologist to examine a beautiful woman while remaining fully professional.

This *before* the war period was important to what happened *during* and *after* it. Because Jewish doctors trained with their non-Jewish colleagues and worked with them when in residence, in hospitals and in practice, they knew the difference between colleagues who were hostile, those who were timid, and those who might be willing to help them survive. Such knowledge, such cultural fluency, empowered them to seek cooperation or shelter during the Holocaust—and even after the Warsaw

Ghetto Uprising, when they hid on the “Aryan” side. Yet, because they were in contact with non-Jewish colleagues and patients, they were easy to spot and identify when they were on the Aryan side. They were more easily outed, betrayed, and/or blackmailed.

To fully understand Ciesielska’s depiction of the Holocaust, one must consider the four years of German occupation as a series of stages, two preceding ghettoization and then the multiple stages of manipulating conditions in the Warsaw Ghetto itself. The first stage was the siege: Poland was under German assault from the West and Soviet assault from the East. At that time, medical practice for Jews and non-Jews alike meant going to the front or finding that your city had become a front, to do triage, functioning under wartime conditions with very limited resources, when soldiers and civilians were under unrestrained attack—and the Germans were bombing hospitals. The second stage was the period between occupation that commenced on October 1, 1939 and ghettoization, which began in October 1940 and was completed by mid-November. Jews were barred from treating non-Jews and segregation and discrimination became a way of life. The third stage was the period of the ghetto, which is the heart of this book.

A word about Jewish and German perceptions of the ghetto: in retrospect—but only in retrospect—we understand ghettoization was an interim measure. For the Germans, it was a way to segregate and isolate the Jews until they decided what to do with them. For the Jews, ghetto was a way of life, which they were forced to survive until . . . [u]ntil what?

At first, neither Jew nor German knew what “until” would be. The Jews hoped that they would live in confinement until Germany lost the war or came to its senses. *Iberleben*, to outlive them, was the strategy of Jews incarcerated in the ghetto. I am of the historical conviction that when Jews were ghettoized in German-occupied Poland, the Germans were not yet clear as to how they would handle these massive numbers of Jews. In retrospect, we see the ghetto as a place to confine the Jews until the decision was made to annihilate them—no small achievement considering how many Jews were in Poland—and a place to keep them while they built the means of their destruction, the killing centers.

The timing was swift. Thirty-seven-year-old Odilo Globocnik received his instructions from Heinrich Himmler to build death camps in October 1941. Chełmno became operational on December 7 and

Belzec came along in the winter of 1942. Sobibor began operating in the spring and Treblinka did so in the summer of 1942. In less than fifteen months, most Polish Jews were murdered, only a remnant remained in hiding or in Lodz.

And yet it would be a mistake to regard ghettoization as one process. In Warsaw, ghettoization was announced on Yom Kippur 1940. The ghetto was closed in November after being surrounded by an eleven-foot high wall. Thirty percent of the population of Warsaw was confined to 2.6 percent of the city's space.

There were six stages to Jewish life in the Warsaw Ghetto, and each is reflected in the dilemmas the doctors faced and in the delivery of medical care.

The first stage was the process of moving in when everything was in turmoil, personally and professionally. There was a difference between the personal and institutional turmoil. Because the ghetto was established in a run-down and impoverished section of Warsaw, and because many physicians were economically better off, many had to find a place to live, and their hospital had to move into the ghetto or cope with the dramatic change of staffing as non-Jewish doctors and nurses had to leave, as did non-Jewish auxiliary personnel. Jewish doctors, whether by race or religion, were forced to move into the ghetto—or hide. Those who were intermarried faced a crisis regarding the fates of their spouse: separate or stay. And what of their children, considered *mischlinge* in Nazi speak? By law they were mixed breeds, but often they considered themselves as socially and culturally assimilated Poles. Institutionally, some hospitals were forced to relocate; many medical offices were forced to move into the ghetto with their valuable, lifesaving, medical equipment. Maria Ciesielska describes the efforts to move medical equipment and to set up hospitals while coping with this stressful, desperate situation. She also describes the thefts and confiscation of life-saving equipment.

The second stage was settling in for an indefinite future with little known about what that future might bring. The only thing that was certain was that the next day would be worse, and it always was. The goals of everyone in the ghetto, physicians included, were stabilization and survival.

The third stage was the period when rumors about deportation took hold and everyone began to sense that the end was near. The pressure on

every ghetto inhabitant was intense, life and death hung in the balance. Where will they send us? What will that mean? To medical personnel, the issue was both professional and personal. What does a doctor do with his or her family? Will they be exempt? What does a physician do with his or her patients? Some operations were performed to facilitate hiding, a *nose job* to reduce the stereotypical Jewish nose, or, more importantly, reversing the circumcision of men and boys enabling them to pass as non-Jews. Medical ethics were even more challenged from now on. Triage took on a whole new meaning. They had to choose who would live and who would die.

The fourth stage was the period following the Great Deportation, which occurred on the Jewish calendar between Tisha B'av and Yom Kippur, between July 23 and September 21, 1942. At least 265,000 souls were deported from Warsaw to Treblinka. There was no selection at Treblinka. All were condemned to death. Perhaps less than one person in a thousand, a carpenter or a jeweler, or some other useful worker, would be chosen to work in the camp. Maria Ciesielska paints a vivid picture of some of the heroic medical personnel—physicians, nurses, pharmacists, and lab technicians who could produce scarce and necessary drugs when possible and provided them for patients who needed to be sedated to make their end or the journey to the end more bearable and less painful.

Like the Jewish Council, the *Judenrat*, doctors were forced to compile lists, to decide who shall live and who shall die. From one perspective, this act condemned some to die, from another perspective, it was an act of rescue. We are not equipped to offer moral judgment, certainly not facile judgment, which the author poignantly resists. But we must note what was done.

There was a hospital overlooking the *Umschlagplatz*, the deportation point. A few could be offered a haven, but only a few. They had to be hidden. Ambulances came into the site with patients, a few could be offered a place to hide for the return trip, taken from the mouth of the beast. Who to choose, how to choose? Some nurses and doctors saved children, even infants, left by loving mothers who knew that this was the end, and that abandonment offered their beloved child a chance to survive, even if it offered no guarantees.

It would take a poet of great talent to depict their anguish, their courage, their loss. Maria Ciesielska is a scientist and a historian, she presents

the facts tastefully, accurately. It is the reader who must find a way of understanding such acts, such mothers. Literary historian Lawrence Langer eloquently and precisely described these as choiceless choices “which do not reflect options between life and death, but between one form of abnormal response and another. Both imposed by a situation that was in no way of the victim’s choosing.”

The fifth stage was the time between the *Grossaktion*, the Great Deportation, and the start of the Ghetto Uprising on April 19, 1943.

At the time, no one could imagine a positive future. It was assumed that if one worked and one’s work was deemed useful, one might live a bit longer. Medical personnel had to adjust again, less assured of a distinct status, less equipped to continue their work. Desperate as all were desperate, anxious as all were anxious, they sought to find a way to survive and plan what to do not *if* but *when* the ghetto was destroyed.

The sixth stage was the Uprising, which began on a day unlike any other day during the Holocaust. For Himmler and the Nazis, this was the eve of Hitler’s birthday. What better way to celebrate than to give him a *Judenrein* (Jew-free) Warsaw as a gift? For the Jews, it was the eve of Passover, the night that celebrates the Exodus from Egypt and the joy of freedom. The Seder ends with the chant of hope: “Next Year in Jerusalem.” It was recited from the deepest abyss of exile. In Bermuda, an international Conference was held that would offer little hope to the refugees. More importantly, as far as the Allies were concerned, was to try and appease those pressing for concrete action. In Belgium, a young Jewish medical student held a red lantern on the side of the railroad tracks, and halted the twentieth transport from Malines to Auschwitz, opening the doors and allowing some to escape for freedom. In Warsaw, Ukrainian troops and their German masters gathered to deport the Jews—the final deportation—while young Jewish fighters fielded two fighting forces—one right-wing Revisionist and the other left-wing Zionist and Bundist. Even with the enemy at the gates, Jews could not unite to resist the enemy, but they chose to battle, the few against the many, the weak against the strong. This was their last stand, their proclamation of Jewish honor. It began on April 19 and continued until SS-Gruppenführer Jürgen Stroop blew up the Tłomackie Street Synagogue, Warsaw’s Great Synagogue, and reported to his superiors,

“the Jewish Residential Quarter of Warsaw is no longer.” He burned the ghetto to the ground.

Dr. Ciesielska’s history tells how Jewish doctors, pharmacists and nurses, men and women of diverse ages and background, lived through each of these stages.

We should be aware that medical ethics were developed from the sins of Nazi physicians. A new set of ethics was born from the behavior, or rather, from the misbehavior of Nazi doctors. The Nuremberg judges proclaimed ten principles of medical ethics, foremost among them the right of the patient to be informed and to consent to their treatment.

Many have written of the disintegration of Jewish life in the ghetto, the breakup of the family, growing divisions, victims turning one against the other. Physicians were part of this bleak picture, but this depressing description is incomplete; there were exceptions, important exceptions. As a religious Jew, I read the weekly portion of the Torah each week. That includes the story of Joseph, the prince of Egypt, who had been sold by his Israelite brothers. Joseph called his youngest son Efraim, “for the Lord has made me fruitful in the land of my oppression.” And Ciesielska presents us with models of moral behavior that must be emulated and taught to those training to be doctors, nurses, and pharmacists so that they can learn not just what not to do but, more importantly, what they should do. Here are examples that inspired this seasoned reader.

Nazi doctors exploited their patients, performing experiments on them. Because they regarded their “patients” as subhuman and their lives as disposable, they did not care if the patients would live or die, suffer or heal. Josef Mengele, MD, PhD, experimented on twins and most especially on children. These were models of what never to do.

But there were others who did care. Some Jewish doctors were fruitful in the land of their oppression.

Ciesielska shows how the Warsaw Ghetto doctors observed the impact of hunger on their patients and kept meticulous records. When the ghetto burned, they did what they could to save those documents, they had them placed in milk cans as part of the famed *Oyneg Shabbes Archive* of Emanuel Ringelblum and his colleagues who wanted future generations to understand the ghetto from within. They studied the

impact of typhus epidemics and both traditional and improvised ways of containing it so that their postwar publication enabled other physicians to heal malnourished patients or treat those suffering from the pangs of hunger and typhus.

With too few medical personnel to provide for the needs of the ghetto, innovation was also required. As a form of resistance, Warsaw Jewish doctors created courses for medical students, nursing students, pharmacy students, and anyone who cared to attend the classes. This is how they partially alleviated the personnel shortage. They modeled their curriculum on how they were taught and did so well at it that the Warsaw University honored their credits after the war. It seems incredible, but some physicians began their training in the ghetto and completed it at the University. Their ghetto professors were able to maintain their dignity and productivity even inside the ghetto walls.

Courage took many forms in the ghetto, not just armed resistance. On August 6, 1942, the Germans struck against the children's institutions in the ghetto. Dr. Janusz Korczak, who was the Doctor Benjamin Spock and Mr. Rogers of Poland, ran an orphanage in the ghetto. Well-respected and well-connected, he knew deportation meant death. He lined his children up in rows of four. The orphans were clutching flasks of water and their favorite books and toys. One hundred and ninety-two children and ten adults were counted off by the Germans. Korczak stood at the head of his wards, a child holding each hand. One child carried the flag of King Matt, and the other, a Star of David set against a white field. They marched through the ghetto to the *Umschlagplatz*, where they joined thousands of people waiting in the boiling August sun. There was no shade, shelter, water, or sanitary facilities. There were none of the cries and screams usually heard when people were forced to board the trains. The orphans walked quietly in their rows of four. One eyewitness recalls: "This was no march to the train cars, but rather a mute protest against the murderous regime . . . a process the likes of which no human eye had ever witnessed." Korczak was offered a way out of the ghetto for himself, but not for the children. The teacher would not abandon his students, the physician his patients. He was with his children to the end. All were gassed at Treblinka.

Ciesielska writes that less dramatic but no less valiant were the acts of Dr. Halina Szenicer-Rotstein, near the end of the Great Deportation:

On September 12, all patients and remaining hospital personnel boarded the boxcars. Even those who had “tickets” and stayed in the hospital on Stawki Street to tend to their patients to the very end were also deported. Among them was Dr. Halina Szenicer-Rotstein who, despite being permitted to leave the *Umschlagplatz*, chose to accompany her patients. Dr. Adolf Polisiuk remembered that “she went to a wagon voluntarily, to be with those needing her help; this is how she understood her duty. To many such a gesture seemed abnormal, for the will to survive was so strong. Her behavior was very poignant in its heroism.”

You will read of her act three times, here, in the preface, in the foreword by her grandson, and again in the text. Repetition should allow you to remember her name: Dr. Halina Szenicer-Rotstein. Humility should empower you to remember the majesty of her deed.

No good deed goes unpunished. The cruel and corrupt commander of the Jewish Police was approached by a young nurse who timidly asked whether personnel had to accompany the children. “Korczak showed you the way,” he answered.

Noble doctors do not abandon their patients, rabbis their congregants, teachers their students. There are other reports from the Great Deportation of physicians who injected their patients to ease their pain, to facilitate their deaths, of doctors boarding the train voluntarily, knowing that they were taking leave of the world. Not every doctor or nurse can be a hero but when they are, we must remember their names, revere their deeds.

The Warsaw Ghetto Doctors tells us how medical personnel lived in the ever-present shadow of death. In *extremis veritas*, there are truths that are made most manifest by extreme situations. Doctors in the Warsaw Ghetto lived and died in these extremes.

Dr. Maria Ciesielska has given us a tool by which to understand their truths.

Michael Berenbaum,
American Jewish University
Los Angeles, CA, USA

Foreword

by Luc Albinski

The phone rang one evening in Johannesburg in 2016. When I answered, the excited voice of an eighty-one-year-old Holocaust survivor, my mother, greeted me. “I have just been contacted by a researcher who is writing a book about the doctors in the Warsaw Ghetto,” she exclaimed. “She wants to meet with us to hear our story.” It was at that moment that a relationship formed between our family and Dr. Maria Ciesielska.

Soon afterwards, my mom sent me Maria’s article, which had recently been published by the Eleonora Reicher Institute of the Medical University of Warsaw. Its lengthy title: “To Care for Children on Their Way and Beyond—History of Female Doctors from the Warsaw Ghetto Who Stood with Their Patients until the Very End,” was arresting; its tragic import clearly telegraphed. My eyes darted to the abstract where, momentarily, I found the name of my grandmother, Dr. Halina Szenicer-Rotstein. My heart missed a beat. Thanks to Maria’s painstaking research I was about to read for the first time English account of my grandmother’s life and of her tragic sacrifice. Skipping over the sections on her peers, I jumped to the two paragraphs on Halina. I was soon overcome with emotion, teary as I read the second paragraph:

As recalled by Dr. Adolf Polisiuk, Dr. Rotstein received the so-called number of life and could attempt to rescue herself. Instead, however, she “. . . voluntarily entered the wagon with her patients considering it her duty to do so.”

Dr. Makower described her actions in the following way: “How calm was this woman, perhaps just a little younger than me (a mother of four whose husband was God knows where in

the USSR), in the middle of unparalleled uproar and the general anxiety in the hospital! When it became clear that the heads would leave the hospital. . . Dr. Rotstein did not hesitate and took everything under her control. . . The children walked by themselves, with only some of them being carried away in arms. Adult patients were usually transported on stretchers. This was horrible, incomparably more horrible than a procession of healthy people walking towards their demise.”

I hurriedly forwarded the article to my aunts, uncles and cousins. The cousins who now received Maria’s article were the same ones who had daringly broken family taboos to tell me two decades earlier, when I was barely into my twenties, about my heroic Jewish grandmother. For two decades, a short paragraph in Henryk Makower’s Polish-language book, *A Diary from the Warsaw Ghetto*, had constituted the only published record concerning my grandmother that I had been shown. To fill in the gaps, my mother and I had commissioned a Warsaw-based researcher, Wiesław Tomczak, to scour public archives and old Polish newspapers for more information about the Rotstein family.

Maria’s Polish-language book, *The Doctors of the Warsaw Ghetto*, was a godsend. It provided us with fascinating detail about Dr. Halina Szenicer-Rotstein. We learnt about Halina’s work in the first-aid wooden cabin on the *Umschlagplatz*. We learnt how, every time the cattle wagons departed, she and Nurse Fryd would collect twenty to thirty babies abandoned by their terrified parents on the railway platform. We learnt about Halina’s last-ditch attempts to keep the Stawki Street hospital going; how she carried out operations to treat victims of gunshot wounds, how she protected the hospital’s meager inventories posting a guard to ensure the food was not stolen. Most importantly, we learnt how she remained at her post after many of her colleagues had left for the Aryan side, deciding on September 12, 1942, to depart to Treblinka with her patients rather than to seek to save herself, abandoning her “life ticket” and her four children who had by then been smuggled out of the ghetto.

Dr. Maria Ciesielska lists seventy-four Catholic doctors who risked their lives and those of their families to help Jews, often their professional peers, to escape the ghetto and hide on the Aryan side. Some of these Catholic doctors belonged to Żegota, an underground resistance

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