

The Fate of Polish Psychiatry under German Occupation in World War II

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ABSTRACT

Polish psychiatry was since its origin deeply influenced by German (Austrian) and Russian psychiatry. As a larger part of the Polish territory had belonged to Germany or Austria before 1918, many institutions and staff in mental health had a German or Austrian history. During the occupation nearly all mental hospitals were taken over by the Germans, sometimes all the patients, sometimes part of them were murdered, and often the staff members were shot together with their patients. Jews were separated from non-Jews and killed. Some institutions continued to work under German rule and with German directors. This paper will explore these issues from a historical and organizational perspective and address how Polish psychiatry attempted to survive during and after the war.

INTRODUCTION – THE FIRST FEW DAYS OF THE SECOND WORLD WAR

“Day after day, trucks drove up to the institution. 60 patients were loaded on to each one. There were at least two vehicles. They were taken somewhere in the vicinity of Jeżewo and shot in the forest. (...) The liquidation took roughly five, six days. The remaining patients, of which there were between 350 and 370, were transported to Kocborowo, where they, too, were shot. I heard about this from a German who had a good relationship with the Poles. For a glass of vodka, he spoke a great deal about the details of an execution that he had witnessed. He described how three patients at a time were led out

of the truck and shot in the back of the head.

After that, the liquidation of the children’s barracks began. The children were excited at the chance to travel in a truck, but they, too, were shot. The children were murdered in the following manner. First they were all sent out into a field, and there they were shot at as if it were target practise” (1).

This episode took place during the first few days of the Second World War in a small village on the river Vistula between Warsaw and Danzig: soldiers from the SS division *Wachsturmbann Kurt Eimann* forced their way into the psychiatric hospital in Świecie (2). They took the medical director, Dr. Józef Bednarz, prisoner. The patients were divided into three groups: Jews, those unfit to work and those capable of working. On 10 September 1939, the transport of patients into the surrounding forests commenced. There, they were shot by the *Volksdeutscher Selbstschutz* under their leader Rost, a brewery owner from Bydgoszcz. Doctor Bednarz was executed together with his patients, once it was discovered that he had informed the families of the patients (3).

The institution Kocborowo, which was soon renamed Conradstein, had been occupied by the SS in the first days of September. On 22 September, the SS began removing the patients, purportedly transporting them to another hospital. In fact, the patients were escorted into the forest of Spengawskien and executed. Between the individual transports, the SS indulged in depraved revelry. Since they were almost constantly drunk, several patients were able to flee. In late autumn, 130 children from the institution branch Gniewo were transferred to Conradstein. The younger children were killed using phenol injections, while the older ones were shot along with the adults. Under the new director Waldemar Schimansky, who from then on called himself Siemens (4), Conradstein began to take in new patients (2). In all the rooms, signs

were displayed: “Only German may be spoken here.” The use of the Polish language was strictly forbidden. One doctor committed suicide after she failed the language test demanded by Schimansky/Siemens. Relatives were denied access. Starvation, typhus, tuberculosis and other deficiency illnesses led to a dramatic increase in the mortality rate. Siemens sold the bodies of those who perished in the institution to the Danzig anatomist Rudolf Maria Spanner, who was conducting experiments involving techniques for producing soap and other basic commodities from human bodies.

The more than 10,000 bodies of murdered civilians found in the mass graves of the Spengawskien forest included the 1,692 patients from the institution in Kocborowo who were shot between September 1939 and 21 January 1940 (5).

We will explore these issues from a historical and organizational perspective and address how Polish psychiatry attempted to survive during and after the war, in particular:

- that mentally ill Polish patients were the first victims of the war,
- that the technique of mass execution using poison gas, which played a central role in the extermination of the Jewish population in Eastern Europe, was first developed and tested on Polish psychiatric patients,
- that the search for historical facts must be the basis for any international dialogue.

Right from the first day of the war, the Polish people quickly experienced the objectives of the German war first hand: the complete and permanent destruction of the Polish nation. In Hitler’s speeches, Poles were harangued as “racially alien” and “to be contained” in order to prevent the “contamination of German blood” (6). He ordered the indiscriminate suppression of any patriotic arousal in Poland, the liquidation of the leading classes of the population and for the Polish population to be removed from the areas surrounding German settlement, creating a “safety buffer zone” through “racial land clearance.”

THE FATE OF PSYCHIATRIC PATIENTS UNDER GERMAN OCCUPATION IN THE SECOND WORLD WAR

Following the defeat of the Polish army, Danzig and the northern territories were incorporated into the German *Reich* as the “*Reich* District Danzig and West Prussia,” while the western Polish territories, including the cities Posen and Lodz, were incorporated as “Wartheland.”

Through entries in the “*Volksliste*,” mass displacement and mass murder, these previously majority Polish territories were to be completely “Germanized” (7); the southeast, under the designation “*Generalgouvernement*,” was administered as a colony and exploited for the military and economic interests of the Germans.

The German occupation of Poland can be divided into 4 chronological stages:

- The September campaign from 1 September 1939 to 8 October 1939 and the Soviet invasion of Eastern Poland.
- 8 October 1939 to 22 June 1941: the division of Poland under German occupation into Danzig - West Prussia, Wartheland and the *Generalgouvernement*. The Polish territories east of the demarcation line came under Soviet occupation.
- 22 June 1941 to spring 1944: following the German attack on the Soviet Union, the eastern Polish territories were incorporated into the *Generalgouvernement*.
- Spring 1944 to spring 1945: retreat of the German armed forces and occupation of all Polish territories by Soviet troops.

The Germans installed a complex system of terror consisting of harassment, raids, deportations, starvation, forced labor, theft and murder. Mass executions of prisoners of war and civilians, the “intelligentsia operation,” which by the end of 1940 had already taken the lives of 80,000 people (civil servants, officers, clerics, academics, teachers, intellectuals), the mobile gas chambers of the Sonderkommando Lange (1-4), the starvation camps for Jews, euphemistically termed “ghettos,” the Operation Reinhard, the “General Plan East” and the “SS Sonderlaboratorium Himmlerstadt” (8, 9). Poles were only allowed to live if they were of use to the Germans.

It is fairly clear that the killing in Wartheland was the result of central planning and organization. Alongside the large mental hospitals, smaller institutions and nursing homes were also affected. Troops from the SS Sonderkommando Lange transported the patients in trucks into a nearby forest and shot them for a bounty of 10 *Reichsmark* each. Patients who could not be transported were shot in their beds. Later some institutions were used for military purposes or as general hospitals, others continued taking in transports of mentally ill from Germany and of German resettlers. The total number of sick persons deported into occupied Poland is unknown (1-3).

From December 1939, the Sonderkommando Lange deployed a mobile gas chamber (2, 3). This consisted of a truck with the logo “*Kaisers Kaffee-Geschäft*,” the exhaust

fumes of which or gas from storage bottles were piped into the cargo space. The development of this instrument of murder was overseen by the chemists Dr. Albert Widmann and August Becker, who had been involved in the preparation of Operation T4 since August 1939 (4).

The first execution using carbon monoxide gas most probably took place in November 1939 in a bunker of Fort VII in Posen (2, 3). Becker used the opportunity to observe the implementation of his idea. The first victims of murder by gas were 50 patients of the psychiatric institution Owińska (Treskau). Their bodies were taken to the forest at Oborniki. In the period up to November, approximately 400 patients from Owińska were murdered in Fort VII using gas. Subsequently, the trucks transported patients directly into the forest. There, they were loaded into the gas truck. Many of them resisted and were brutally forced into the truck. A medical sedation was often ordered before the “transfer.” Altogether, 1,000 patients from Owińska were murdered using gas. Before the operation, 100 ethnic German patients had been transferred to the institution at Dziekanka (2, 3).

The gas truck of the Special Commando Lange was later used at numerous other psychiatric institutions:

- Dziekanka (Tiegenhof); November 1939 and January 1940: 1,043 patients; in June/July 1941: 158 patients. Tiegenhof also played a role in a perfidious act on the part of the “T4” organization. A false death register was released in order to deceive relatives of the patients who had actually been murdered elsewhere, with bills being issued for the care of fictitious graves in the municipal graveyards (10).
- Kościan; January 1940: 297 women and 237 men (2, 3).
- Kochanówka near Lodz; March 1940 – summer 1941: approximately 2,200 patients; the head of the District Council Health Department, Herbert Grohmann, even ordered the recall of discharged patients (3, 4).
- Warta; the cost of the “evacuation” of 499 patients, which came to a total of 14,700 *Reichsmark*, was billed by the SS to the hospital. Director Renfranz also introduced electroconvulsive therapy (ECT), which was used more than 10,000 times by him and his (Polish) assistant doctor (2, 3, 11).
- Transition Camp Soldau; June 1940: 1,550 mental patients from various East Prussian institutions. There was a long dispute between authorities regarding the payment of the premium for this operation, which amounted to 15,500 *Reichsmark* (2, 3).
- Gostynin; 9 April 1941: 30 men and 29 women (2, 3). In summer 1941 Arthur Nebe, leader of the SS

Einsatzgruppe B and responsible for the mass murders in Belarus, requested the support of Widmann (2, 3). Nebe was informed about the “successful” work of the Sonderkommando Lange and operation T4. Under Widmann’s technical assistance, Nebe’s men murdered hundreds of patients of the psychiatric institutions Nowinki and Mogilew in late June/early July 1941 using carbon monoxide. The gas was provided from a truck engine. Following this, Nebe ordered the SS *Obersturmbannführer* Walter Rauff to obtain such gas trucks (2, 3).

The Nazi civilian administration of Wartheland also had an extermination camp built in a forest near Chełmno (Kulmhof) in November 1941 (2, 3). The Sonderkommando Lange murdered at least 160,000 people in the period up to April 1943 in three gas trucks stationed there, including Poles and Jews from Wartheland, many Jews from the Ghetto Litzmannstadt, numerous patients from the psychiatric institution Kochanówka and other institutions.

In summer 1942, 92 members of T4 staff were placed under the command of the SS and police director in the district of Lublin, Odilo Globocnik, the coordinator of Operation Reinhard, the murder of the remaining Jewish population of the *Generalgouvernement*. For the extermination camps Bełżec, Majdanek, Treblinka and Sobibór, Globocnik made use not only of the T4 leadership personnel, but also of its killing technology.

In the course of the selections in the medical institutions of Wartheland, Jews were killed without exception; 160,000 people lived in the Ghetto Lodz (Litzmannstadt) at its outset. The director of administration Hans Biebow wanted to make the fullest possible use of its workforce. He repeatedly appealed to the residents to bring their sick to one of the numerous hospitals newly erected in the ghetto. Altogether, the ghetto was equipped with more than 2,600 hospital beds. In a building adjoining the Jewish cemetery in the ghetto, a psychiatric hospital with 50 beds was opened. From March 1940, the Germans ordered a rapid series of “evacuation operations.” Since the patients resisted, they were given scopolamine injections beforehand. Selections were also carried out in other hospitals at short intervals, with patients being transported to the extermination camp Kulmhof (2, 3).

Jewish patients from various institutions of the *Generalgouvernement* were brought together in the Jewish medical institution Zofiówka in the Otwock Ghetto near Warsaw, where they died within a short time due to the horrendous living conditions (2, 3). In summer 1942, as part of the liquidation of the ghetto, most patients of Zofiówka were shot and an unknown number were

taken to Treblinka and gassed. A few were able to flee to Warsaw in an ambulance where they slipped into the underground. The entire Jewish staff was murdered along with the patients.

In the *Generalgouvernement*, from 1940 to 1942, the supplies of essential goods flowing into the German *Reich* exceeded all expectations of the Germans (2, 3). According to the assessment of the director of the *Generalgouvernement* health administration Jost Walbaum in September 1941, the Polish population received “only 600 calories,” which is why they were so vulnerable to contagious disease (4); 40% of the population suffered from typhus. Walbaum was seriously concerned about the danger to the German armed forces and to the *Reich*. The situation of the Jews in the ghettos was even worse, as was that of mental patients, “useless eaters” in terms of Nazi propaganda. Walbaum considered which solution would be better, shooting or slow starvation, although he believed that shooting had a deterrent effect (2, 3). Food supply was reduced once again through new regulations from Walbaum’s authority.

In some cases, the SS did not wait until all the patients had starved.

On 12 January 1940, the SS occupied the institution Chelm Lubelski (2, 3). The patients - 300 men, 124 women and 17 children – were taken into the courtyard in small groups and shot. Under the name Chelm II, the institution was used, similarly to Tiegendorf, for the covering up of the murder of patients as part of Operation T4 (10).

In 1940, 501 patients died in the institution Kobierzyn near Kraków (2, 3, 12). In September 1941, the last Jewish patients were deported to Zofiówka. On 23 June 1942, SS men loaded the remaining 535 Polish patients into a train. The director, Alex Kroll (12), told the staff that they were being transferred to the institution Drewnica, but in fact they were taken directly to the gas chambers of Auschwitz-Birkenau. Thirty bed-ridden patients were poisoned and buried in the institution’s cemetery. Kobierzyn was subsequently turned into a recreational retreat for the Hitler Youth.

Kroll’s efforts to keep the operation secret were marked by a bizarre mistake. In autumn 1942, a bill from the Eastern Rail was delivered to Kobierzyn for the transport of the patients to Auschwitz-Birkenau. The German cashier did not know what to do with this bill, and asked a former Polish administrative clerk for assistance. He advised her to send the bill on to Kroll. But the true destination of the transport thus became known.

In Kulparkow near Lemberg (Lwów) there were an

increasing number of deaths among the 2,000 patients under German command (2, 3). In August 1943, Dr. Max Rohde was reassigned from Galkhausen (Rhine Province) to Kulparkow (13). He stayed, according to his own account, until spring 1944. During this period, numerous patient transports arrived there from the Rhineland. The number of Rhineland patients who were deported to Kulparkow and presumably starved there is unknown.

In the institution Lubliniec (Lublinitz, Loben) Dr. Ernst Buchalik and Dr. Elisabeth Hecker established a Children’s Department in 1941. Of the 256 children “treated,” 194 died (2, 3).

In the Hospital of the Merciful Brothers at the edge of the Old City of Warsaw following capitulation, the Germans took over the supervision of the hospital (2, 3). Despite the shortage of food, the staff continued to perform their duties for the patients and acted in the resistance movement. The underground university even held secret lectures for medical students. Persons from the directly adjacent ghetto with acute psychiatric crises continuously sought admittance to the hospital. For security reasons, they were soon transferred to institutions outside the city (2, 3).

THE FATE OF POLISH PSYCHIATRISTS UNDER GERMAN OCCUPATION IN THE SECOND WORLD WAR

During the Warsaw Uprising after 1 August 1944 the Jan Boży psychiatric hospital came under bombardment from tanks and aircraft (2, 3). There were huge losses among patients and staff. On 2 September 1944, after the SS stormed the hospital, they arrested the roughly 50 people who could still walk, shot the bed-ridden wounded and set the ruins of the hospital on fire.

Despite the threat, many staff members of the psychiatric institutions remained with the patients and attempted to save at least some of them. More than half (51.1%) of all Polish psychiatrists, 138 people, did not survive the war (3). Doctors of Jewish descent had no chance, but non-Jewish psychiatrists were also systematically killed, either as victims of the intelligentsia operation or together with their patients during the special operations in the institutions. Many also disappeared or died under Soviet occupation, either in the course of deportation to the Soviet gulags or the executions of the NKWD (Katyn, Charków, Starobielsk). Some went underground and engaged in active resistance. It was not until the next book by Tadeusz Nasierowski et al. (3) that Polish readers, 70 years after the Second World War, got to know the fuller context of

the extermination of Polish psychiatrists, describing facts known to some contemporary Polish psychiatrists, but not known to other researchers.

BRIDGES OVER HISTORICAL GAPS

Since its origins in the 19th century, Polish psychiatry had a strong relationship with Germany; before 1939, many Polish psychiatrists had received an important part of their training from German-speaking institutions. After the end of the war, contacts between Polish and German psychiatry remained almost completely frozen for more than 40 years. There were isolated contacts between psychiatrists from the GDR and Poland, but these did not result in any more intensive exchanges.

In 1985, West German psychiatrists participated for the first time in an international congress in Krakow on the subject of “War, Occupation and Medicine” upon an invitation from Prof. Józef Bogusz. In 1987, a group of 27 West German psychiatrists travelled to Poland. They visited sites in the former German eastern territories and in occupied Poland where psychiatric patients from Germany and Poland had been murdered. Their 10-day trip concluded with the first German-Polish Symposium on Mental Health in Krakow.

In 1990, the German-Polish Society for Mental Health was founded in Münster by psychiatrists from Germany and Poland (14). The German-Polish dialogue in the field of psychiatry encompassed from the beginning all the professions involved in psychiatry, relatives, patients and the interested public. Driven by a curiosity for the hitherto unknown “other,” numerous partnerships between German and Polish clinics and other institutions of psychiatric care were established. The regular German-Polish symposia on current issues of mental health, human rights in the field of psychiatry and on the “taboos” of German-Polish relations, which take place alternately in Poland and Germany, draw several hundred participants every year.

Since 1998, the Polish-German dialogue has been extended to include a third partner: Israeli psychiatry. Many Israeli psychiatrists are originally from Poland or have Polish ancestry. Relations between psychiatrists from the three countries have been further solidified in several joint conferences in Israel, Poland and Germany, as well as on joint trips to the Ukraine. The documentation of many years of joint efforts toward remembering is written down in trilingual annual volumes of *Dialog* from 2002 and 2006, titled “Myth and taboo” (15) and “Human fate in critical times” (16) (dedicated to Irena Sendler).

The German-Polish dialogue in the field of psychiatry has built bridges across historical abysses. It can only be successful as long as we are prepared to learn from our common history.

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