

## International Dental Aid and WWII



### Dental Science

KEYWORDS :

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During the liberation of the camps, a great majority of the detainees died after eating abundantly within a short period of time. A thousand men died because the Americans and the Englishmen were totally bewildered and overwhelmed with what was in front of them. In good faith, they gave a great amount of food to the survivors without thinking of the dramatic consequences that this was going to cause. Indeed, the survivors' weakened bodies could not bear too much food. As a result, they changed their minds and they set up field hospitals which were to feed the sick through successive steps.

Doctor Samuel Glashow was the chief dental officer of the 307<sup>th</sup> medical company of the 82<sup>nd</sup> American Aeronautical Division in 1945. On March and April of that same year, he took part in the liberation of the Ludwiglust concentration camp in the North of Germany. Here is what he remembered : « I have been with the 82<sup>nd</sup> Division since 1942 and we conducted seven combat missions. Two months before the end of the war, we were occupying Ludwiglust where the German army had been before. My superior and a dental officer, Major Works and I decided to go and see the infamous concentration camp. What we saw was beyond unimaginable. The detainees were so skinny. They looked like living skeletons. The smell grabbed you by the nostrils. It was a smell of meat, that of lifeless corpses. Near the army camps, corpses crammed together were decomposing.

Fighting on the battlefield for months, I had seen many people dying in front of me and many fellow countrymen being strengthless. Once, I saw an officer having his face broken with a piece of shrapnel. I also treated thousands of soldiers from my division or others, and even German soldiers. I saw blood and guts... And yet, nothing had prepared me for this. I walked on men's faces, human feces and pieces of meat scattered everywhere. And the smell was unbelievable. I could not believe my eyes.

Then our doctor suggested us to make a sort of soup that we brought them making sure they would dip some bread in it. Then we also gave them some chocolate before making them eat more normal food. With my 300 men, we had to manage more than 5,000 prisoners.

Our General, General Gavin, was so angry that he asked to fetch the inhabitants of the neighbouring village. He compelled them to help us burying the dead and escorting the survivors to an hospital. The bodies were transported with old parachutes and were buried in individual tombs with a cross on them. We made two hundred of them.

We had to guard the prisoners that the division had made. To guard a hundred of the Wehrmacht soldiers, only one or two soldiers were needed. However, to guard a SS, one guardian was needed. Even after they surrendered, they remained as dangerous as rattlesnakes. We did not have enough food rations to feed them. Consequently, they were given little amounts of food so that they would not die.

(...) When I arrived in the division, I was the dentist with the lowest rank. There were 16 dentists above me, including Major Works who was dental-surgeon in chief. When he was upgraded chief dental officer of the 82<sup>nd</sup> division, I became dental-surgeon in chief. His work was administrative and mine, more ac-

tive. On the battlefield, my duty was to take care of the casualties and to make sure to protect their well-being.

Doctors wearing the Red Cross sign on their helmets were often executed by the Germans. One day, General Gavin gathered the medical team and told us : « It is your choice to wear the Red Cross sign on your helmets. If you do, you cannot bear arms. If you do not but you wear other medical badges, you can bear arms. » From then on, 95% of the doctors took their badges off and bore arms until we arrived in Berlin where we were asked to give them back.

Our duty was to prevent the SS from escaping and to make sure that the Wehrmacht soldiers received subsistence level of food. It was also to check whether the survivors had enough to eat and whether they also received all needed medical attention. I never treated them. I did not have the appropriate equipment for that on the spot but their teeth were horrible. That was understandable.

(...) I have an assistant now. He is Corporal. We treated these prisoners as long as we could and then, the other Allied armies arrived and we handed them over. One morning, trucks arrived to fetch them and we gave them blankets, clothes and something to eat. »

Enlisted as a volunteer, Captain Samuel Glashow was demobilized in 1946.

When he was freed, Dr Stroweis collaborated with a field hospital which was implemented for the nursing staff and their patients by the Americans.

« We got from a German dental surgeon some medicine that we did not know. He spoke highly of it and especially of being very effective against buccal mucosa infections : tinctured Myrrh. We used it against numerous cases of gum disease, stomatitis, etc.

The sedation for pain was always quick and the recovery was surprisingly fast. It is right to say that, meanwhile, the sick's hygiene, diet, lifestyle and psychism had totally changed. The application of tinctured Myrrh significantly helped curing the sick but the tremendous improvement of living conditions unquestionably helped. »

**Fig. 1 - Medical staff standing outside a school which was transformed into a hospital for the survivors of Langenstein-Zwieberge concentration camp, in April 1945. On the left, Captain Joseph Lyten, a dentist from the medical battalion of the 8<sup>th</sup> Armored Division.**



**Fig. 2 - American medical staff standing outside two tents set up outside a school which was transformed into a hospital for the survivors of Langenstein-Zwieberge concentration camp, in April 1945 (on the left, Captain Joseph Lyten).**



**Fig. 3 - Medical examination of the children who survived in Buchenwald (dental examination of a child on the left).**



**Fig. 4 - Dental Train.**



During the war, the International Committee of the Red Cross tried as much as possible to develop its medico-social action in favour of all the war prisoners noticing the calamitous oral state of the survivors in the camps which went hand in hand with their general state. The issue was of great emergency. Indeed, the deportees' cachectic and malnourished state imposed a progressive refeeding (Fig. 1 & 2). How was it possible that their oral state prevented any chewing? From 1941, the ICRC was able to organize dental treatments in the camps (Fig. 3). This is why 64 dental practices were implemented there. The ICRC sent more than 5 tons of equipment and supplies. Therefore, for example, Dr Joachim designed a dental van which, with its trailer, constituted a mobile surgical centre. Surrounded with a well-trained team, the practitioner went to one camp after the other and did not content himself with curing his Belgian fellow citizens but also prisoners from all nationalities not to mention the citizens from countries who did not sign the Geneva Convention. His results were so impressive that the ICRC tried to imitate it too. However, during Fall 1944, Switzerland went through a

major crisis in the supply of fuel and pneumatic. The search for other options became obvious. The Swiss ICRC which was independent from the ICRC, bought a disused dining car with the support and the agreement of the ICRC and the Swiss army. It was agreed upon that this dining car was to be renovated and converted into a mobile railway centre of dental care at the disposal of the military dental service and destined for interned foreigners (Fig. 4). This structure was inaugurated on December 14 1944 and until February 28 1945, not less than 940 prisoners from all nationalities had been treated and braced in remarkable conditions.

The results were so convincing that preeminent practitioners decided to implement first-aid aiming at giving care to prisoners, deportees and stricken populations.

The number of candidates applying for Dental-aid revealed to be significant. Then appeared some regrettable divide : the ICRC, who obeyed the text of the Geneva Convention could only provide care for war prisoners whereas the ICRC, who is an independent organization, could help all war victims.

It seemed urgent to create an autonomous Red Cross organization which could lean upon professional groupings, in order to carry on the action of the Dental Aid without going against demarcation disputes. Therefore, the International Dental Aid was born in Geneva on February 24 1945. It was chaired by Dr René Jaccard, a Genevan dentist who set up headquarters in Geneva with delegations in freed countries. Very soon, the support of each national Red Cross branches, of professional groupings and ministries turned out to be essential for the durability of this project of major scale.

Indeed, the creation of care centres meant the recruitment of technical and medical staff.

This could not be conceivable without the full agreement of the whole profession under the aegis of Ministry of Health.

The objectives of the International dental aid were the following:

**1/ Care for children**

50 children of stricken French practitioners came to Switzerland and were hosted, fed, dressed and cured by Swiss dentists in line with the Swiss Red Cross.

**2/ Permanent installations**

Permanent dental centers were implemented in some administrative centres of French departments. The ICRC was commissioned by the American Red Cross to manage an important stock of equipment. Indeed, 24 dental practices were aimed at being delivered to camps in Germany but the end of the war allowed that this equipment was sent to dental care centres in freed countries.

3/ Mobile installations which became a reality thanks to the idea of railway dental cars. They were cars with 4 axles. They were very spacious and likely to be converted into two big compartments, one for surgery and dental cares, and the other for the Prosthetic Laboratory. The whole car was obviously properly endowed with sterilization and radiology.

At the Swiss Red Cross's instigation, the population was invited to hand it over her old dentures in order to be reprocessed and reused for the war victims. Therefore, more than 800,000 teeth were collected.

Today, in 2012, the International Dental Care still exists and is aimed at underprivileged countries with the same objectives regarding the oral rehabilitation of children's mouth.

**REFERENCE**

Riaud Xavier, Etude des pratiques dentaires dans les camps de l'Allemagne nazie, entre dérive et thérapeutique [A study of dental practices in the camps of Nazi Germany : between going adrift and giving treatment], Editions Universitaires Européennes, Sarrebruck, 2010. | Rohner, « A propos d'une initiative du Secours Dentaire International » [« About the initiative of the International Dental Care »], in L'Odontologie, vol. LXXXIII, n°5, Paris, 1945, pp. 109-111. | Stroweis Henri, Pathologie bucco-dentaire dans les camps de concentration allemands [Oral pathology in the German concentration camps], 1944-1945, Phd in Dental Surgery, Paris, 1973. | United States Holocaust Memorial Museum (USHMM), Washington DC, U.S.A., 2003. | Yad Vashem, Jerusalem, Israël, 1995. |