

Room for a view

Memory and duty

The medical students told me they couldn't do a history on the elderly patient. She was a recent Russian immigrant and spoke no English. They had done the physical exam, but they knew the history was key to figuring out her problem. On a surmise, I spoke to her in Yiddish. She understood. And so I proceeded to take her history, using the basic Yiddish I had learned as a youngster from my grandmother.

She was from Lithuania, the birthplace of my grandparents. When I mentioned the village of Eishyshok, she said it still existed but had no more Jews. I knew this. The 3446 Jewish inhabitants of the village were executed by the Nazis on September 25 and 26, 1941.

I asked my students if they noticed anything that might help them assess this woman's medical problems. No one had noted the faded blue number on her left forearm. When I pointed it out, only two of the six students could explain its meaning. They could also suggest diseases that might have been contracted during what had been, as we learned, a 3-year internment in Auschwitz.

My first contact with concentration camp survivors occurred when I was 7 years old. It was a summer evening; my grandmother, with whom my sister and I shared a bedroom in our small Brooklyn apartment, was singing Polish, Russian and Yiddish songs with a group of friends, all Jewish immigrants from Eastern Europe. They all had blue numbers on their forearms, the significance of which was not clear to me. I knew there had been a war, but I was innocent of the details. My grandmother was not a Holocaust survivor, having immigrated as a young girl to New York to escape the pogroms. She worked as a seamstress in sweatshops, educated herself and became a labour activist. That musical evening is my first recollection of meeting Holocaust survivors. I did not know then that, many years later, the Holocaust would become a core preoccupation of my work as a physician.

In 1967 I was interning in the department of obstetrics and gynecology at Rambam Hospital in Haifa, Israel. It

was my second time in the department, having first visited as a student after my fourth year at St. Andrew's University in Scotland. I returned because of my previous experience under the wonderful tutelage of Aaron Peretz, the department head. I recall assisting him with gynecologic examinations performed on concentration camp survivors, in whom he confirmed an association between their medical conditions, such as infertility and chronic pelvic inflammatory disease, and their previous internment. I recorded the findings on forms for Peretz to sign in support of claims for financial reparations from Germany. Although the women were grateful for Peretz' assistance in obtaining reparations, their medical problems, particularly infertility, clearly caused them much heartache, especially when they were told that nothing could be done. At the time, I did not know that Peretz had been a key witness at Adolf Eichmann's trial in 1961. I found him to be a most sensitive, warm and caring physician with a passion to help his pa-

tients become mothers. This compassion was especially evident in the way he related to Holocaust survivors.

As intense as this experience was, I did not anticipate that it would become a preface to my work at Toronto's Baycrest Centre for Geriatric Care. The Baycrest Centre looks after one of the largest long-term care populations of Holocaust survivors in North America. For 25 years, part of my practice has been to observe the impact of the Holocaust on the health of my patients — and of their children. I offer the following vignettes.

One of our patients developed a dramatic case of tuberculous meningitis for which the primary contact had likely occurred in a concentration camp 30 years earlier. One of the clues to the diagnosis was the blue number tattooed on the patient's forearm. The very posi-

tive tuberculin test on that same arm demanded that the medical staff acknowledge the legacy of that patient's Holocaust experience.

The wife of another patient was distraught. Both she and her husband were survivors. They had raised a family in Canada, having both lost their first spouses and children. Now, at age 80, the husband was having spells of terror during which he shouted names from his past. He would keep his wife up at night, telling her that those who had perished were pursuing him. He lost weight and couldn't sleep; his cognitive function was deteriorating. In alternating Yiddish and English, he told me about friends who had died. He felt that he should have died instead. He told me how a friend was taken away while he was out of the office; had he been there, he might have been taken instead, thereby sparing his friend. At the camp, the man working next to him was shot for failing to move rocks as fast as he did. These people were now speaking to him, asking why he had survived.

Then there was the Polish-born patient with progressive Alzheimer's disease who became very agitated when her caregiver left for personal reasons. The family hired a new caregiver who, luckily they thought, spoke Polish. The woman screamed that she did not want to speak Polish after what they did to her and her family. The children could not understand; years before, a series of Polish-speaking women had helped their mother with homemaking. The sudden change was a mystery. They kept trying to reason

with her, but she became increasingly histrionic. She refused to stay in the house with the new caregiver and ran after her children when they tried to leave her there. Perhaps for this woman, as for many other survivors, Polish had become "the language of hell." Primo Levi recalled how, although German was the language of the oppressor, Polish was "the incomprehensible language that greeted us at the end of our journey [to Auschwitz]."¹ Memory has many layers, and not all of these were evident even to those who loved and tried to care for this woman.

Although many survivors' responses to their Holocaust experience reflect unimaginable traumas, there are some whose strength and tenacity shine through dramatically. One 82-year-old patient had survived in the woods for more than 3 years, hiding in the bush and in caves. He had heard about comrades who had been captured and summarily executed. He survived on berries, insects and the occasional small animal or bird. Of a large family, only he and a son (with whom he was reunited after the war) survived.

This patient suffered from progressively incapacitating angina, which responded initially to anti-anginal medications. Eventually, however, he became completely disabled. Catheterization revealed triple vessel disease. When the cardiac surgeon interviewed him he seemed very frail. He was discharged back to the Baycrest residence, where I saw him and explained the surgeon's reasons for denying him surgery. I explained that he had a 30% chance of not surviving the procedure, which the surgeon deemed to be too high a risk.

He listened quietly and said, "Does that mean I have a 70% chance of survival and being able to walk again without chest pain?"

I concurred.

"I think those are great odds," he replied. "You know, for years, I had a 99% chance of dying every day, and here I am. So I would like to take the chance of surgery."

I referred him back to the surgeon. Using the same argument, he convinced the surgeon to operate. He sur-



German Gestapo officer Adolf Eichmann listens to the guilty verdict during his trial in Jerusalem, Dec. 11, 1961.

vived the triple bypass, aortic valve replacement and pacemaker insertion and was discharged in 2 weeks, greatly improved.

Peretz' description at the Eichmann trial of the scenes he had witnessed in the Kovno Ghetto affirm in me a sense of obligation and privilege in caring for Holocaust survivors. Asked about the rounding up of children, Peretz testified:

I saw shattering scenes. ... I saw trucks, and from time to time mothers came up to them with children, or children came without mothers, and behind them walked two Germans with rifles as if they were bringing in robbers. They threw them into the trucks. I saw mothers who were shouting. I saw a mother whose three children had been taken, she approached the truck and shouted to the German: "Give me my children." And he asked, "How many children do you have?" She answered, "Three." And he said, "You can take one." She climbed on the truck — three children turned their heads towards her and, needless to say, each child wanted to go with the mother. The mother was unable to choose, and she climbed down from the truck alone — went away from the truck.²

It is this woman and others like her who, in their old age, are haunted by gruesome thoughts and memories. It is to them that I feel a duty to provide care. One day these patients will no longer be able to bear witness to their experiences. It falls to their children, and to all of us, to ensure that their memories are not lost.

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References

1. Levi P. *The voice of memory: interviews, 1961–1987*. New York: The New Press; 2001.
2. Peretz A. Testimony at trial of Adolf Eichmann, session 28. Available: www.nizkor.org/hweb/people/e/eichmann-adolf/transcripts/Sessions/Session-028-05.html (accessed 2001 Oct 5).

Further reflections, by Peter Uhlmann, on the lingering effects of the Holocaust will appear in the next issue.