Born in Auschwitz and Survived: A Triumph Over Murderers

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\textbf{ABSTRACT:} The discovery of Jewish babies who were born in Nazi concentration camps and survived seems miraculous, but this phenomenon did occur toward the end of World War II. The lives of a small group of mothers and surviving children are of both historical and medical interests. Their survival shows additional support for the hypothesis that maternal nutrition can induce metabolic syndrome and bone demineralization in their offspring. Information obtained through direct contact with some of the surviving children is the basis for this article.

\textbf{KEY WORDS:} Holocaust, children, survival, morbidity, longevity

"Too many Jewish children were killed. These must live."

Dr. Erno Vadasz, Dachau, 1945 \cite{1,2}

One of the main ideological aims of the Third Reich during World War II was the well-publicized, "Final Solution of the Jewish Problem." It was openly declared and applied in Nazi occupied territory, to the tacit allowance of some and active assistance of others \cite{3-6}.

By the end of 1944, when the Allied Forces were becoming stronger, the well-organized discipline of the Third Reich started to gradually disintegrate. The commanders of the concentration camps intended to erase any evidence of the heinous crimes committed there. Some while trying to diminish their criminal culpabilities, searched among the prisoners for ways to atone for their actions and to mitigate any potential future legal procedures.

On the eve of the collapse of the Third Reich, toward the end of 1944 and in the first 4 months of 1945, some pregnant women who were incarcerated in concentration camps were permitted to give birth under horrific conditions.

This study highlights the lives of 12 Jewish women who gave birth, despite all odds, and discusses the babies who survived. It also supports the theory of maternal nutrition on future metabolic diseases of their babies, in particular bone mineral derangements. The childhood and adult health, as well as levels of education and professions in adulthood, are also presented.

These babies who were born in concentration camps and were still alive after 73 years are a testament to the strength of the will to live despite horrific conditions. Indeed, these surviving babies all proved to be high achievers.

The material in this medical–historical study is based on a small sample of 12 cases of babies who were born in various concentration camps. They were incarcerated for varying lengths of time. These 12 survivors fully cooperated with the authors, although some were less willing to participate and others were totally reluctant to be interviewed. Medical data were obtained from all cooperative survivors. Of the survivors who agreed to be interviewed, two were born in Auschwitz, one in Buchenwald, four in Dachau, three in Mauthausen, one in Viehofen-St. Pölten (Austria), and one in Terezin/Theresienstadt. There were babies born in other camps, but their data were classified by strict privacy laws.

\textbf{METHODS}

Data were collected from the archives of the respective concentration camps and the International Tracing Service (ITS)-Arolsen or by direct contact with the surviving babies by telephone or Skype interviews, email correspondence, or personal meetings. We also obtained written notes on the conditions of their mother. The survivors were informed about our project by archivists and librarians working at the camp archives, and they expressed interest and willingness to participate in the study. Data were obtained on the age of the mothers at the time of giving birth, their work in the camps, and their period of incarceration. Additional information was obtained on their nutrition, conditions of the birth, health of the mothers at delivery, and the delivery itself.

The post-war lives and illnesses of the mothers were also recorded. Data were also collected about the babies, including their birth weight, postnatal development, childhood and adult illnesses, levels of education, and profession.

\textbf{THE MOTHERS}

The findings on the mothers are presented here as short case reports. Data on the babies are presented in Table 1.

\textbf{MOTHERS IN AUSCHWITZ}

Esther, born in 1919, was deported from a Hungarian ghetto to Auschwitz for 6 months. She initially worked in hard labor,
Table 1. Summary of the health of babies born in Nazi concentration camps at the time of birth, during childhood, and at adulthood

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Name of mother</th>
<th>Concentration camp</th>
<th>Date of birth</th>
<th>Birth weight</th>
<th>Childhood diseases</th>
<th>Post-war nutrition</th>
<th>Adult diseases</th>
<th>Adult height</th>
<th>Education/profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malka</td>
<td>Esther</td>
<td>Auschwitz</td>
<td>27 December 1944</td>
<td>1 kg</td>
<td>Rickets, deformed legs, Stood at age 3; walked at age 5</td>
<td>Low nutrition, given cod liver oil + ultraviolet light therapy</td>
<td>Arthritis, osteoporosis</td>
<td>Unknown</td>
<td>Kindergarten teacher, librarian</td>
</tr>
<tr>
<td>Moshe</td>
<td>Elisheva</td>
<td>Auschwitz</td>
<td>27 January 1945</td>
<td>1 kg, weighed 4 kg at 7 months</td>
<td>Rickets</td>
<td>Low nutrition, given cod liver oil</td>
<td>Osteo:T-2.5, spinal stenosis</td>
<td>165 cm</td>
<td>Hydraulic technology diploma</td>
</tr>
<tr>
<td>Simsha</td>
<td>Feigel</td>
<td>Buchenwald</td>
<td>23 March 1945</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Low nutrition</td>
<td>Diabetes</td>
<td>180 cm</td>
<td>Law degree</td>
</tr>
<tr>
<td>Edith</td>
<td>Prisca</td>
<td>Mauthausen, born on wooden plank</td>
<td>12 April 1945</td>
<td>1.6 kg, no milk</td>
<td>Rickets</td>
<td>Moderate nutrition, given cod liver oil + ultraviolet light therapy</td>
<td>Osteo: spinal stenosis, knee osteoarthritis</td>
<td>160 cm</td>
<td>PhD chemistry</td>
</tr>
<tr>
<td>Hava</td>
<td>Anka</td>
<td>Mauthausen, born on farm cart</td>
<td>29 April 1945</td>
<td>1.5 kg</td>
<td>Unknown</td>
<td>Low nutrition, given cod liver oil</td>
<td>Unknown</td>
<td>162 cm</td>
<td>Administrator/ historian</td>
</tr>
<tr>
<td>Max</td>
<td>Rachel</td>
<td>Mauthausen, born on a wagon</td>
<td>28 April 1945</td>
<td>3 kg</td>
<td>Rickets</td>
<td>Low nutrition, given cod liver oil and milk</td>
<td>Unknown</td>
<td>182 cm</td>
<td>MD</td>
</tr>
<tr>
<td>Reuven</td>
<td>Lola</td>
<td>Terezin</td>
<td>16 February 1945</td>
<td>2.5 kg</td>
<td>Unknown</td>
<td>Very low nutrition</td>
<td>Diabetes, metabolic syndrome</td>
<td>152 cm</td>
<td>Timber technology diploma</td>
</tr>
<tr>
<td>Shaul</td>
<td>Klara</td>
<td>Viehofen-St. Polten</td>
<td>27 January 1945</td>
<td>Unknown, born in a barracks</td>
<td>Rickets</td>
<td>Moderate nutrition + milk</td>
<td>Prostate cancer, mesothelioma</td>
<td>165 cm</td>
<td>PhD history</td>
</tr>
<tr>
<td>Akiva</td>
<td>Miriam</td>
<td>Dachau</td>
<td>28 February 1945</td>
<td>3 kg</td>
<td>Unknown</td>
<td>Moderate nutrition, wet nurse</td>
<td>Parathyroid</td>
<td>182 cm</td>
<td>PhD chemistry</td>
</tr>
<tr>
<td>Hana</td>
<td>Dora</td>
<td>Dachau</td>
<td>28 January 1945</td>
<td>Unknown</td>
<td>Rickets</td>
<td>Low nutrition, wet nurse, leg braces and splint</td>
<td>Thyroid, spinal deformity, Osteo: T-2.4</td>
<td>150 cm</td>
<td>Language teacher</td>
</tr>
<tr>
<td>Moses</td>
<td>Elisheva</td>
<td>Dachau</td>
<td>8 December 1944</td>
<td>3.5 kg</td>
<td>Unknown</td>
<td>Moderate nutrition, given milk</td>
<td>Unknown</td>
<td>180 cm</td>
<td>PhD philosophy</td>
</tr>
<tr>
<td>Judy</td>
<td>Magda</td>
<td>Dachau</td>
<td>13 January 1945</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Very low nutrition</td>
<td>Porosis, T-2.1, thyroid, heart</td>
<td>152 cm</td>
<td>MA languages</td>
</tr>
</tbody>
</table>

consuming only 400 calories per day. Later she worked in the kitchen. She had been subjected to medical experimentation (abortion). She was injected, in utero, with a toxic material to induce abortion. Rather than aborting, she thrived and delivered her baby on the day of the camp's liberation. Esther (the previous entrance) was her son's wet nurse. She returned to the Hungary. She was aware of the dangers of overfeeding her infant. She was diagnosed with advanced osteoporosis and osteoarthritis. She developed metastatic uterine carcinoma and died at the age of 73 years.

Elisheva, born in 1918, was deported from a ghetto in Hungary. She was sent to Auschwitz for 7 months. She delivered her baby on the day of the camp's liberation. Esther (the previous entrance) was her son's wet nurse. She returned to the Hungary. She was aware of the dangers of overfeeding her infant. She was diagnosed with advanced osteoporosis and osteoarthritis. She lived to be 88 years old.

**MOTHER IN BUCHENWALD**

Feigel, born in 1915, was deported from a Polish ghetto. She lived in Buchenwald for 8 months and worked in the munitions factory, HASAG-Leipzig. She was covered daily with yellow dust. Her baby was born in March 1945. She was aware of the dangers of overfeeding her infant. She died of uterine carcinoma at the age of 46 years.

**MOTHERS IN MAUTHAUSEN**

Prisca, born in 1916, first was sent to Auschwitz, followed by Freiburg and Mauthausen. She weighed 35 kg at the time of the birth of her daughter, and was able to produce breast milk. She lived until 90 years of age.

Anka, born in 1917, first was sent to Terezin, then to Auschwitz followed by Freiburg and Mauthausen. After 5 months she weighed 35 kg. She had no known osteoporosis. She lost her teeth in the camp. She lived until age 96 years.

Rachel, born in 1922, passed through Auschwitz, followed by Freiburg and Mauthausen. She lost her teeth and was diagnosed with osteoporosis and spinal stenosis. She lived until the age of 84 years.

**MOTHER IN TEREZIN/HERESIENSTADT**

Lola, born in 1914, was interred in the camp for 6 months. She weighed 36 kg at the time of the birth of her son. She had no milk. She was later diagnosed with diabetes, hypertension, and back problems. She smoked tobacco. She died from a pulmonary embolism at the age of 68 years.

**MOTHER IN VIEHOFEN**

Klara, born in 1914, was deported from a Hungarian ghetto. She was sent to Auschwitz, then diverted to Strasshof and...
Viehofen-St. Pölten camps. She delivered her son in a wooden barracks. She had no milk. She had no known osteoporosis and lived until the age of 96 years.

**MOTHERS IN DACHAU**

**Miriam**, born in 1922, was sent via Auschwitz to Augsburg, Dachau-Kaufering. She worked in an armament factory. She lived until 96 years of age.

**Dora**, born in 1911, was deported to Auschwitz and transferred to Dachau-Kaufering. She survived 10 months in the camps. She was diagnosed with osteoporosis and thyroid deficiency. She lived until 84 years of age.

**Elisheva**, born in 1916, was interned at Auschwitz and Dachau-Kaufering. She lived 5 months in the camps. She lived until age 82 years.

**Magda**, born in 1922, was deported from a ghetto in Hungary. She was sent to Auschwitz and then to the (Landsberg) ammunition factory near Dachau-Kaufering. She was diagnosed with severe frostbite and hepatitis. She died from breast carcinoma at the age of 78 years.

**THE HISTORICAL BACKGROUND ON THE NAZI POLICY ON CHILDREN**

The Nazi “Final Solution” did not allow for the survival of children.

"These Jewish avengers will grow up and face our sons and grandsons."

This statement by the Reichs Fuehrer SS, in October 1943 in Poznan, was repeated in June 1944, even though it contradicted the slogan of the “One Thousand Year” regime [7].

Pregnant women were exterminated or their infants drowned or poisoned. The rare cases of surviving pregnant women who gave birth to surviving babies is an amazing achievement. We found 12 such children, all alive today [8-17].

**MEDICAL BACKGROUND**

A sub-specialty of medicine concerning the effects of maternal nutrition on childhood and adult health and diseases was developed during the end of the 20th century and continues to advance. The first studies evaluated the late effects of starvation on metabolic and cardiovascular functions conducted on those babies born during the Siege of Leningrad (1941–1944).

The studies were conducted more than 40 years later at the Karolinska Institute, Sweden. They documented metabolic aberrations in glucose and lipid metabolism, hormonal activities, and oncology [18].

Similar studies were conducted on the victims of the Dutch Winter Hunger of 1944–1945, the victims of the German Occupation of the Channel Islands during WWII, the survivors of the famine in African Biafra and on the Pacific Micronesian islands, and the Great Famine in China. All of these studies were suggestive of the same metabolic changes influenced by maternal malnutrition. The definitive study was conducted on a peacetime population living in England/Wales, with the same results. These studies will be confirmed when studying the results of the present famines in East Africa, Yemen, and Myanmar [19].

At the end of the 20th century, interest was also extended to bone mineral metabolism. The documents indicated that maternal starvation during gestation leads to adult osteoporosis and various other bone variants, suggested as low-nutrition osteopathy [19]. This theory was then extended to a study of survivors of the Holocaust. It was suggested that "Hungry whilst in utero" programs premature osteoporosis in adults [20,22-24].

A second most important aspect of bone metabolic changes in the postnatal period results from overfeeding, which is conducted as a well-intended compensatory metabolism [21,22]. This process, suggested as high-nutrition osteopathy [19], has also proven to be detrimental to bone metabolism in newborns. The feeding excesses could have only been possible after liberation, some in displaced persons camps and others while at the St. Otilian recovery center for children [11,12]. There is no evidence of overfeeding in our sample, and it is unlikely in the immediate post-liberation times that any of the babies were overfed.

**OBSERVATIONAL FINDINGS**

Table 1 lists only observational findings, as no statistically significant conclusions are deductible from such a small group, especially without a control group.

- One important observation is the incidence and the variety of morbidities. The findings indicated that the mothers suffered skeletal effects. Most mothers lived to be octogenarians and nonagenarians. These mothers either reunited with their prewar families or established new ones. There is no record of additional children born after liberation. Of interest are the three mothers who were diagnosed with carcinoma. All three (Esther, Feigel, Magda) had been in contact with chemical toxins, either by injection directly or by inhalation at an ammunition factory.

- The findings on the children indicated low-nutrition osteopathy. Rickets was prominent. Even if rickets is treated successfully, the nutritional deficit still results in skeletal deformities, and/or scoliosis. Spinal stenosis could be another effect of folate deficiency [24]. There is no evidence of overfeeding in our sample. Arthritic changes are predominant and osteoporotic proof is evident in those cases in which DEXA Bone Density Studies were performed. The tested cases were calculated for fracture risks within 10 years, in accordance with both the Australian Garvan and the British FRAX algorithm calculator [Table 2].

- Of importance is also the skeletal height development. Three men grew taller than 180 cm. Most women grew only slightly taller than 150 cm.
THE “PREGNANCY UNIT”

The Schwanger Kommando was a group of seven pregnant, Hungarian Jewish women imprisoned in one of the Kaufering sub-camps of Dachau in December 1944 [1,15]. The Jewish Kapo in the women’s camp, Lithuanian David Witz, managed to transfer an obstetrician-prisoner from the men’s camp to this unit. To be able to assist in all the births, Dr. Erno Vadasz was well fed, allowing him to sufficiently recover from almost total starvation. Dr. Vadasz gave hot water, towels, knives, and disinfectants. He successfully delivered seven babies, as discovered by the liberating American Army [12,15].

How was such a sudden “humanitarian” effort permitted? Could this have occurred without the knowledge of the SS commandant, who was well known for his brutality? Only a pragmatic calculation in advance of the well-publicized eventual trials of Nazi criminals could explain this move.

CONCLUSIONS

These 12 cases are illustrative and supportive of the theory that maternal malnutrition affects metabolic changes (glucose, lipid) as well as cardiovascular health, hormonal deficiencies, and bone mineral deficiencies. [22-24]

Our study shows trans-generational inheritance, probably through epigenetic regulation. In spite of the extent of starvation and death in the concentration camps, the longevity of the mothers and the babies is exceptional. The lives of those who moved to First World countries, with abundant nutrition, proved to be only partly protective against the late effects of malnutrition during intrauterine life. The connection between osteoporosis in adult Israeli women and the Holocaust was previously established, which may connect with bone metabolic changes in babies born in concentration camps [22-24].

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