

LETTER FROM COPENHAGEN



Compensation for camp victims

**Extreme stress is
evidence enough for
compensatory action**

by H. J. Barnes

If a Danish survivor of a Nazi concentration camp suffers a heart attack today, he can be fairly certain of receiving an invalid's pension on the grounds that the heart attack resulted from his deportation. A law in force in Denmark states that exposure to stress is the only objective criterion in the case of Nazi camp survivors.

This legislation is a revolutionary departure from the theory that the individual's reaction to stress lies in his own constitution, and not in either the intensity or duration of the stress undergone. The legislation also deviates from the original Danish compensation law passed in 1945, which stated that it must be possible to determine medically that injury or disease could with reasonable certainty be related to experiences during the war.

The new concept is a result of the work of three Danish neurologists: Dr. Paul Thygesen of the Copenhagen County Hospital in Gentofte, himself a camp survivor, Dr. Knud Hermann of the Invalids' Insurance Court, and Rolf Willanger of the Institute for Clinical Psychology of the University of Copenhagen. They base their conclusions on a 23-year follow-up study of Danish camp survivors, published in the March-April 1970 *DANISH MEDICAL BULLETIN*.

Over the years the work of these three has played a major role in changing the original compensation law and has contributed to the medical understanding of exposure to stress.

What the researchers appear to have established is that the long-term effects of stress are determined by its intensity and duration to a far greater extent than by the pre-exposure personality or constitution of the victim.

Their findings tally with similar studies made in other countries. A study by Dr. Leo Eitinger, "Concentration Camp Survivors in Norway and Israel," published in London in 1964, reached the same conclusion.

Prof. Thygesen maintains that the magic word "constitution" in the past divided the disease from its cause. Furthermore, it divides stress from the proved and possible effects of stress, he says.

The core of Prof. Thygesen's study was a group of 321 members of the resistance movement who were sent to camps where the mortality rate was at least 25 percent in six months and who had all claimed compensation up to 1964. Since the war, the group has suffered, with varying degrees of severity, from persistent weight deficit, fatigue,

reduced sexual potency, premature aging and, among mental symptoms, emotional lability, depression, sleeplessness, nightmares, loss of concentration and memorizing ability and reduced intellectual capacity. Half of them were clinically evaluated as demented, yet only half had filed claims before 1959—14 years after their release.

In the camps they suffered such stresses as hunger, cold, overcrowding, lack of sleep and infections. It was found that when the victim suffered a weight loss of over 35 percent, he was reduced to a state of extreme emaciation, loss of normal or vital powers and mental apathy. The researchers report that 40 percent of the group studied were in this condition on release from camps and that 73 percent had suffered a weight loss of over 35 percent at one time during their imprisonment.

The group was not predisposed to social maladjustment. Constitutionally, the victims had already undergone a severe process of selection. They had been accepted into the resistance movement and they had survived the camps.

The researchers contend that it was apparent within a few years after the 1945 legislation that the compensation law was inadequate to deal with camp survivors. It allowed authorities to use it to dismiss the survivors' problems, claiming they were a matter of difficulties in readjustment, or a temporary repatriation neurosis.

However, in time the repatriation neurosis was revealed to be a progressive condition, identified by 1950 and legally accepted as a basis for compensation; it is now known as the concentration camp syndrome. According to the researchers, however, the syndrome did not always appear immediately after the war, and because there were no symptoms bridging the time span, authorities could claim that the connection between the symptoms and the camp experience could not be medically determined. The victims of the syndrome were often not aware at first that they were suffering as a consequence of their experiences. They struggled to maintain their jobs and earnings despite the symptoms, but in the end most of them wore down.

Today, at least in Denmark, concentration camp victims will receive compensation that in other countries is denied. This legislation, says Dr. Thygesen, is the only practical way of providing just compensation even if in some instances a victim is awarded a pension for a coronary thrombosis that might have developed anyway.