

I Saw Him In Action

By Ernest W. Michel
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I was deported from my hometown in Germany in 1939, when I was 16, and arrived in Auschwitz in the winter of 1942-43. We arrived at night, after spending approximately one week locked up in cattle cars. It was a horror. All around were shouts by SS men, "Juden-Raus!" and barking, biting dogs. There was crying, screaming, mass hysteria. All we knew was that we were surrounded by barbed wire fences.

Then men and women were separated; the men were placed in lines, the women on trucks. The line moved forward slowly. It was then that an elegant SS officer in a long black leather coat and gloves, with SS insignias on coat and cap, began directing us by thumb; some to the left, some to the right. We moved like automatons; no one knew what was happening.

We learned from older camp inmates that the officer who conducted the selection process was Dr. Josef Mengele, and that the people sent in the other direction had been gassed. My reaction was one of utter disbelief. We were told to undress. Our clothes were taken away. All of our hair was shorn. Numbers were tattooed on our left forearms (Mine is 104995). We received striped prison uniforms and caps. This is how I recall my arrival in Auschwitz and my first encounter with Dr. Mengele.

In the summer of 1943, I was injured while doing construction work in the I.G. Farben complex, and had to go to the prison hospital for treatment. We all were petrified of the hospital; we knew that anything other than a superficial wound resulted in being "sent up the chimney." Because of the calligraphy I had learned as a student, I was assigned the responsibility of recording the name and reason for deaths of the thousands of inmates who were to be described as having died from heart attacks. I still remember writing: heart attack . . . heart attack . . . heart attack . . . hour after hour, day after day!

During the spring of 1944, the SS officer in charge of the prison hospital

told me and one other male nurse to report for a special assignment. We were told to be in front of the hospital compound barracks to take inmates from a truck to the barracks and return them later to the truck.

When the truck arrived, I found six to eight women in various states of despair. Among them was a beautiful teen-age girl from Hungary with whom I spoke in Yiddish and German. She told me she had arrived the day before with thousands of other Jews from Hungary. She obviously was very agitated and fearful. Other than that, she seemed in total command of her faculties.

We took the women into the barrack where a separate room had been fixed up. A number of SS officers were in the room. Since I went back and forth into the room several times, I saw the faces of the officers and recognized Dr. Mengele.

After an hour, we were summoned back to remove the women. In the room where the "medical services" were performed, one woman was still connected to an electrical machine, presumably for electric-shock experimentation. We had been instructed to have a stretcher ready in order to carry the women out. We found two of them dead, one the Hungarian girl. Two obviously were in a coma; the others were breathing hard and irregularly. None was conscious. I noticed that the teeth of those still alive were clenched and that wads of paper were placed in their mouths.

Auschwitz and its various sub-camps were evacuated on Jan. 18, 1945. I was sent first to Buchenwald and then to Berga. On April 18, on a transport from Berga to an unknown destination, two friends and I escaped. I arrived in the United States in July 1946.

There is a reason why the survivors must speak out. Efforts are being made — in America and other countries — to deny the reality of the Holocaust. After losing one-third of our people in the most savage massacre in Jewish history, we still have to prove that there really was a Holocaust.

No matter how difficult and trying it is to re-experience those nightmare years, I will speak out until Dr. Mengele and others like him are apprehended and justice is done. It is the least we can do — and expect — in and from a civilized world. □

Ernest W. Michel was chairman of the world gathering of Jewish Holocaust survivors in Jerusalem in 1981. This article is adapted from Congressional testimony.

Medical teaching and learning patterns provided some of the most paradoxical aspects of these relationships, where the mentors were the prisoner slaves—Jewish, Polish, and German prisoner doctors—and the students were their jailer masters. For instance, when the SS doctor Horst Fischer, impressed with Dr. Peter D.'s surgical skills, decided to transfer him to the large Monowitz hospital and provide him with instruments and beds for his patients, the arrangements did not stop there. Dr. D. was required to let Fischer know whenever he planned to operate because Fischer insisted upon being there and in fact "scrubbing" (the term for the disinfection procedure one follows as part of a surgical team) and assisting in the operations. Dr. D. remembered Fischer as "a doctor who wanted to learn . . . [and] was interested . . . in everything [pertaining to the case]."*

Peter D. and other prisoner doctors told of Fischer's involvement in a situation of psychiatric learning as well. A Polish professor of psychiatry, who had some knowledge of electroshock therapy, then quite new, demonstrated to Fischer an apparatus he had constructed with the help of the electrical section of the Monowitz subcamp. Fischer arranged for women considered to be in need of the therapy (because they were "mad" or emotionally disturbed in some way) to be brought to the professor for shock treatments. Again, Fischer was a conscientious student, attending most or all of the therapy sessions conducted by the professor, while the other prisoner doctors of the hospital attended only the first two (see pages 298–300.)

While collaborative efforts like these were unusual, the kind of medical bond they suggested was common enough. And however these bonds were tainted by the existence of selections, they meant a great deal to prisoner doctors and served a purpose for Nazi doctors as well.

Genuine Research

Prisoner physicians could themselves sometimes initiate genuine research, like the program in electroshock therapy developed by a Polish neurologist. Another prisoner physician who had been close to the situation, Frédéric E., told me that this man had been a renowned neurologist before the war, and that part of his motivation was the general knowledge that "German doctors liked to have extraordinary things happen in their

camp that would give them considerable personal prestige," and were "very pleased when prisoner doctors would produce something scientifically interesting" which could then be published under their (the SS doctors') name. This was especially true of Hans Wilhelm König, who responded enthusiastically to the plan, arranging not only for male "schizoid" inmates to be brought to the hospital block for electroshock therapy but taking the unusual step of having female inmates brought there as well from Birkenau seven or eight kilometers away (see pages 227–28).

König, in fact, took a great interest in the work and regularly attended the shock therapy sessions. Dr. E., who attended some of them as well, felt that the process was genuinely therapeutic, and that it saved lives: "Those [inmates] with nervous disorders were never selected [for the gas chamber] by König because he was interested in the effect of the electrotherapy on them." Moreover, patients diagnosed as schizoid were placed "under the protection of Fischer and . . . König . . . [and] consequently . . . were treated . . . in a more favorable manner"—either permitted to remain in the hospital or, if sent back to the camp, not assigned to hard labor.

But no research or therapy escaped the Auschwitz taint. A prisoner who worked on a Birkenau hospital block later testified that "Dr. König did electroshock experiments on women," and added, "These women later talked about their treatment. I believe Dr. König carried out the electroshock experiments on sick women twice a week and that the women were later gassed."

In other words, the electroshock treatments could be seen as a prelude to the gas chamber, and on the basis of such testimony and other investigations the International Committee of the Red Cross in Geneva (in association with the International Tracing Service at Arolsen in West Germany) placed these "electroshock experiments" on the list of "pseudo-medical experiments" for which victims could be compensated.⁶³

Frédéric E. was deeply troubled by this designation, which he considered to be a kind of mythology that developed because the "violent shock" involved caused "rumors that something terrible was happening." He initiated a correspondence with the International Red Cross authorities, insisting that the project had been genuinely therapeutic and asking that the designation "pseudo-medical experiments" be changed. The authorities wrote back that the electroshock had sometimes been given to people without mental illness and that it was "done in the utmost secrecy." Dr. E. ceased his protest only when told that the category "pseudo-medical experiment" meant that inmates could receive compensation as part of the indemnity to the Polish Government paid by the Federal Republic of Germany. Dr. E., in his last letter, made clear that he did not want to deny anyone such compensation, but nonetheless insisted that the designation was "an error" that should not be used in future publications. He was surely defending both his colleagues' integrity and his own. But the overall episode once more reveals the tendency for the Auschwitz environment to subsume virtually any medical effort to its relentless destructiveness.