

Life and Death in One Hand

A Novel

by

Markus Vinzent

Author's Note

All characters, persons and places are fictitious, with the exception of historically and geographically documented persons and places, which have been fictionalised for the purposes of the novel. Any unintended resemblance to living or deceased persons, or to actual events, is coincidental.

Dramatis Personae

(in addition to generally known historical figures)

Principal Characters**Prof. Dr Lea Mendel**

Paediatrician; director of the Jewish Children's Hospital Berlin since 2003.

Dr Eva Bernstein

Physician and closest associate of Professor Mendel.

Dr Dr Chaim Mavet

Physician whose work spans anthropology, public health and administration. Director of the Jewish Children's Hospital from 1942.

Dr Hertha Lindhoff-Mavet

Physician, wife of Chaim Mavet, brought up in the Lutheran tradition.

Dr Dinah Halberstam

Founder and first director of the Jewish Children's Hospital (1925–1942).

Judith Lewin

Senior nurse in charge of the infant ward.

Mirjam Levinson

Rabbi at the Children's Hospital and teacher of religion for Berlin's Jewish community. The first woman in the world to be ordained as a rabbi.

Dr Nathan Elkan

Rabbi at the Children's Hospital, military chaplain during the First World War, and member of the Reich Association of Jewish Front-Line Soldiers.

Anika Maschka

Philosopher, literary scholar and art historian.

Hulda Mannheimer

Artist, painter and sculptor from Kassel. Of Jewish-Christian background.

Dr Josef Maschka

Germanist, civil servant, senior officer of the Red Cross and “Special Commissioner for the Protection of Art and Security.”

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*“Healing as in-different as not healing,
almost.*

*(And in that ‘almost’ alone lay
all the potential for hope
that time and that place allowed.)”*

—Klaus Hartung

Spiral A – Into History

The Press

21 April 2025.

Professor Dr Lea Mendel was on the telephone. The press again. More information wanted about yesterday's centenary. At the same time the pager in the side pocket of her white coat went off. Someone knocked at the door. Her assistant, Dr Eva Bernstein, laid a printed report on her desk.

"The government's new austerity programme! The Jewish Children's Hospital to be taken over by the Charité?"

Professor Mendel glanced at the paper, raised an eyebrow, pulled the beeping device from her pocket and looked briefly at the display. *Red.*

She turned to her assistant. "Urgent?"

"Yes. More urgent than the report. I think we're losing Miri—unless her mother's donor kidney comes through after all."

"What's holding things up?"

"Blood pressure. And her haemoglobin keeps falling."

A curt nod. "See to the child. I'll check on the mother. One minute."

For a moment she stood perfectly still—one second, no more—and then she was already out in the corridor. No further instructions.

Dr Bernstein remained behind. Then she sprang up from her desk, grabbed her white coat and wondered for a moment whether there was anything she still had to do before going to the child. Her own heart was racing.

The office, her desk, suddenly looked abandoned, as though whatever they contained were already dissolving. The printer was still purring to itself, and the report on the austerity programme slipped almost of its own accord beneath the other papers as Dr Bernstein closed the door.

People mattered more than lines and letters.

She ran to the operating suite where Miri was being prepared for the transplant. The nurses pressed the charts into her hands, brought her up to date. She went over to the child, felt her pulse and the temperature of her skin, checked her pupils, stroked her cheeks. Then she gave her instructions.

The door flew open. Professor Mendel stood before her.

"Thank you. Miri's mother is stabilising. I'll take over. You can go back to the office. I'll deal with the report later. And prepare tomorrow's video conference with the Mao Clinic. I'm supposed to give the opening address."

Dr Bernstein acknowledged the instructions and turned on her heel.

Back in the office, requests from newspapers and broadcasters were flashing on her screen. The first read: "*For our report on the centenary of the Children's Hospital, we still need material on its history between 1933 and 1945.*"

She knew that this was hers now, at least until Professor Mendel returned. Her boss, however, had anticipated questions of this kind and prepared a short text: two neutral sentences

that concealed everything essential while pointing to the ninety-three children whom the Red Army had found alive at the end of the war.

Dr Bernstein was supposed to choose the appropriate reply, copy it, send it.

Supposed to. Her fingers hovered over the keyboard. Yesterday, in her anniversary speech, Professor Mendel had touched only briefly on those years. She had not wanted to stir them up. Dr Bernstein thought she knew why.

She picked up the papers she had prepared for her boss for the centenary celebrations. Beneath the text of Mendel's speech lay an article about the hospital's foundation:

Berliner Morgenblatt, 20 April 1925

A New Children's Hospital of the Jewish Community Opens

Yesterday, Sunday, the Jewish Community of Berlin marked, in a simple and dignified ceremony, the formal opening of its new Rothschild Children's Hospital in Auguststraße.

Professor Dr Ernst Abraham, the city's senior medical officer, welcomed to the courtyard of the hospital numerous representatives of the municipal administration and the medical profession, among them Dr Dinah Halberstam, newly appointed director of the Children's Hospital; Dr Alfred Baumgartner, representing the Municipal Health Office; Dr Julius Hartmann, chief physician of the Berlin Police Medical Service; and Max Fürstenberg, district mayor of Berlin-Mitte.

In his address Professor Abraham emphasised that the new hospital was "dedicated to the weakest and most vulnerable members of our community", and that in establishing this general hospital, open to persons of every confession, the Jewish Community was making "a contribution to the health of the life of the city as a whole".

Representatives of the authorities thanked the Jewish Community for its social commitment and assured the new institution of the "benevolent support of the municipal authorities".

Following the ceremony, those present were invited to inspect the hospital's modern wards, infant rooms and treatment facilities.

The opening, which took place in brilliant spring weather, was warmly received.

A hopeful beginning, Dr Bernstein thought. Her boss had referred to it in her speech. Should she simply scan the article and send it to the press? Would that be enough to throw some light on the darker years?

Hesitantly, she leafed through the rest of the material. Professor Mendel had read aloud the glad tidings with which the next article began:

Berliner Tageblatt, 11 May 1945

First Jewish Child Born in Berlin—a Symbol That Jewish Life Can Begin Again

The dark years since 1933 are over. The Jewish Children's Hospital in Berlin was the only Jewish institution of its kind in Germany to survive National Socialism. A place of healing and

a place of terror. Here, in cellars and secret connecting passages, more than seven hundred children, relatives, members of staff and doctors survived—in spite of Allied bombs, in spite of the Gestapo and the SS. A harbour of arrival and a harbour of deportation. And yet a symbol of hope.

Dr Bernstein stared at the final lines, blurred slightly by the poor digitisation. *A place of healing and terror ... deportation.*

She couldn't possibly send that to the press. Not now. Not with the populist right waiting for precisely this sort of thing. She could already see the headlines, fat and black:

*So Much for the Holocaust—Jewish Children's Hospital Operating to the Bitter End
Nazis and Jews in Bed Together*

Did the Jewish Children's Hospital Help with Deportations? The Right Demands Access to the Files

Not now, with the hospital itself under pressure, rumours of a takeover leaking out, the Charité supposedly already drawing up restructuring plans, and her boss with no idea where she was going to find the sixty million needed to repair the flood damage—which had hit the archive too.

Was Western money going to accomplish what the Nazis had failed to do?

Her eyes returned to the first line: *First Jewish child born in Berlin ...*

A sentence from another world.

A sentence that sounded like the first breath after a century-long wound, a breath that should never have been possible.

Not in Berlin. Not in German air.

Air that was thinning again.

She was about to put the article aside when she noticed something in the margin she had overlooked before: a caption, barely legible, crooked in the scan.

"Senior Nurse J. Lewin with the newborn child."

Dr Bernstein frowned.

J. Lewin? She knew that name. From today's post? Or from the archive inventory—the material Professor Mendel had asked her to consult in the Charité archive, but which remained inaccessible because of the flood damage?

Her eyes moved to the list still waiting in the tray. On the third page she found the entry: *Papers of E. Lewin.*

Same surname. Perhaps a relative of the senior nurse. Before she could speculate further, her pager sounded. An internal message from theatre coordination.

Mother unstable. Transplant uncertain. Prof. Mendel cannot be reached.

Dr Bernstein touched the display. It would not wake. Stayed black. As though the world were trying to take its leave of itself. A moment in which it did not turn, neither forwards nor backwards. Simply stood still.

She hesitated. Gave the device, gave herself, the moment. Black. Night. Nothing.

After a deep breath, she tried again. The display came back to life. And allowed her to see the message glowing up at her: thank God—Professor Mendel had just come out of another operating theatre and was already on her way to the mother.

She looked again at the faded line in the old article.

Senior Nurse J. Lewin.

She could not have said why—but she felt cold. A cold that came neither from the corridor nor from outside. Something about that name ...

Had Professor Mendel ever mentioned it? Or deliberately never mentioned it? No—the name had appeared in none of the files so far, nor even in the brief history on the hospital’s website.

Dr Bernstein knew she would have to be patient a little longer. Her colleagues had sent the damaged parts of the archive away for restoration. They had been unable to tell her when she might have access to them again.

She tried to think of a suitable sentence for the press release.

Don’t touch it, she told herself. Not now.

Her fingers found the edge of the lid, the warped rim of cardboard yielding beneath them like old skin, worn by decades and the recent flooding.

A shout rang out from outside:

“We need Professor Mendel NOW!”

Dr Bernstein called back, “She’s on her way!”

Then she heard two sounds almost at once: a door slamming and a faint knocking, barely audible—not from the corridor, but from somewhere deep inside the box.

Or was it only the draught?

She lifted the lid.

Right on top lay a thin envelope.

Written across it:

“Dr Dr Mavet—Vienna 1924.”

Reconnecting in Vienna

1924. Vienna.

Dr Dr Chaim Mavet left the Hotel Bristol, the concert tickets in one hand, his gloves in the other. He loved the music of the young prodigy Leonard Kornberg, then being celebrated in Vienna. At twelve, Kornberg had already composed a pantomimic ballet and orchestrated a piano work by his teacher Alexander von Zemlinsky. Even then, his music showed the influence of both Romanticism and modernism, while already creating a sphere of its own.

That evening one of his most recent piano sonatas was to be performed, written two years earlier, when he was seventeen. Felix Weingartner would play it.

For Dr Dr Mavet, that alone was reason enough to set out early and in the best of spirits. Beside him walked his colleague Dr Hertha Lindhoff, half a head taller than he was—Hertha in private, as he was permitted to call her, but always Dr Lindhoff when they were on duty. The Ringstrasse pulsed with life; beneath the gaslights, horse-drawn cabs mingled with luxurious Effinger motorcars, while a mild breeze drifted across the Stadtpark. The traffic regulations interested him no less than the displays in the elegant shops.

Chaim stopped outside a hatter’s and studied the precise lines of the felt, the edges finished by hand.

“Jewish workshop,” he said quietly.

Hertha nodded. “You can tell by the quality.”

“Craftsmanship and tradition learnt over generations.”

They had met in 1916, while serving at a military hospital in Breslau during the war.

She had caught his eye with her long brown-black hair falling over the white uniform of a nurse. Fresh from her *Abitur*, she was preparing to study medicine in Munich and, before beginning her studies, wanted to gain practical experience as a nursing auxiliary. He had volunteered for military service, wanting both to deepen his surgical experience at the front and to help people. He had already qualified as a physician and was working on his doctoral thesis as a medical anthropologist, studying skeletal finds from his native Palatinate near Ludwigshafen. The six years between them seemed offset by her stately presence: an unequal pair who took pleasure precisely in their differences.

They walked on, and as the street began its gentle rise towards Schwarzenbergplatz, Hertha spoke of her years in Munich, where she had studied towards the end of the war and afterwards, eventually qualifying as a physician and completing her doctorate there. She spoke with enthusiasm of the seriousness of her professors and of the care they devoted to the war-disabled and the sick in hospital—something she had first been allowed to witness in Chaim at the military hospital in Breslau. He had been the first to teach her what it meant to be a doctor with one’s whole heart.

Chaim looked at her, a little embarrassed. The praise had reached him. He had a question he wanted to ask, yet thought silence the deeper expression of the bond that had grown between them during those years spent struggling for the wounded, the mutilated and the dying. That the old bond had returned here, now that they had met again in Vienna—he had invited Hertha because of their shared love of music—gave wings to him as he listened. She seemed to be enjoying the walk to the concert hall no less than he was.

He told her of his plans to return to Vienna in the near future for a period of research, spending several weeks working on anthropological collections to which the director of the institute there had promised him access. One more reason he had invited Hertha to Vienna. And then—with a kind of casual pride, unaware of the uncertainty he was introducing into their conversation—he told her that he had received an offer from Mainz and was seriously considering it. It would give him the opportunity to combine his ethnographic and anthropological research with the development of a public-health service for the People’s State of Hesse, perhaps extending beyond it into Prussia. That, he said, was where his real ambitions lay.

Were they?

With great fervour he had sketched out for Hertha his future, hers, theirs—and then, halfway through drawing breath, he faltered, as though he had choked on the emptiness of the air itself. He coughed, struggled to regain himself. To an observer it would have seemed no more than the slightest stumble, but Hertha had noticed the uncertainty. Before she could touch his arm, encouraging him, steadying him, Chaim had already recovered and flung himself once more towards the future.

Only such a powerful political force, he continued, had a future and could transform the world of medicine. He already had in mind a foundational work on medical practice in the

public service. It might provide a way to rise to the very top, perhaps to obtain a position in Berlin and, through the capital of the Reich, to win international recognition.

Hertha listened carefully. She was uncertain how to understand him. Until now she had always believed that he wanted to be a doctor and nothing else. Now she heard that he intended to remain in research, perhaps even inclined towards a career in the civil service, while harbouring ambitions higher still. Yet only a few months earlier he had opened his own practice in Ludwigshafen. She knew Berlin only fleetingly and had never been to Mainz or Ludwigshafen. But what Chaim was describing sounded like a determined search, even if it was far from clear where that search was meant to lead.

In some respects it took her back to Breslau: to his uncompromising commitment, but then also to their arguments over whether wounded soldiers should be restored to fitness for war or given the chance to escape the dangers of the front. She had argued for the latter; at first he had defended the former, until in the end he had come round to her position.

Perhaps, she said after a brief pause, the position in Mainz would allow him not merely to respond to suffering after it had occurred, but to prevent illness before it arose. Was prevention what attracted him? Perhaps in that way he could give his profession the direction it had possessed for him from the beginning.

They reached the entrance to the concert hall. As the audience gathered around them, Chaim stopped for a moment and turned to Hertha.

“What are your plans now?”

“I’d like to pursue further training in paediatrics, but I’ll go with you as well. My aim, in keeping with my Lutheran upbringing, is to devote myself to the health of the little ones, and the very littlest. I can do that in different places. My dream would be to work in a children’s hospital.”

Chaim tilted his head. “We have a great deal ahead of us. There’s a children’s hospital in Ludwigshafen, not far from B.A.S.F. I could try to make my own negotiations conditional on finding a position for you as well.”

“You mean: draw closer again and fight for our careers together, the way we fought during the war?”

“Not without wounds!”

“What sort are you thinking of? Your turn towards Christianity?”

“You’ve put your finger on it. My pacifism marked a turning point for me, and towards you as well—two shock waves for my family. But that gravely wounded man, a convinced Baptist, who would rather die than shoot the enemy aiming at him, who lay before us beyond saving and died beneath my knife—he changed my life. Put me on a road along which I could only go forwards, never back.”

“And yet it became our road. It was with a heavy heart that I left the military hospital when I went to Munich to study. I was worried about you too.”

“Without that experience, we wouldn’t be here today.”

“It wasn’t easy either. More of a struggle.”

“And our decision.”

A little later, as they sat in their seats in the concert hall and the opening bars of the sonata sounded, Chaim felt a tranquillity spreading through him that he had scarcely known since Hertha’s departure from Breslau.

It seemed that they were doing more than sitting in the same hall, listening to the same music and taking up the thread of their earlier life together. Hertha leaned against him. Their slightest movements found one another and revealed their accord. Weingartner played the Romantic passages gently, yet did not shrink from bringing out the occasional modern rupture, setting harmony against dissonance.

And so they listened to the alternation of clarity and darkness, spinning further the thread that was to determine the years ahead.

100 Years of the Jewish Children's Hospital Berlin

20 April 2025.

"Dr Bernstein—where are the press materials?"

Her assistant handed her the folder in the doorway. "With a few newspaper cuttings."

Professor Mendel was already on her way.

One floor below, in the entrance hall of the Children's Hospital, the invited guests were waiting for the opening of the exhibition "One Hundred Years of the Jewish Children's Hospital Berlin."

Flashbulbs fired.

Cameras were rolling.

Guests stood between exhibition panels bearing images from 2025, 2012, 1989, 1977, 1945, 1939, 1925.

More people pressed through the entrance: medical staff, politicians, rabbis and other clergy, children, relatives, elderly people, members of the press.

Professor Mendel welcomed them. The Jewish Children's Hospital in the centre of Berlin. In the heart of Germany's capital. A bastion created under the Weimar democracy. Almost razed by the National Socialists. Today under threat once again.

She ended by thanking the founders, the supporters, the city, the politicians, the medical associations, the health insurers, the staff, the children and their families, the Jewish community, benefactors and sponsors.

And, not least, the press.

Speeches followed. Congratulations.

Outside the building stood a large contingent of uniformed police. Across the street, behind barriers guarded by officers, another contingent: right-wingers and neo-Nazis.

"Away with the Jewish financial mass grave!"

The placards of the exhibition showed the Jewish Hospital building of 1914 on Exerzierstraße and, not far from it, the Jewish Children's Hospital spun off from it eleven years later. Alongside were figures showing the number of children admitted as inpatients each year—the hospital had initially had 110 beds. Professor Mendel had insisted that the most recent figures come first. Visitors were to descend with them, and with her, into the depths of time: for the weight, the significance, the dignity of all those upon whose foundations they were now looking back:

2025: 3,100
1989: 2,200
1977: 1,900
1945: 320, of whom 93 were found alive when the Red Army occupied the hospital
1939: 950
1925: 650 inpatient admissions

Photographic panels offered glimpses into the wards and rooms: parents with children, women and men doctors with babies, adolescents, nurses.

Directors of the Jewish Children's Hospital:

2003–: Prof. Dr Lea Mendel
1985–2003: Prof. Dr Israel Bendix
1963–1985: Prof. Dr Leo Berendsohn
1945–1962: Dr Daniel Hirsch
1942–1945: Dr Dr Chaim Mavet

Dr Bernstein lingered over that name a moment longer. Perhaps because she had not encountered it on the website. Nor, so far, had it been mentioned in any of the speeches.

1925–1942: Dr Dinah Halberstam

The Development of the Jewish Children's Hospital:

2022: Foundation stone laid for a new ward building
1963: Reconstituted as a foundation under civil law (jointly supported by the Jewish Community and the State of Berlin); cooperation with the Rudolf Virchow/Charité Perinatal Centre
1989: Modernisation; becomes an academic teaching hospital affiliated with the Charité
1945: Reconstruction; resumption of regular hospital services for the general population, with particular importance for healthcare provision in Wedding
1942: Jewish leadership replaced

Staff: severely reduced—patient numbers exceed capacity

1935: Further change of street name, from “Persische Straße” to “Iranische Straße”
1934: Address changed from “Exerzierstraße” to “Persische Straße”
1933: National Socialist prohibition on treating “Aryan” children; non-Jewish employees required to be dismissed
1925: Established as an independent institution separate from the Jewish Hospital Berlin

Scenes of children at play in the affiliated kindergarten and in the day nursery during the 1980s.

Prof. Mendel, in conversation to one side with the head of Berlin's health department:

“Berlin is deeply in debt.”

“The Children's Hospital has been through so much. It even survived the Nazi years.”

“But how.”

“Through no fault of its own. No more than than now.”

“We have to consolidate.”

“But preserve what makes this hospital distinctive.”

“Let’s discuss that another time, not today. Today we celebrate.”

“I’d find that easier if I knew there was going to be a tomorrow.”

“The hospital will continue—I have assurances from everyone involved: the Charité, the leading politicians on the city council, the federal government. The only opponents are the right-wing members of parliament and the parliamentary health committee dominated by the right.”

Professor Mendel’s expression darkened. She knew that if she took the microphone again now, she would hand the assembled press a single story—and provide a platform she wanted to give neither them nor the right.

The head of the health department was right.

Today she had to celebrate.

Create a better starting position for the negotiations of the coming weeks.

A woman whose hair was already touched with grey drew her aside.

“My name is Rabinowitsch. Elsa Rabinowitsch. My family comes from Silesia, from Ratibor. But my grandparents escaped to the United States in 1942, after their twins had been treated at the Jewish Children’s Hospital and one of them—my mother—had been saved.”

“And the other twin?”

The woman waved the question away, tears in her eyes.

“What you’re doing, your fight, your commitment—our family will support you and the hospital. We have some means. How much do you need each year?”

“Come with me to my office,” Professor Mendel said. “We can leave the guests to my colleagues for a moment.”

“Tell me about what you experienced, and what your mother and grandparents experienced,” she began once they were there, asking Dr Bernstein to bring tea for the woman, who spoke fluent German, though coloured by an American accent and interspersed with Yiddish expressions.

“Too much for here and now. But I’ll be in Berlin for a few more days. There are some graves I still want to visit. The Great Synagogue too. And then Ratibor, today’s Racibórz. I want to go to the old Jewish cemetery there, where Dr Halberstam’s mother is said to be buried. Her daughter saved us, and I want to pay my respects to her mother, to thank her. To leave a stone.”

“Her, of all people?”

“There were better people. There were far worse. For whatever good remained, we must be grateful for ever.”

Professor Mendel said nothing.

“Tell me plainly. What does the hospital need in order to survive?”

Professor Mendel did not dare answer. She took a pen.

Wrote down a number.

Beside it:

Annual deficit.

Elsa Rabinowitsch slipped the piece of paper into her small handbag, rose and held out her hand to Professor Mendel.

“Thank you. Thank you that this place exists. It will go on existing. You’ll hear from me. Leave it to me—to me and my grief.”

Professor Mendel sat down briefly in her desk chair and looked at the small notepad from which the top sheet was now missing. The fountain pen lay beside it, uncapped.

Outside, the world seemed not to have changed.

From the floor below came loud voices; from the kindergarten, music, children shouting.

She looked at the operating schedule, at her pager, pulled herself together and left the office.

“Thank you for the tea, Dr Bernstein. I’m going into theatre. Please go back downstairs and keep an eye on things. If you need me, page me. And let me know how Miri’s mother is doing. We desperately need her kidney.”

Jewish Hospital Berlin – The Spin-Off

13 February 1924.

Dr Dinah Halberstam had left the meeting room, but colleagues still stood around her, including the two other women doctors and the director of the hospital, offering their congratulations.

“The right decision.”

“A courageous decision. One that points the way ahead.”

“Not without controversy.”

“And a woman as director.”

“And the spin-off of what will soon be an independent Jewish Children’s Hospital,” her chief added, “the only specialist paediatric hospital in the city.”

The mood was euphoric, though everyone involved knew that considerable efforts lay ahead. The Jewish Hospital already had maternity, infant and children’s departments. But it was quite another undertaking to separate these departments from the hospital and make them independent, creating a comprehensive paediatric service. The reorganisation meant negotiating new contracts with the health insurance funds; continued financial support from the city and the state had to be secured. Expanded capacity would require the recruitment and appointment of additional medical, nursing and support staff. There were also plans for a kindergarten, both for relatives and for staff, which could also accommodate children who were not infectious. Trained educational staff were scarce.

It was fortunate that they had the support of the Jewish Community of Berlin-Mitte. The Community had recommended Dr Nathan Elkan as rabbi to the hospital. From time to time he served the congregation, including the Achdut Gesundbrunnen synagogue association, while otherwise working at the headquarters of the Reich Association of Jewish Front-Line Soldiers. To assist him, the Community’s religious teacher, Fräulein Rabbi Mirjam Levinson, was to be appointed alongside him. The Jewish Community was, after all, a large and influential body, with prominent members exceptionally well connected in finance, banking and insurance, as well as in business and politics, domestic and foreign trade.

There were concerns, however, about the economic situation in the wider world and about Zionist tendencies, both within the Community and more generally in Germany and beyond. Increasing numbers of young people, and experienced professionals too, were being drawn to Palestine—to *Erez Israel*, as many of them called it. The continued germination and

eruption of antisemitism, of which the newspapers carried reports with increasing frequency, also troubled many minds.

Dr Halberstam was a young and dynamic paediatrician. In the few years she had spent in the infant and children's department, she had already proved herself an efficient head. Her gift for organisation had been honed in the Jewish youth movement of the Black Banner, where she had been the enthusiastic—and enthusiasm-inspiring—leader of a girls' group in Potsdam. Camps, hikes, excursions and instruction delighted her; contest and sport suited her down to the ground. She knew how to take command and hold her own, while also knowing how to listen and, when necessary, act decisively. Dealing with boys, later young men and older men too, had never presented her with much difficulty. She seemed quite simply to lack the gene for fear, a fact of which she was proud and often glad. At times it had landed her in awkward situations—but more than once it had saved her.

In Potsdam, as people still told the story, she had once sent a small band of young nationalists packing, though not long before she had helped organise a joint event with them. Since then, however, the Hitler Youth had become radicalised and distanced itself from her Jewish organisation. More than that: for some weeks and months now they had regarded its members as enemies and missed scarcely an opportunity to provoke the girls' groups. One of them, broad-shouldered and close-cropped, thought he could intimidate Halberstam.

It took only one blow for him to understand that she had trained at a Jewish sports club since childhood.

Not wildly. Precisely.

With a calm that confused her opponent.

After that, a kick was enough—not vicious, merely well placed—and the rest of the group scattered, the lot of them disappearing with their conceited ringleader.

“You won't get through life with your heads alone,” she would later tell her girls. “The body thinks too.”

As she said it, she would point to her chest, her upper arm, her hands.

“And if nothing else works: run!”

She had perfected that too.

Professor Heinz, director of the Jewish Hospital, took her into his office.

“We should still discuss the appointments to the various positions.”

“You have more experience.”

“I would advise you to bring in a balanced mixture of Jewish and non-Jewish colleagues—men and women—as well as nursing staff and other employees, to supplement those already here.”

“You mean also because we've lost some people who joined the Zionists and emigrated?”

Professor Heinz knew she had understood him.

“It is becoming an increasing problem. There are fewer and fewer Jewish doctors who are German through and through and want to continue building something here, in our own country.”

“And yet we have more than 150,000 members of the Jewish community in Berlin—and a responsibility towards the city as well.”

“Which is precisely why our initiative matters so much. It demonstrates to the city and the state that we are at the forefront of healthcare, paediatrics and education. Germany needs us Jews, and we need Germany. Where else in the world do you find the technical expertise and universities conducting research at this level, with which we can advance our disciplines—your field in particular?”

Dr Halberstam agreed with him entirely.

She had grown up in a family from Ratibor in Silesia. She was proud of her origins. German had not been the only language of her childhood; there was also Polish, spoken by her paternal grandmother. And of course Yiddish, the language of the family, and then Hebrew, which only her brothers had learnt properly, though her Polish-speaking grandmother had taught her some of it along the way. Enough for her to follow the words and join in the prayers at synagogue.

Her interest in medicine owed something to her father, who ran a pharmacy, but still more to the illness of her little sister, who had developed cancer. Dinah had wanted to understand why the child had been forced to die so miserably, with neither doctor nor hospital able to help her.

Her father had sent her to the *Gymnasium* in Breslau. Before her *Abitur*, he had sat her down.

“You must go to Berlin. But begin at the university in Breslau. Look around. Attend more than medical lectures and seminars. Afterwards, do your doctorate in Leipzig—or, if you can manage it and find someone willing to take you, go straight to Berlin! You should gain your first experience in the capital or abroad.”

She remembered her question.

“How am I supposed to manage that?”

And his answer:

“Manage? Be who you are. You’re a Halberstam—German through and through!”

“Not entirely,” she had objected. “Grandmama is Polish!”

“Silesian—you couldn’t be more German. And you’ve proved it. You’re a standard-bearer!”

He had convinced her.

And she had worked hard. For him and for *Bobe*, her grandmother.

That her father was a man and she herself a woman dawned on her only when she began her studies and later worked in hospital, encountering for herself the difference sex made within the hierarchy of the medical institution and the provision of care.

Professor Heinz encouraged her.

“I have already had extensive discussions with the university authorities at Humboldt University and with the Academy of Sciences here in Berlin. There are influential Jewish colleagues there from a number of disciplines, particularly in the natural sciences, who support my aim of bringing university research and the Jewish Hospital into closer cooperation. But there are also a number of antisemitic minds in those institutions. These things take time. From now on, you and I will have to present a united front.”

She felt honoured that Professor Heinz saw her as an independent director and researcher, sharing with him the task of shaping the future of what would soon be two hospitals.

“As soon as the general framework is clear, please draw up a plan for me setting out possible links with research. And bear that in mind when making appointments to the senior positions in the Children’s Hospital. It would be an enormous help to both of us. Only by establishing our standing can we counter the growing pressure against us Jews.”

“I will,” she replied, thanking him once again for the confidence that he and the entire medical directorate had placed in her at the preceding meeting.

The Assignment

The assignment to prepare for the centenary celebrations already lay several months in the past. Dr Bernstein leafed back through her diary, trying to reconstruct how the politically charged questions had begun to gather in the run-up to the event.

It had been 2 January 2024, she saw.

Her boss must have been in her office even earlier than usual that morning. Ordinarily she began work at six, briefly looking in as the night shift handed over. First came the incidents of the past few hours. Then rounds with the ward doctors, nurses and students. At seven, back to the office. Tea, which Dr Bernstein, as her assistant, prepared for her. A rusk for Professor Mendel. A look through the duty roster and operating schedule. First operation.

Dr Bernstein found a note from her boss pinned to the calendar, the same note that had already been lying on her desk that morning before she had even had time to make the tea. The day returned to her with surprising vividness:

April 2025 – 100 years of the Children’s Hospital. Please visit archive. Prepare historical material for centenary. Consult me regarding data protection.

Something different for a change, she had thought. Not merely arranging appointments for her boss with patients, parents and colleagues, organising meetings—but doing history.

She had last done that at school.

Once her colleague in the secretarial office arrived at eight, Dr Bernstein set out on her first search. She quickly discovered that although the Jewish Children’s Hospital had an archive of its own, the collection had been transferred to the Jewish Hospital after water damage, so that the affected documents could be dried. While there, the material was also to be incorporated into the same cataloguing system used for the Jewish Hospital’s own holdings.

She telephoned ahead, walked the short distance to the neighbouring hospital, was shown shelves and cupboards filled with boxes, cases and files, and began as she imagined a historian ought to begin: by hunting down the earliest material, laying it neatly on a table and putting it into some sort of order.

At least, that was what the other users of the archive seemed to be doing.

There were not many of them in the room, but they were plainly absorbed in their research and, with the exception of one elderly gentleman, had organised their tables with impressive clarity. Bundles of files, document cases, each supplied with the appropriate reference slips.

Only the elderly man caught her attention. For a writing surface he had spread across his table a thoroughly crumpled plastic bag, cut open, which he kept trying to smooth flat

between bouts of reading. The rest of him seemed equally disordered, his gaze confused and unable to settle on anything for long.

Oh dear, she thought. Is this what archive work does to your mind?

The other visitors at the neighbouring tables, however—almost all of them women—looked reassuringly normal. The woman immediately beside her, with whom she shared the worktable, had given her a friendly glance and promptly rearranged her own material to leave enough room for Dr Bernstein to spread herself out.

It was not long before members of the archive staff deposited a stack of material on her table.

Dr Bernstein worked her way through the notebooks and, after some searching, drew out a document:

Minutes of the Board concerning the spin-off, 13 February 1924 – Dr Dinah Halberstam appointed by six votes to five. Four men and the only other woman voted against her. Judging by their names, the men who voted for her appear to have been Jewish physicians, among them Professor Heinz, then director of the Jewish Hospital.

Did this already reveal a tension between Jews and non-Jews, conservatives and progressives? And how was she to interpret the woman's vote?

Then Dr Bernstein thought: *I haven't been asked to interpret anything. I'm only supposed to prepare the material.*

She knew her boss well enough to know that what she wanted were hard facts.

Economic data above all.

And indeed Dr Bernstein found the relevant reports.

In the year of the spin-off, the Jewish hospital appeared to have been in sound financial health. Listed among its sources of income were municipal funds, health-insurance payments, private donations—from the Rothschilds and circles associated with Mendelssohn-Bartholdy—and other financing. A note recorded the stabilisation following the hyperinflation of 1923 through the Rentenmark and Reichsmark.

She also read of the modernisation of the operating theatres, the expansion of X-ray facilities and laboratories, and the professionalisation of nursing. The high proportion of non-Jewish patients contributed to this development.

Significant additional income came from Jewish bankers, publishers, merchants and physicians.

Only in 1929 did the assessments change—and with them the actual income recorded. Health-insurance payments fell; the city reduced its subsidies. Industry and the banks contributed less than before. The proportion of Jewish patients increased, accompanied by growing financial constraints.

When she wanted to examine the boxes marked 1933–1945, she discovered that precisely this material had suffered most severely from the water damage. She asked the archive staff to assess the documents for necessary repairs and restoration. They promised to attend to it and suggested that Dr Bernstein return in about two weeks.

Her boss was already very pleased with the first information she had brought back.

“Please be careful when working with the documents from the years that follow,” Professor Mendel said at the end of their conversation. “This is a sensitive period in the hospital’s history. As soon as you have an initial overview, give me a summary. Then we’ll decide how to proceed.”

The assignment was clear.

Soon she would be permitted—and required—to carve time out of her daily routine again.

To devote herself to historical research.

Spiral B – Within History

The Beginning

21 April 1925.

The beds had filled more quickly than anyone had foreseen or planned. Dr Halberstam and her team had their hands full. Not all the technical installations were yet functioning, and procedures still had to be coordinated. All this amid screaming babies, crying children, overwhelmed parents and staff no less hard pressed. Even so, the plan she had submitted to Professor Heinz had been put into effect. In remarkably little time they had succeeded in recruiting committed and well-trained staff, medical and nursing, Jewish and non-Jewish. Both the majority of the Jewish Hospital's board and its director, Professor Heinz, were satisfied.

Dr Halberstam paused for a moment in the doorway of the last ward on her round. She looked along the rows of little beds, at the steam rising from the washing bowls, the quick movements of the nurses. They worked independently, without requiring her intervention, and that pleased her. A hospital reveals its truest condition in the first minutes of the day. She took in the sounds—the breathing, the whimpering, the subdued voices—and set one impression beside another in her mind. With a steady hand and clear instructions she had made her first round through the wards, determined from the first day to establish a routine she herself had learnt and now wished to pass on: the wards first, then the hierarchy of everything else that had to be done. The reports last, without which no day was considered finished.

She had begun her morning round in the maternity and infant ward. From the night shift's notes waiting on her desk she had learnt that the very first night had already been unsettled: two infants with fever, a premature birth, a mother with severe post-partum bleeding. Nurse Judith Lewin, accompanying her on the round, rubbed her temples as she pushed the wheeled table bearing the ward ledger, entering the measurements from the room they had just visited onto the temperature charts on its thin pages. Before the ink had dried, Dr Halberstam was already striding across the blue linoleum towards the next room.

The new director did not seek to make an entrance. Nurses and children sensed her presence before she crossed the threshold.

"Good morning," she said, friendly and brief. No smile, but no severity either. Only concentration.

The round began in the same way in every room: child by child, then their mothers. Dr Halberstam asked her questions precisely, wasting no time.

"How is the bleeding? Pain when passing water? Has breastfeeding begun?"

The mothers answered hesitantly, some of them shyly. Dr Halberstam listened for what lay behind their answers, dictated notes, kept her eyes on mother and child.

When Nurse Lewin tried to whisper a question to her in the corridor on the way to the next room, the doctor merely raised a hand.

"Please, no discussions in the corridor. Decisions belong at the bedside."

For Nurse Lewin and her colleagues, within only a few days the sentence had already become a kind of law. And at the same time a relief: whatever mattered was, wherever possible, settled at once, in the place where the problem lay—with the child, with the mother, not between doorways.

They moved on.

In the next room lay a premature baby girl, no bigger than a curled-up glove. Her breathing was irregular; her lips had a faint bluish tinge.

Dr Halberstam bent down and lightly placed two fingers to one side of the tiny chest. She felt the delicate pauses, the still-unpractised struggle for air. She knew that sound of life at the edge: yielding, then rallying again with every breath.

“How much has she taken?”

“Barely ten millilitres, Doctor.”

“Then she must be kept warm. Nurse Lewin—fresh hot-water bottles at once. And check her breathing every two hours.”

Nurse Lewin nodded. It was strange: in Dr Halberstam’s presence, even weary hands seemed to forget their tiredness.

In the adjoining room an infant was crying shrilly, almost screaming. His mother, a young woman with hollow cheeks, was trying in vain to put him to the breast.

“He won’t take it ... I don’t know ...”

The doctor knelt beside her, briefly examined the breast and then the child’s mouth.

“Tongue-tie. Too short. It’s uncommon, but it can be corrected. Nurse, prepare for a small division.”

The mother looked at her in alarm.

“Don’t worry. It will scarcely hurt. And afterwards he’ll be able to feed.”

The words had precisely the effect intended: reassuring without pretending there was nothing to fear.

Then, to Nurse Lewin: “Please arrange the circumcision appointments for the Jewish children, after consulting the parents and our *mohel*, Dr Silberstein.”

Dr Silberstein already knew his medical colleague from the main hospital. He was one of the few physicians at the Jewish Hospital equally at home in religious tradition and modern medicine. Dr Halberstam trusted him. He knew what procedures a newborn could withstand—and which, for all the obligations of tradition, were better postponed. The Community trusted him too.

On to the isolation ward.

There lay an infant with a severely inflamed eye, thin pus seeping from the corner of the lid.

“Gonococcal?” asked the nurse at the entrance.

“Probably. Has the mother been informed?”

“She knows there’s a suspicion. No result yet.”

“Wait for the laboratory. But as soon as it comes through, let me know.”

Over the past two years, such cases had become more frequent in the main hospital as well. The social hardship brought by the economic crisis, inadequate preventive care, unhygienic conditions during childbirth, the absence of follow-up examinations. Dr Halberstam knew that this tiny eye reflected a much larger problem in the city. At the same time she wondered whether her instruction had sounded too cold, and recast it in words that might give the anxious mother something to hold on to.

“Tell the mother now that we are looking after her and her child, and that we will let her know as soon as we have more definite information.”

Quick thinking did not always lead to the right answer, but delay rarely led to a better one.

And then: “When we have the laboratory results, reassure the mother that the child can be treated. No blame. Not in what you say, and not in your tone.”

Nurse Lewin marvelled at how naturally Dr Halberstam took account not only of medical dangers, but of physical and social ones as well. She had seen parents at bedsides broken by a single sentence from a doctor, sometimes by half a word. Dr Halberstam, it seemed, knew this too.

At the end of the round they entered the nursing room. Three women sat there, tired, their eyes reddened. One of them was not Jewish—you could tell from her clothes and hear it in her dialect.

The hospital admitted everyone; for the time being, that went without saying.

“How is your little one?” Dr Halberstam asked.

“He’s feeding better ... but how are we supposed to pay for the milk if I don’t have any myself?”

The woman lowered her eyes.

Mothers from the eastern districts had already come asking for milk at the old hospital. Factory work had drained them of their strength; they could not breastfeed, or not for long, and had to return to work.

Dr Halberstam answered calmly.

“The hospital will help. We have supplies. No child leaves here hungry. We’ll find a solution.”

Nurse Lewin already suspected how difficult such solutions could be—but her chief would find a way.

When the round was over, the doctor stepped into the corridor, quickly wiped her forehead and looked at the clock.

“Nurse Lewin, I need a list of the premature babies’ weights by midday. And please inform the technical department—the heat lamp in Room Four is flickering. That must not happen.”

“Yes, Doctor.”

Dr Halberstam walked on, brisk and purposeful, and reached her office.

“And one more thing. Nurse Lewin, please telephone purchasing at the main hospital and have them send over a pallet of powdered infant formula. If they don’t have enough, ask for half of whatever they have available and—suggest that they reorder immediately.”

Nurse Lewin went straight to the telephone, dealt with the request for infant formula, asked when delivery might be expected, and was able to tell her chief that a first consignment would arrive that very afternoon and that a further order had already been placed.

When Dr Halberstam unlocked her office door, sat down at her desk and took her first sip of tea that morning, the wards had long since settled into their rhythm. She was glad she had chosen a young, energetic senior nurse as her right hand, eager to learn, even though Professor Heinz had thought her not yet sufficiently qualified for the position and had advised assigning her solely to ward duties at first. Dr Halberstam had nevertheless insisted on appointing her senior nurse, dividing her time between the ward and the director’s office. On this point, during the discussion of appointments, she had prevailed.

Nurse Lewin hurried back to her infant ward thinking: *If anyone can carry this new hospital through every danger, it is my chief.*

She had no idea how necessary that kind of leadership would become in the years ahead—or how it would, at the same time, be compromised from every side.

Dr Halberstam tried to concentrate, but her conversation with Professor Heinz kept returning to her mind. She considered how best to structure the plans he had asked for.

The footsteps in the corridor were too loud.

Most of the time the hospital was still too noisy. It had first to learn how a hospital ought to sound: subdued, ordered, with clear lines between what was necessary and what was superfluous.

The voices in the corridor seemed to be speaking against one another rather than with one another.

She stepped into the outer office.

“Nurse Lewin, one more telephone call to purchasing, please. Order carpet runners for every main corridor. If our colleagues think we’ve gone mad, explain that this isn’t about comfort. It’s to stop the children being constantly woken by the sound of footsteps. This is not an adult hospital. If there are objections, put the call through to me.”

She was a little concerned about Judith Lewin. Her first day in a new environment, fresh from nursing school and after only a brief period at the Jewish Hospital. She looked pale.

And Dr Halberstam remembered her own beginning.

I was so excited I could scarcely sleep the night before, and the next day I couldn’t even hide how tired I was. No one had ever explained to me that even nervousness could become an instrument of care. Yet I saw more, heard more, made wiser decisions with adrenaline in my veins. Perhaps I should tell Nurse Lewin that—not to console her, but to acknowledge what she is doing. That was how my senior physician conveyed it to me. He couldn’t speak to me, but he gave me a nudge in the ribs, leaned towards me and made me understand: the same thing had happened to him.

She had overlooked that moment.

She returned to the infant ward and asked Nurse Lewin to come with her to the office. She poured her a cup of tea from her own pot.

“Thank you for these first steps at my side. How did you find them?”

Judith explained herself, admitted how nervous she had been, but also how hopeful she felt and how hard she intended to try.

“No beginning is easy—for either of us. Thank you.”

Judith thanked her in turn for the confidence she had shown by appointing her. She would do her best, she said, and would also try to tell her when she found things difficult.

A knock came at the door. Someone was asking for Nurse Lewin. With a brief farewell she left her chief’s office.

“Oh,” Dr Halberstam added, “I also chose you because I want you to strengthen the secretarial side here, as far as your duties on the ward allow.”

Judith Lewin felt honoured. So young, so early in her career, she had never imagined she would find herself working so closely with the director of the hospital. She was certain she had chosen the right profession, and she was prepared to give a great deal to it.

Before Dr Halberstam lay the figures for the first admissions, which Nurse Lewin had prepared for her in the hours since the round. They looked promising. If the proportion of non-Jewish children and mothers remained at this level, the hospital's finances would be stable. Perhaps she could even succeed in making the hospital more attractive beyond the Jewish Community. Professor Heinz had impressed one thing upon her: deficits in the accounts were something she could not afford for long.

At the same time, she could see that the hospital was still understaffed. From the very beginning, the number of children admitted had exceeded the projections for the opening phase of the Children's Hospital. Births, poverty, illness—and the numbers would grow, probably faster than anyone had calculated.

She saw the task before her: clarity without panic, a functioning order that could bear the weight placed upon it. A hospital, she thought, should be like a ward—an organism that responds to weakness, resents its errors, yet learns from every one of them. You did not have to be faster than mistakes could be made—only faster at learning from them, before they caused harm.

On a small reminder slip she wrote:

I am allowed to be weak, though not here, not now. I want to be equal to this task—and I will be. And I will grow with it.