

THE COURAGE TO CARE: NURSES FACING THE MORAL EXTREME

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ABSTRACT

Many European nurses were caught up in the horror of what happened to Jewish people during the Second World War, trapped in ghettos and concentration camps. The advanced age of the nurses, however, decreases the number of firsthand accounts available. This paper reports on the experience of nurses in one camp, Westerbork, in the Netherlands, highlighting their work and relating their stories. Facing extreme suffering, they chose to care about others when it would have been easier to distance themselves. Until recently, historians' interest in medical practices in the transit and concentration camps has centered on medicine and sanitation. Utilisation of a nursing framework allows new material that has previously been overlooked to provide a broader understanding of the context of health care within the camps. Westerbork is an ideal camp to study since it had a genuine hospital with medicines and equipment available and a number of wards that provided care. Data collection was through oral interviews, archival documents and literature. The conclusion is that these nurses provide powerful role models of care that are as significant today as they were then.

INTRODUCTION

The purpose of this research was to develop an understanding of nursing within the transit and concentration camp system by focusing on one transit camp in the Netherlands, Westerbork, which had a large hospital of over 1000 beds. All care offered to the inmates of the camp was provided by staff who were also inmates, that is, prisoners providing care for other prisoners within the confines of the camp. History provides ample evidence of nurses who were involved in wars, caring for soldiers, supporting civilians and often imprisoned for years as occurred during the Second World War. Other nurses were caught up in the horror of what happened to Jewish people during the Second World War, trapped in ghettos, transit camps and concentration camps.

BACKGROUND: LITERATURE REVIEW

An extensive literature review was undertaken, including of standard works such as Martin Gilbert's *The Holocaust* and Leni Yahil's *The Holocaust: The fate of European Jewry, 1932-1945*. Since the site of the camp under study was the Netherlands, literature pertinent to that country was also reviewed. Examples of such literature include Bob Moore's *Victims and survivors: The Nazi persecution of the Jews in the Netherlands 1940-1945* and Dan Michman's *Belgium and the Holocaust: Jews, Belgians, Germans* (pp.3-38), which provided an insight into the historiography of the Netherlands pre-war, and policy and events that took place during the occupation of the Netherlands giving important comparisons to other occupied western nations.

A review of literature explicit to Westerbork was also explored. While little literature exists, publications include the diary of Phillip Mechanicus who began his diary while hospitalised in Westerbork. Mechanicus was an astute observer and provides an important patient perspective on care delivered in the hospital. Other important sources of literature include the collected letters

of Etty Hillesum who worked as a social worker in the camp, providing information on all aspects of camp life including the hospital. Neither of these authors survived, but their work has endured and can be used in conjunction with the other sources of information already discussed.

A collection of drawings of the camp created by an inmate who did not survive has been published (Kok 1990). By coincidence, he was the husband of one of the nurses involved in this study and the collection includes her portrait and those of other nurses and activities such as 'housecalls' made in the camp barracks. Such material enriches the understanding of the overall experience of life in the camp and assists in appreciating the complexity of piecing together information to create a coherent picture.

Finally, literature that focuses on the efforts of doctors and nurses in various camps was useful in terms of comparison of various camp experiences. A new phenomenon in Holocaust historiography and one of the best examples is Roger Ritvo and Diane Plotkin's *Sisters in sorrow*. No other published research to date has focused on nursing, medicine, or health and care in Westerbork. A clear gap in this area of research makes Westerbork an ideal camp experience to utilise as it had such a large hospital with a considerably large staff making it likely that some survivors could be located.

METHODOLOGY: HISTORIOGRAPHY, ORAL HISTORY, INTERVIEWS, RECRUITMENT WESTERBORK HISTORIOGRAPHY

To appreciate the nurses' experiences, it is helpful to have some understanding of the historiography and evolution of Westerbork from a refugee centre to a transit camp that was to become a funnel for deportation to the camps in Poland where so few survived.

The prehistory of Westerbork transit camp began prior to the German invasion in 1940. As refugee Jews fled Germany, Austria and Czechoslovakia for the safety of the Netherlands, the Dutch government took measures to prevent further refugees arriving in its urban centres. Westerbork was not a German invention, but a Dutch creation, and the camp was planned well before the outbreak of war. On 13 February 1939, a proposal by the Ministry of the Interior was accepted to establish a camp for German refugees. The funding required the construction of the camp to be repaid by the Relief Committee for Jewish Refugees (Presser 1969). Shlomo Samson recalled the establishment of the camp in the winter of 1939-1940 approximately seven kilometres from the village of Westerbork. Remote, distant from the crowded cities of the western part of the country, near the German border, it remains a fairly isolated place in the Dutch countryside.

In his post-war report, Hans Ottenstein recollects the camp as being a depressing place in every context of the word. Eye irritations were common due to continual wind whipping sand and dust around the campsite:

'It stormed almost the whole year and the wind swept the sand and dirt from the heath, so that everything became black or gray. When it rained the roads turned into mud puddles. In the summer the plague of flies was a danger, especially for the babies who could not defend themselves' (The Ottenstein Report 1946).

The refugee Jews were not given permanent residency status and were interned in Westerbork. They were meant to remain in the camp until a country that would admit them would grant a visa. Unfortunately, no such country was located.

The status of the camp was to change radically on 1 July 1942, when it officially became 'Police Transit Camp Westerbork' and watchtowers and a two-meter-high fence were erected around the camp. This was followed by the arrival of Dutch police as guards. The round-ups of the Dutch Jewish community began in July 1942.

On first inspection, Westerbork seemed to mimic a town; it had an administration like a civil administration but their chief function was to select the people who would be transported on the weekly trains to the Polish camps where history records few survived. Those inmates who remained in the camp for any length of time were segregated by sex and placed in barracks of 1000 people. The camp had a police department, social services, a post office, a school, a crèche, and importantly, a hospital where medicines arrived on a regular basis to be used by a staff of 1700 qualified inmate doctors, nurses and other health professionals. Wards such as maternity, surgery, paediatrics, medical and an operating theatre existed.

Oral history as historiography: Benefits and disadvantages

The use of narratives is central to work such as this and can provide a rich source of information. Johnson (1982) concluded that the use of oral history as a methodology provides a vehicle that can 'deprofessionalise' history. That is, its use can provide a path for people to relate historical events in their own words; a viewpoint from 'bottom up' rather than 'top down'. In this respect, it differs from traditional historiography. Vansina (1985) distinguished different types of oral testimony including eyewitness accounts and rumours. Both were explored in this project.

Holocaust history is problematic in terms of oral recollections and validation. Validation can be attempted through archival documentation including camp documents such as orders issued by the commandants, circulars, as well as periodicals, public records, and eyewitness accounts, including letters and diaries. However, it must be acknowledged that in some instances, no documentation exists and even eyewitness accounts can contain conflicting information. An example of this concerns the performance of abortions in Westerbork. No surgical register for the hospital has ever been found that would provide documentation of the procedure. Each nurse interviewed in the course of this project confirmed that abortions took place, but in each nurse's experience,

the procedure differed from a standard dilation and curettage in the hospital operating theatre to secret abortions that took place in the women's barracks, to women self-abortioning. Consequently, there is no way of ascertaining the number of women who chose to abort, nor their reasons.

The history of the period is coloured by grief and loss; pervading sadness may affect the memories that survivors are willing to share. Survivors may find some recollections too painful to relate during an interview with a relative stranger. Others have repressed memories, too painful to bring to the surface again. Despite these limitations, eyewitness accounts provide a rich source of information for researchers. In some instances, the accounts may be the only available source of information since no archival document exists for several possible reasons. These include the bombing of buildings during the war that may have destroyed documents, the deliberate destruction of documents, and non-existent documentation since the use of names may have endangered lives.

It can be counterproductive to compare survivor memories; each person's memories are unique. Circumstances changed for each survivor, however their narratives can be utilised to weave a fabric so that a picture emerges. This re-telling of their stories is important so the world does not forget and also to help the world remember. David Ben-Gurion observed that this re-telling and the remembrance is both a form of reawakening and an opportunity for learning (Clendinnen 2000). Therefore, it is important to acknowledge that the re-telling may be as important to the survivor as it is to the researcher; not only are those who did not survive remembered, but it allows the survivor to become someone other than the victim, that is, the history teacher. As such, the experience may be therapeutic for some survivors.

Tsevtan Todorov (1996) remarked that memory cannot necessarily be relied upon to completely recall past events, but utilised to reconstruct elements that are meaningful to our contemporary society. The act of reconstruction and bringing the details to light is an essential factor in attaining justice. Justice is built from a mingling of truth and knowledge to recognise good and positive acts. Each of us needs to acknowledge and recognise simple acts of human dignity, caring and kindness to reaffirm their importance not only socially but also in the context of history. Such recognition serves as a catalyst to others and helps individuals to recognise their own capacity to be involved in such acts.

Recruitment of nurses for the project and ethical considerations

It was difficult to locate nurse survivors willing to speak about their experiences for many reasons. Their increasing age decreases the number of firsthand accounts that can be obtained. Compounding this is the emotional grief surrounding this era of history. Others do not wish to speak about the past, having found that the best way of coping is not to think about their experiences.

Nevertheless, oral history through interviews and eyewitness accounts continues to be one of the best methods of allowing contemporary nurses to appreciate the contribution and experiences of their predecessors who had the courage to care.

Two pertinent archives were contacted to determine whether any relevant documents, memoirs or memorabilia had been donated to the archive. Original film of life in the camp including the hospital as well as a large number of photographs are contained both in the camp archives, located in the grounds of the camp, and at The Nederlands Instituut voor Oorlogdocumentatie (NIOD, The Netherlands Institute for War Documentation).

Participants in this research were located through several means. Names of nurse survivors were located through the archives. Advertisements appeared in newspapers and contacts were made with the local Dutch Jewish community and survivor organisations to assist with the task of locating others. Six nurses were located who were willing to take part in this study. In other circumstances, this might be considered a small number, however the history of that period and the deliberate destruction of millions of people make it difficult to find large numbers of survivors for research purposes.

In the Netherlands, approximately 100,000 people were sent to the Polish camps, mostly via Westerbork. Less than 1300 returned. It is not known how many of the survivors were nurses, but documentation indicates that many nurses elected to go with their patients to their ultimate deaths, refusing to leave them, and so they died as well (Gilbert, p.526-530).

This is clearly evident in the account of the round-up of mental patients at the psychiatric institution, Het Appeldorn Bos. In accounts of this incident in January 1943, rows of patients were loaded on top of each other in trucks. Fifty nurses accompanied their patients. The nurses had been promised they could return to the Netherlands after accompanying their patients. The train arrived in Auschwitz-Birkenau several days later and eyewitnesses recounted that the nurses moved among their patients calming them, offering medicine from their bags. The accounts include the reaction of the SS (Schutzstaffel - the military unit of the Nazi party which served as Hitler's bodyguards and as a special police force) who are reported to have watched with a respect seldom shown to bewildered arrivals. But on the selection platform the nurses were sent with their patients to the gas chambers. None of these nurses survived.

Such incidents clearly highlight the difficulty in recruiting large numbers of nurses for this project. The majority of Jewish survivors in the Netherlands were never in Westerbork and survived through hiding.

Once located, contact was initiated by letter as a means of introduction and to allow the various nurses to develop some understanding of the information that would be sought. The letter stipulated that the author would undertake travel to the Netherlands to meet personally

with each one and conduct an interview at a place of their choice. All participants subsequently chose to be interviewed in their homes. During the course of the correspondence, further information was provided and in one instance, one of the nurses duplicated correspondence that had been written in the camp to highlight some of the incidents described.

At the interview, the purpose was again explained and translators offered for anyone who felt their English would be inadequate. A release form was prepared that explained the project and included a section that allowed participants to choose whether or not their names or pseudonyms would be used in publications. All of them were allowed to choose whether or not their interviews could be tape-recorded and it was explained that the interview could stop at any time they wished. Likewise, they could choose not to answer any question. Finally, it was ascertained that all the participants had reliable counselling support available should the sensitive nature of the interview content create any distressing anxiety, a paradoxical situation considering the underpinning of the research was focused on the concept of caring.

Interviews took place at a time designated by each nurse in their own homes, by their own choice. The interview began with asking each nurse to tell the basic story of his or her life and went on to focus on their war experiences. Occasionally, it was necessary to ask for clarification, pose a specific question, or prompt a response. Experienced interviewers with survivors generally concur that interrupting the flow of the narrative should be avoided as much as possible. The longer the nurses spoke, the more clarity they had in their recollections and interruptions can break that flow of thought.

Paul Bartrop (2000) examined the dilemma of utilising survivor accounts in reconstructing events to better understand the Holocaust. He observed that written accounts by survivors were not always consistent with those recorded by experienced writers, but the survivor accounts are a chronicle of events they personally experienced or witnessed, (p.36). Furthermore, there is often only one survivor of an entire community that can provide information. Consequently, while effort should be made to verify survivor accounts, it may not be possible.

Nurses also utilise oral history in reconstructing events about a patient's health. In their daily practices, nurses conduct interviews, ask personal questions and utilise small bits of information to paint a larger picture of the individual. Thus, the use of oral history is both a familiar tool to nurses and relevant to practice. It should be acknowledged that competent nurses may have developed excellent skills at the interview process, having experience and insight in the exploration of a painful past in their clients. Therefore, they may approach the interview process with far more confidence and insight than the traditional historian.

Another issue in utilising oral history through interviews may be the contradictory information provided

by survivors. In some instances, the same question evoked different responses from the participants. The general conclusion that could be made from several of these questions was that each answer was correct in that individual's experience. Each individual had a different experience with regard to a phenomenon and answered the question according to that experience.

The influence of media and other literature on the survivors' recollection can affect memories. Media reports concerning life in Westerbork may colour or influence the memory of some of the recollections about the camp. Finally, it must be acknowledged that several of the survivors knew each other. They may have discussed the interviews and questions together and have tailored their responses accordingly, although they denied doing so.

Despite the problems and drawbacks associated with oral history, it provides the most personal, natural means of understanding historical experiences in Westerbork with particular emphasis on those issues that relate to health and the practice of nursing within the camp hospital.

The nurses' stories

Trudel van Reemst de Vries has a number of memories of her time in the hospital, both as a patient and as a nurse. Born in Germany, her family moved to the Netherlands when she was a child where she eventually became a nurse in Rotterdam. She volunteered as a nurse during the Spanish Civil War and after the occupation of the Netherlands, became active in the resistance. In November 1942, in her late 20s, she was arrested, jailed and sent to Westerbork. She was one of the few inmates to eventually escape the camp with the aid of her resistance contacts. Trudel recalls being hospitalised with a kidney infection after her arrival and her subsequent treatment which she considered to be 'quite good'. She had the feeling that despite her circumstances, she was among friends.

Upon her recovery, she went to work in one of the large barracks that housed older people but within a short time, she was sent to work in the maternity section of the hospital. In hindsight, Trudel believes the most effective care she provided for her patients was to try to instill a sense of hope in them. Unaware of the fate that would await most of them, she encouraged them to get well, telling them they needed to be strong to be able to survive in the labour camps. She encouraged mothers who had no breast milk, primarily due to malnutrition, to allow their infants to be fed by other mothers, hoping to ensure their babies' survival and health.

During that time, Trudel was summoned to a small room with another nurse. They were confronted with an astonishing sight; a tiny infant wrapped in towels that had been born in another concentration camp. Michael had been born prematurely and sent along with his mother and other prisoners to Westerbork. The Nazi commandant, Gemmeker, took an interest in the baby and ordered an incubator and a paediatric consult. Together with the other nurse, Trudel cared for the infant, feeding him through naso-gastric tubes, interpreting the commandant's

continued interest in the child as a sign of hope. The two nurses clung to that hope, pouring their attention on the child, delighting in his progress as he learned to drink from a bottle. Michael's mother had already been transported to Poland and the nurses became surrogate mothers to the boy. When Michael weighed five and a half pounds, he was transferred to a cradle from the incubator. Trudel believed with all her heart that she had accomplished something good and positive, that there was hope for all of them. She was devastated when Michael, at six pounds, was sent on a transport to Poland.

Trudel lives in Amsterdam today. She retired a number of years ago but has taken part in interviews for books and a film about her life, patiently explaining her experiences and their import on her life. One of those has been a lifelong dread of hearing babies cry, including her own children when they were small. The sound immediately conjures up images of all the babies she cared for and the knowledge that Michael and the vast majority of the inmates of Westerbork transported to Poland did not survive.

Similar in age to Trudel, **Bob Cahen** was one of the earliest residents of Westerbork and when the opportunity arose to work in the hospital, he volunteered and although he had not trained as a nurse he did have advanced knowledge of first aid and thought it would be useful in the men's medical wards.

He thought initially that working in the hospital might afford some protection for his family in the camp from transport. Bob bitterly recalled a number of incidents including saving one man from an attempted suicide, certain he had saved the man's life. He was crushed when he saw the same man being transported to Poland shortly afterwards.

The most touching story he recalled was of a six-year-old child he called Gaby. A couple who were to be sent to Poland arrived in Westerbork carrying their son in a box. On closer inspection, Bob realised the box was a kind of bed made so their son, who had hydrocephalus, could be carried comfortably. The child was admitted to Bob's ward where he located a quiet spot for the boy. Gaby was sweet and loved to laugh, especially when spoken to by Bob and he responded when stroked gently. Bob spent as much time as he could with the boy but several days later, Bob carried Gaby to the train together with his parents, although he did not recall if they were sent to Sobibor or Auschwitz. Irrespective of Gaby's destination, Bob harbours no illusions about his fate. At the time, he cleared a small space so the child could rest on his parent's laps. Sixty-eight people were loaded into the car, the door closed and sealed. Bob recalled, that at the time, he prayed the jolt of the switches would be so heavy that Gaby would break his neck to spare him further suffering. In his reflections, recalling those terrible years, Cahen observed that:

My whole life after has been influenced. When I applied as an attendant I did this exclusively in order to safe (sic) the life of my mother and myself. I did not know anything about nursing and less of the human relations

factor. It was but a short time before I realised that in every bed was a human being, with a story, a tragedy, with trouble for himself and his family. In the beginning I wished to close my ears for all those sad stories. But I was unable to do so. I came to know that the person who laid there so helplessly and the only one he could trust was his attendant. I realised the hopeless situation in which he was. The feeling of impotence to do something about it. When a really sick person had to be prepared for transport, had to say goodbye to him, speak to him in an encouraging way, whilst knowing how desperate his situation was, one cried internally because this could not be showed.

Bob Cahen was sent to Auschwitz as a prisoner. At the end of the war, he returned to the Netherlands and studied engineering. As he admitted, he suffered many of the symptoms of post traumatic stress disorder including nightmares and flashbacks making life difficult for him for many years. He commented that no one understood what he was experiencing, that it took health care workers years to appreciate the enormity of post traumatic stress.

In his retirement, Bob spends his time accompanying school children on visits to Westerbork, explaining in a personal way the experiences he underwent. His apartment in The Hague contains many drawings sent to him by appreciative children as mementoes to him.

Jeanne Van den Berg Van Cleeff arrived in Westerbork in September 1942. She was in her 20s and arrived with her parents who both died in Sobibor. During that time, she worked as a circulating nurse in the operating theatre and in the recovery area. Jeanne firmly believes that the most important care that she was able to deliver to her patients was the provision of hope. In the interview Jeanne stated that hope was 'something we had ourselves, so we gave it to other people'. Not only did she seek to provide hope that patients would recover, but that they had a future to look forward to.

This belief was supported by open-ended questions to patients, which included their plans for after the war. Open-ended questioning of this type remains a useful tool, not only for engaging patients and eliciting information but also for the establishment of a helpful relationship, which can bring forth rich data (Minichiello et al 1990).

Jeanne's recollections illustrate several other important elements of caring. She commented that:

It sounds silly I know, but whenever I meet with other survivors that I knew in the camps one of the first things we say is: 'Do you remember laughing about...?'

Jeanne again provided distinct models of behaviours associated with caring practices. She remains an optimist and claimed she never lost the ability to laugh or her sense of humour, a factor that has been more recently examined by researchers as important to survival.

In addition to the behaviours Jeanne considered examples of caring, she mentioned incidents in passing, as if they had little consequence. These involved offering her

own blood for transfusion despite everyone's weakened state. This practice was confirmed by Bob Cahen who recalled that after a surgical procedure a transfusion might be necessary and the only possibility of acquiring blood was from the inmates. If family members did not make acceptable candidates because of their own deteriorated health, the nurses often volunteered to give their own blood. Their reward was a cup of ersatz coffee and a few hours rest.

Jeanne was sent to Bergen-Belsen for several months, where she continued nursing others, even without the benefit of more than water as a medicine. She related that 'just being with people' sitting and listening, was all the care she could provide, an example of the therapeutic power of presencing. Jeanne had not had a great deal of training before entering Westerbork, yet she mastered the skills necessary for the position of circulating nurse. What is more apparent is that she understood the interpersonal skills necessary to good nursing. Like many others, she still finds it difficult to discuss some aspects of her war experiences, especially with her own children and grandchildren, but remains committed to telling her story in the hope that others will learn from her experience.

DISCUSSION: THE COURAGE TO CARE; HOPE, OPTIMISM AND THE BELIEF IN THE HUMAN SPIRIT

Caring is an act that occurs between people without justification, ideology, or asking whether or not the recipient is worthy. In nursing, caring is a powerful relationship between the nurse and the patient for the patient's benefit. Benefit is derived by the carer as well, and cannot be considered an altruistic act the carer provides without perceiving the satisfaction or pleasure derived by the carer from its successful completion.

Despite the temptation to simplify the act of caring, it is this relationship and interactions that define caring behaviour. According to Todorov (1996), the essence of a human being is found in caring behaviour that will endure as long as the human race exists. In a society that celebrates the material, caring is the antithesis because it highlights the importance of interdependence between individuals and acknowledges the fragile nature of human life. Human vulnerability is the underpinning of a caring society.

To learn the skill of caring, Sacks (1997) believes one must observe it in action, much as one learns any craft, from an expert. Such practices can be encouraged in health care settings. Caring, like any other skill mastery, requires practice. It is for this reason, among others, expert nurses in clinical practice, not only supervise and demonstrate their advanced skills in physical care but also demonstrate the caring imperative and interpersonal skills involved in its provision.

While professional, social, and ideological factors influence the behaviour of individuals, ultimately a

culture of caring in which these practices hold value strongly encourages the individual to continue to exhibit such behaviours and practices. Another method of enabling nurses to appreciate and learn the skill of caring is through the recollection of nurses' experiences. A traditional means of conveying lessons to nurses, the lessons of care can also be derived from nurses who cared under extremely uncaring circumstances.

CONCLUSIONS, LIMITATIONS AND IMPLICATIONS

There are obvious limitations to this type of research. However, Leydesdorff (1992) observed that it is not the function of the oral historian to provide evidence such as that required in a court of law. Rather, it is an exploration of social history and an investigation of events of daily life within a particular context. Problematic issues in the use of oral history include the faulty memory of survivors, all of whom may be ageing. Those interviewed in this study claimed during the course of these interviews that their memories may be faulty. Several refused to answer questions on the basis of memory; stating they were either unable to recall clearly or fearful of providing inaccurate information.

When one is confronted with profound suffering and trauma, often nurses are asked the question 'why?' In some instances that question can never be satisfactorily answered, but by asking what can be learned from this experience, it is apparent lessons can be derived. In the case of these nurses' experiences, contemporary nurses learn a great deal about the importance of caring and the manner in which the recipients perceive it.

Caring is the heart and soul of nursing practice, quite distinct from the concept of curing. It remains the universal feature of nursing with multiple interpretations. Theory is derived from practice and transmitted through a culture of nursing from one generation to the next, by oral as well as written methods. This practice continues to be transmitted through a culture that places value on caring as unique and a form of coping. Consequently, it is imperative for nurses to have an understanding of nursing practices in the past as a means of appreciating caring practices in the present. This supports the principle of using history as an important perspective of nursing practice and as a vital tool for contemporary practitioners to learn from their predecessors. Even more importantly, the meaning of care and determination of caring practices, while vital to professional nursing, may be important to society as a whole. Increasing reliance on technology creates a distance between human beings. The meaning of care and its interpretations holds import for human civilisation.

The historical examples indicate that the nurses' accounts centered on the important notion of caring for others, providing role models for the present and future of nursing.

Often, nurses feel they cannot influence situations and outcomes for patients or for themselves. These nurses provide examples of how to comport oneself in the face of

fear for their own survival. In a world that has suffered the trauma of September 11, the Bali bombings and other tragic incidents, it would seem likely that nurses who have been involved in the rescue of victims and comfort of survivors possess the power to influence the manner in which we reflect back on those events at the deepest, personal level. Like their role models from the past, there is no doubt they too, have the courage to care.

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