

4-16-2015

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Recommended Citation

Kirk W. Goodlet (2015) ““When suitable arrangements could be made” The Geneva Convention, Medical Treatment, and the Repatriation of German POWs in Ontario, 1940-46,” *Canadian Military History*: Vol. 21: Iss. 3, Article 2.
Available at: <http://scholars.wlu.ca/cmh/vol21/iss3/2>

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"When suitable arrangements could be made"

The Geneva Convention, Medical Treatment, and the Repatriation of German POWs in Ontario, 1940-46

Kirk W. Goodlet

In June 1940 the collapse of France and the real possibility of a German invasion of the British Isles brought the Mackenzie King government reticently to accept Britain's request for the transfer of roughly 3,000 German Prisoners of War (POWs) to Canada.¹ By the summer of 1944, the number of German POWs in Canada had risen to 24,633, which put Canada in a unique position among the Commonwealth countries; by contrast Australia, the second largest dominion, had custody of only 1,585.² The disproportionate number of prisoners in Canadian captivity not only had profound implications for Canadian foreign policy among Allied states, but also the treatment of POWs themselves. One of the most challenging issues the Canadian authorities faced during these years was providing adequate medical care for the thousands of German POWs held in internment camps across the country. While historians have widely assumed that the Geneva Convention provided a standard for the treatment of sick and wounded prisoners, this was not always the case. Their treatment hinged on several factors: the changing context of the war, the failure of bilateral POW exchange negotiations, and the fear of reprisals against Canadian prisoners in German captivity.³

This article explores some of the problems inherent in using the

Abstract: This article investigates some of the problems in using the Geneva Convention as a way to evaluate internment operations in Ontario during the Second World War. It focuses on how the Canadian authorities dealt with the challenging issues of medical care and the repatriation of seriously ill German prisoners of war at camps in Gravenhurst, Espanola, and Monteith. This paper demonstrates that the treatment of German POWs in Ontario was dictated by the changing context of the war, the threat of reprisals against Canadian POWs in German hands, and the failed bilateral POW exchange negotiations between the Germany and Great Britain. A principle of reciprocity, not the application of international convention, governed the treatment and repatriation of German POWs.

Geneva Convention as a yardstick for evaluating internment operations, and specifically focuses on how the Canadian authorities dealt with the particularly challenging issues raised by medical care for German POWs in Ontario from 1940 to 1946. Using a variety of camp medical reports and records from the Mixed Medical Commissions, the paper focuses on three camps: Gravenhurst (Camp 20), Espanola (Camp 21), and Monteith (Camp 23). While some historians have described how Canadian authorities provided suitable shelter, clothing, and food, and also permitted POWs to work on labour

projects, many have neglected to explore how authorities managed the health and safety of German POWs, and, more particularly, addressed the Geneva Convention's provisions for repatriation of prisoners on medical grounds.⁴ According to one source, about 151 German POWs and Enemy Merchant Seamen (EMS) died whilst in Canadian captivity, many of whom suffered from maladies and ailments which, according to the Geneva Convention, required them to be repatriated to a neutral country.⁵ Yet the Canadian authorities did not always apply the convention. In important instances, the changing context of the war effectively dictated the treatment of German prisoners and the development of internment operations in Canada. The purpose of this paper is not to blame Canadian authorities for not always adhering to various articles of the convention, but rather to demonstrate the conflicts between ideals in the waging of war and often difficult realities.

Measuring Efficacy in Internment Operations, 1940-46

Many historians of German POWs in Canada have used the Geneva Convention as a litmus test to evaluate the overall efficacy of domestic internment operations.⁶ In this way, the Geneva Convention has become the focal point in the



German prisoners arrive at the train station in Quebec City, July 1940.

history of POWs in Canada, with the central claim that the actions of Canadian authorities were justified by international law. These historians imply that Canada applied the convention uniformly and with very few exceptions.⁷ This type of interpretation is misleading for a number of reasons, not least because it portrays contemporaries as using the convention as some type of gauge by which they measured their actions, but it also discards other considerations that significantly affected the treatment of POWs in Canada, such as the threat of reprisals against Canadian POWs in Germany. For example, in the summer of 1941 the German government, through the Swiss Consul, demanded that African-Canadian personnel of the Veterans Guard of Canada (VGC) should not be permitted to guard German officers. The Canadian government recognized that “at the time [1941], shortly after the evacuation of Dunkirk, the number of British PW held by Germany was many times greater than the number of German PW captured by the British. Consequently, the United Kingdom, Canada and other Commonwealth

Governments were most anxious to avoid any act which might give Germany the slightest excuse for reprisals.”⁸ By 1945, however, the Canadian government noted that “the number of German PW held by the British Commonwealth Governments now greatly exceeds the number of Commonwealth PW in German hands, and the danger of reprisals on this account has vanished.”⁹ While relief agencies like the International Committee of the Red Cross (ICRC), Young Men’s Christian Association (YMCA), and the Swiss Consul did report on camp conditions, this example suggests that it would be naïve to assume that the requirements of the convention remained the top priority for all Canadian authorities for the duration of the war.

Martin Auger, whose work represents the most comprehensive attempt to explore German POWs in Canada, focused on internment operations in Southern Quebec.¹⁰ Auger set out to show how Canadian internment operations worked in the region and “how strictly it abided by the provisions of the Geneva Convention.”¹¹ By exploring the camp

living conditions, how the prisoners were used on labour projects, and the various (re-)educational programs Canadian authorities offered POWs, he concludes that internment operations in Quebec were a “home front victory” and “the fact that the Canadian government strictly abided by the provisions of the Geneva Convention in its treatment of both German civilians and prisoners of war shows that inmates were adequately treated in this country.”¹² Whether these findings are a result of the circumscription of his study remains debatable. For instance, given that many prisoners in Camp 40 (Farnham), Camp 41 (Ile-aux-Noix), Camp 42 (Sherbrooke), and Camp 43 (St. Helen’s Island) were religious refugees and civilians, it is hardly surprising that Canadian authorities successfully de-nazified them.¹³

Auger’s conclusions are not without pedigree. In her unpublished master’s thesis, Stefania Cepuch came to similar conclusions regarding labour projects and the treatment of German POWs in Ontario, which also resonated with John Joseph Kelly’s 1976 master’s thesis

that explored internment camps across Canada during the Second World War.¹⁴ Although an in-depth historiographical analysis is beyond the scope of this paper, these few examples represent a broader trend in the literature. Significantly, these historians have used the same provisions of the convention to assess internment operations, namely those relating to the installation of camps (article 10), feeding and clothing POWs (article 11), providing for the intellectual and moral needs of the POWs (article 16 and 17), and paying POWs accordingly for work they did inside and outside of the camps (article 23). However, issues of health, safety, as well as repatriation on medical grounds (articles 70-75), have not been treated in the literature.

Section II A of the convention, "Special Principles for Repatriation," for example, required that "all sick prisoners whose condition is such as to render them invalids whose cure

within a year cannot be medically foreseen" must be repatriated to a neutral country. Among the illnesses listed is "progressive tuberculosis" and "captivity neurosis."¹⁵ The ICRC charged Mixed Medical Commissions with examining wounded and sick prisoners of war. The commissions were appointed by the ICRC at the outbreak of hostilities and comprised three members: two belonging to a neutral country and the third to the detaining power. If possible, the members of the neutral country were to be a physician and a surgeon and the commission would visit each POW camp at intervals not exceeding six months. After examining wounded and sick prisoners in Canadian captivity, the Mixed Medical Commission could either propose repatriation or refer a prisoner to a later examination, and, according to the convention, the detaining power must carry out the decisions within three months.

Significantly, when the Geneva Convention was amended in 1949, the provisions governing the Mixed Medical Commissions changed so that "prisoners of war who, in the opinion of the medical authorities of the detaining power, are manifestly in a serious condition shall be repatriated without having to be examined by the commission."¹⁶ This post-war amendment reflects some of the difficulties that both the Canadian authorities and the commissions encountered, and forced the ICRC to adopt a less stringent position on repatriation for medical reasons. That German prisoners throughout Canada died from various illnesses ranging from cancers to diabetic comas highlights some of the practical difficulties of adhering to international law in wartime. It also raises questions about the extent to which *any* allied country could abide by such quixotic guidelines given the immense logistical challenges of

German prisoners are searched by Canadian guards upon their arrival in Quebec City, July 1940.





A view of Camp No.23 at Monteith, Ontario.

safely transporting POWs during the Second World War.

An examination of medical records from camps in Ontario sheds light on many of the pressures and challenges facing Canadian authorities in the context of total war. It also suggests that any investigation that uses the convention as a primary measurement of success is largely a result of teleological historical inquiry, imposing *ex post facto* considerations on Canadian authorities which deprive them of any individual contingency. Nonetheless, the medical records show that the Canadian authorities did almost everything they could to remedy illnesses and ailments. When it came to the repatriation of seriously sick or wounded prisoners, however, the Canadian authorities did not always act in accordance with the convention. In this way, we can see that the treatment of German prisoners in Canada was sometimes reasonable, but not because the convention acted as a universal and moral compass for the Canadian medical authorities.

Medical Conditions of POWs at Espanola, Gravenhurst, and Monteith, 1940-41

When the first prisoners of war arrived in Canada in 1940, the Canadian authorities hurried to modify existing buildings, reformatories, fortifications, and other structures so they could be used as internment camps. Not surprisingly, some of these camps, like Camp 22 in Mimico, Ontario, required significant alterations and were shut down earlier than others.¹⁷ Nonetheless, all of the internment operations in Canada were equipped with a camp hospital, which provided POWs diagnoses and treatments for a wide range of maladies and ailments. Some of the first prisoners to arrive were Enemy Merchant Seamen (EMS) and other German military personnel, including downed Luftwaffe airmen. For the most part, the earliest medical records from camp hospitals reveal that German prisoners did not suffer from wounds acquired in battle. In 1940, the weekly medical reports from the camp at

Monteith, which housed both civilian internees and POWs, suggest that tonsillitis, influenza, and grippe were the most common ailments from which the prisoners suffered. From 7 September to 5 October 1940 alone, sixteen POWs were hospitalized for influenza and grippe, while from 31 August to 5 October nine prisoners had been treated for tonsillitis.¹⁸ A similarly high number of prisoners suffered from tonsillitis at Espanola, a camp which held German military personnel from 1940 to 1943 and later became a transfer camp for repatriates heading for neutral countries. In just one week in August 1940, the camp hospital held eleven prisoners with tonsillitis, and, in a single day, on 22 August 1940, five POWs were admitted for the same ailment.¹⁹ Other illnesses that the Canadian medical authorities diagnosed early during the war included scabies, various boils, gastro-enteritis, rheumatism, venereal disease, and various forms of bronco-pneumonia. The documentation from Gravenhurst, a camp established for German officers that operated from 1940 to 1946,

highlights that POWs there suffered from similar issues.²⁰

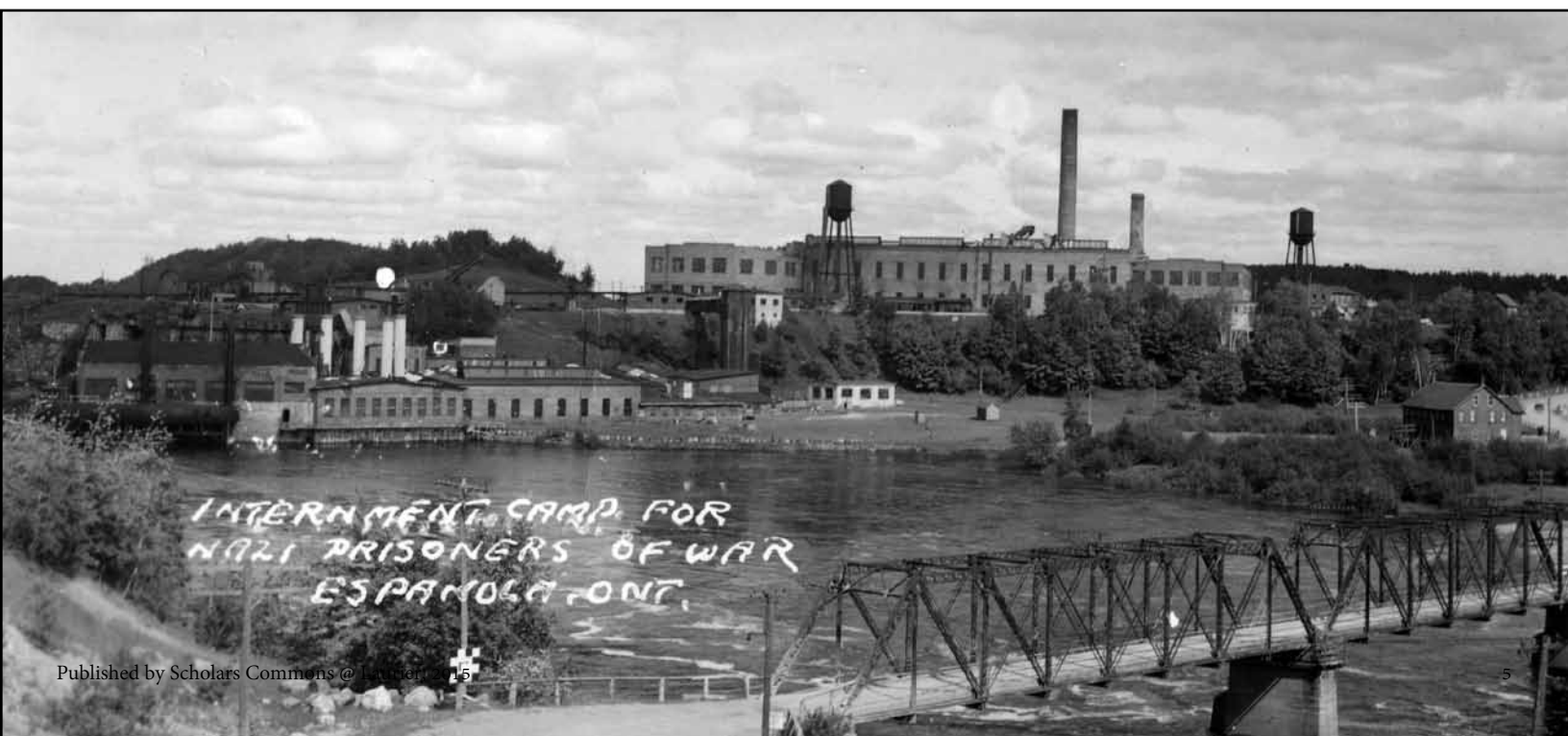
By 1941, the weekly medical reports from the camp hospitals reflect the changing demographics of the camps. Some prisoners transferred from the transit camps in Quebec experienced complications from preexisting gunshot wounds, such as infection, and a host of muscular and sinew-related complications. This was the case with G. Kemen who in March 1941 arrived at Espanola's camp hospital to be treated for a deep gunshot wound to his left ilium. At the same time, another prisoner, H. Karlinger, received treatment for a gunshot wound to the left hip, while another inmate had been hospitalized for nerve lesions on the left thigh.²¹ In addition to treating wounds suffered during battle, the Canadian government also began combating an outbreak of tuberculosis (TB) in 1941. Fears of this communicative disease were also heightened given the constant ebb and flow of prisoners travelling to other camps in Canada. When in 1942 U-boats began to operate in the St. Lawrence, Canadian authorities were cognizant of the fact that German EMS interned in Quebec

camps could escape and reach U-boat crews along the shores of the river and gulf. It is no surprise, then, that EMS were usually transferred to Ontario camps, far removed from the possibility of being picked up by fellow German mariners.²² In an effort to control the spread of TB resulting from internee transfers, on 1 March 1941, the Canadian authorities decided to establish a specialized hospital at Espanola for the isolation and treatment of internees from across the country.²³ On 10 January 1943, for example, T. Anslinger was transferred to Espanola from Camp 133 in Lethbridge, Alberta, while on 20 March 1943 EMS W. Schroeder was transferred from Camp 42 in Sherbrooke, Quebec.²⁴

These few cases illustrate broader trends found in the camp hospital medical reports and demonstrate that the Canadian authorities provided adequate treatment for the many ailments from which prisoners suffered, although under Section II A §3(a) of the convention prisoners suffering from progressive TB were to be repatriated.²⁵ But what would happen if POWs were seriously ill or were diagnosed with terminal

illnesses? When diagnoses or treatments fell outside the expertise of camp physicians, Canadian authorities made arrangements to send sick or wounded prisoners to outside hospitals. In Espanola, the camp physicians sent "gravely ill" prisoners to the Red Cross Hospital. In Monteith similar cases were sent to Anson General Hospital near Iroquois Falls, and as far as Chorley Park Military Hospital in Toronto. POWs from Gravenhurst, to the north of Toronto, were also sent to Chorley Park or Christie Street Hospital. When authorities assessed POWs as mentally ill, which was not uncommon, physicians diagnosed them using a variety of contemporary terms, such as schizophrenia, hysteria, or nervous anxiety, and camp authorities usually sent such cases to Westminster Hospital in London, Ontario. When H. Seppmann complained about serious abdominal pain on 29 July 1941, camp physicians diagnosed him with "hysteria" and discharged him from the camp hospital shortly thereafter. In another instance, on 9 August 1941, doctors concluded that *Gefreiter* K. Altenkirch had "nervous

A view of Camp No.21 at Espanola, Ontario.





Canadian War Museum 19780617-094



Canadian War Museum 19780617-099



The photos on this page show a German POW funeral in Canada circa 1942. It is interesting to note the prominence of the Nazi flag and swastika as well as the presence of a Canadian honour guard.

instability."²⁶ Although beyond the scope of this paper, cases of mental illness among POWs deserve an examination of their own as they appear frequently in internment records.

It is cases of seriously ill prisoners where issues of repatriation on medical grounds become increasingly difficult to assess. From the records of camp hospitals, which detail admissions and discharges from both camp and outside hospitals in cases of grave illness, we can see that some POWs who suffered from serious illnesses like nephritis, cancers, osteomyelitis, or coronary thrombosis were eligible for repatriation on medical grounds. Yet, prisoners suffering from these types of diseases were more often than not denied repatriation and some later died from their conditions. Not until 1945 and 1946 did the camp medical authorities at Espanola, Gravenhurst, and Monteith begin repatriating sick or wounded POWs, and until that point repatriation on medical grounds was seldom granted. Canadian authorities only began to consider

repatriating sick and wounded prisoners once victory in Europe became an increasing probability. It was the changing context of the war that dictated who would be repatriated and on what grounds, not necessarily the application of international convention.

Mixed Medical Commissions and Repatriation during War, 1942-46

The first Mixed Medical Commission met in Canada on 4 August 1942 to discuss their work and itinerary. The commission consisted of two Swiss doctors, Edouard Ceresole and Willi Rieben, as well as Canadian medical officer Lieutenant-Colonel Wilfrid Warner. Between 11 and 13 September 1942 the Commission visited the camps at Gravenhurst, Monteith, and Espanola and examined 75 POWs.²⁷ The selection of prisoners for examination involved the camp medical officers as well as the camp leader. These steps were outlined in a report submitted to External Affairs by Gravenhurst's interpreter, Capt. M. Cramtschenko, following the second tour of the Commission in autumn 1943.²⁸ When the Department of External Affairs informed the camp commandant that the Mixed Medical Commission was to examine prisoners, the commandant forwarded this news to the camp leader, who in turn informed the rest of the POWs. The camp leader explained that, according to the Geneva Convention (article 70), each prisoner had the right to request an examination that could lead to repatriation. The names of those POWs wishing to

be examined were submitted to the camp leader and then forwarded to the commandant. The interpreter at Gravenhurst claimed that many POWs, regardless of their condition, submitted their names in hopes of being selected for repatriation, and this forced the Canadian medical authorities to adopt a more stringent position on how POWs were nominated to see the commission. To detect cases of feigned illness, the authorities at Gravenhurst devised and implemented a preliminary medical commission that consisted of two Canadian medical officers and screened cases to expedite matters and facilitate the commission's work

once it began. This preliminary screening of POWs was questionable insofar as the provisions of the convention are concerned (article 70 a-c). The two Canadian medical officers who carried out the screening were *ipso facto* not neutral and therefore jeopardized the impartiality of the process. Nevertheless, some of the records suggest that by 1943 other internment camps had also implemented preliminary medical commissions and followed a similar procedure.²⁹

One reason why Canadian authorities persisted in the preliminary screenings was to combat a more worrying problem



Photos by Nick Lachance

In 1970 all German POWs who died in Canada during the Second World War, along with a small number from the First World War, were reinterred at Woodland Cemetery in Kitchener, Ontario. The cemetery contains 187 German burials.



Left: Major Burkhardt, a Luftwaffe medical officer, checks on a sick German POW, March 1945.

Below left: German POWs undergoing dental treatment at Camp 132 near Medicine Hat, Alberta.



general, Major-General H.F.G. Letson submitted a letter, along with excerpts of complaints about Dr. Rieben, to the secretary of state for External Affairs and inquired whether it would be possible to replace Rieben in preparation for the commission's second tour.³² According to this documentation, almost every camp medical officer or commandant submitted a formal complaint regarding Dr. Rieben's comportment, attitude, and position towards the German POWs. In one instance, a Gravenhurst authority claimed that "the attitude of the Chairman [Dr. Ceresole] and Col. Warner was distinctly neutral and it struck me personally, that they were anxious to carry out the principles laid down in the Geneva Convention – but this cannot be said of the third member, Dr. Rieben." The medical authority, who was not identified in the report but was likely Captain F.W.K. Tough, continued by offering one example of Rieben's conduct:

A P.O.W Officer had been in a Sanitorium in Switzerland in 1938 for three months only. No evidence whatever was offered that he had ever suffered from Pulmonary T.B. He remained well for four years. Two months ago he developed a slight cough and, since he is a professional singer, he was naturally worried. In addition to my own, I obtained the opinions of two lung specialists. He was radiographed and his sputum examined. The result was entirely negative. The Chairman and Col. Warner concurred but Dr. Rieben recommended repatriation on the grounds that if Pulm. T.B. were not present now, it might develop at some future time.³³

than that of POW malingering: the disruptive attitude of Dr. Willi Rieben, one of the Mixed Medical Commission's members. Jonathan Vance has explored some problems with repatriating Canadians held in German captivity and the frustration many Canadian politicians and bureaucrats shared as a result of futile negotiations between detaining powers.³⁰ Vance found that during the Second World War only 250 of the roughly 10,000 Canadian POWs in German, Italian, and Japanese hands were granted repatriation on medical grounds, despite the fact that by the spring of 1941 there were over 1,200 POWs on both sides

that had been recommended for repatriation.³¹ As Vance rightly points out, it was a series of diplomatic obstacles and self-interest on the part of the Canadian government that hindered efforts to return prisoners to neutral countries. Although Vance's work addresses some of the problems involved in Canadian and Allied negotiations, one of the most significant obstacles to the repatriation of POWs in Canada lay in the Mixed Medical Commissions, in no small part resulting from the actions of Dr. Rieben.

Following the completion of the commission's first tour in Canada in 1942, the army's adjutant-

Similar statements were submitted to External Affairs or National Defence Headquarters by the authorities of other camps. Captain H.H. Harvie, a medical officer at Espanola, noted that Rieben "was arrogant, antagonistic and inflexible with other members of the Commission...His attitude towards me on a few occasions was rather belligerent and offensive, imputing that perhaps everything had not been done in a medical way."³⁴ Recalling his experience with Rieben at Chorley Park Military Hospital, General J.W. Brennan maintained that Rieben was "over-anxious to have Prisoners-of-War transferred to Switzerland for treatment or to have them repatriated...he was persistent and annoying in his disagreement with opinions expressed by the Military Medical Officers."³⁵ A medical officer at Monteith, Gordon C. Kelly, complained that "in my opinion, Dr. Rieben has a rather aggressive cocksure manner which is often lacking in tact in relation to the medical judgements [sic] of the two older and doubtless more experienced members of the commission."³⁶ The majority of these complaints reveal that, at least in the minds of Canadian

authorities, Rieben was "partisan" in his attitude towards the POWs and favored repatriation in most of the cases examined by the commission. One surgeon from Camp 31 in Kingston even referred to Rieben as displaying a "distinctly pro-NAZI attitude."³⁷ The records also show that his tendency of recommending repatriation often made the Mixed Medical Commission tours longer and increasingly more expensive, costs which the Canadian government incurred.³⁸

Other than the myriad complaints submitted against Rieben, the record concerning him is fragmentary. When Rieben and Ceresole were appointed by the ICRC their curriculum vitae were sent to External Affairs. From these records we know that Rieben was born in 1913 in Interlaken and studied medicine at Zurich, Lausanne, Oxford, Berne, and also Harvard Medical School from 1938 to 1939. He took the Massachusetts State Board Examination in 1940, moved to California to work in the San Francisco County Hospital from 1940 to 1941, and in late 1941 obtained a position at Stanford University Hospital. In addition to these professional qualifications, Rieben was a

lieutenant in the Swiss field artillery in 1934 and, in 1939, was promoted to premier lieutenant.³⁹ According to Canadian authorities, however, these qualifications had no bearing on his attitude and comportment during the commission's tour. Other correspondence, between Under Secretary of State R. H. Coleman and Col. H. DesRosiers, deputy minister of national defence (army), reveals that replacement of Dr. Rieben became a central objective before the commission's next tour began in 1943.⁴⁰ On 6 October 1942, Rieben resigned from the commission and returned to the United States, and was replaced by another Swiss national, Dr. Friederich Stocker.⁴¹

It is no coincidence that this controversy took place just a month after the failed Dieppe Raid in August 1942 in which many Canadians were taken prisoner. This is where Vance's work on the diplomatic wrangling between Allied and German governments helps contextualize the internal Canadian problems involving the commission. The complaints levelled against the commission for liberally recommending repatriation to German POWs coincide with the failure of bilateral agreement between

The officers' quarters and hospital at Monteith.





The SS *Lady Nelson* was a Canadian hospital ship used to repatriate sick and wounded German prisoners of war.

the UK and Germany to exchange sick and wounded prisoners.⁴² In addition, these complaints came to light around the same time as the shackling controversy of 1942-1943, which also began after Dieppe in August 1942.⁴³ Upon confiscating an Allied document that recommended Canadian troops bind all Germans taken prisoner "to prevent the destruction of their documents," the German government responded by shackling Canadians captured at Dieppe. The UK and Canada reacted to this measure by ordering that German POWs in Canada also be bound, which resulted in various types of resistance exercised by the POWs ranging from passive resistance at Espanola and Monteith to outright violence at Camp 30 in Bowmanville.⁴⁴

All of these issues broach important questions, both procedural and substantive, and are important to consider when examining the repatriation process in Canada. Was Rieben "pro-NAZI" in his approach towards repatriation, or was he simply abiding by the

provisions of the Geneva Convention and fulfilling the mandate of the ICRC? Rieben's background and professional experience suggest that he was certainly qualified to make diagnoses and recommendations. But travel to remote parts of Canada and the experience of examining prisoners in camps that were not always pristine and did not always possess adequate facilities likely affected Rieben's decisions during the commission's tour. While Canadian medical authorities might have perceived Rieben as arrogant or antagonistic, it is difficult to believe that his recommendations for repatriation were entirely spurious. On the contrary, criticism of facilities and treatment also came from other Allied medical officers. When British psychiatric consultants visited Canadian internment camps in December 1943, they referred to the treatment of mental illness among German POWs as "very backward."⁴⁵

Rüdiger Overmans has examined some of the difficulties in repatriation between Allied and Axis governments, and argues that because of the

ambiguity with which articles 70 to 75 (concerning repatriation) were formulated, most belligerents failed to agree on a procedure for consent to repatriate.⁴⁶ The Canadian authorities abided by the convention in that the Mixed Medical Commissions completed their tours of the camps, but the vagueness of the document allowed Canadians to withhold sick and wounded prisoners despite their conditions and, given the disproportionate number of Germans in Canadian captivity compared to Canadians in German hands, POWs represented important political leverage in negotiations between the Commonwealth and Germany.

In spite of the controversy, the second Mixed Medical Commission began to plan its itinerary in June-July 1943. This time the Directorate of Prisoners of War (DPW) was more prepared and sent out instructions to all camp commandants prior to the commission's visit. The instructions asked camps to prepare nominal rolls of POWs to be examined under article 70 of the Convention and to submit the lists to National Defence

Headquarters by 7 March 1943. The directorate also advised that POWs who had been previously recommended by the commission for repatriation to Germany would not be re-examined.⁴⁷ Camp medical authorities at Gravenhurst recommended that the commission examine 27 POWs, seven of whom suffered from gunshot wounds, three had fractured skulls, and had one lost an eye. At Monteith, the nominal roll for this commission included 31 POWs and two civilian internees.⁴⁸ Of the 33 prisoners examined by the commission at Monteith, only nine were to be repatriated.⁴⁹ Curiously, although the camp was operational and used as a transfer point during that year, the second Mixed Medical Commission did not visit Espanola.

The second Mixed Medical Commission was markedly more successful than the first, although it is difficult to determine exactly how many repatriates there were from each camp because much of the correspondence provides district- or Canadian-wide figures. On 23 August 1943, Major-General Letson reported that 452 POWs, protected personnel, and civilians would embark on the hospital ship *SS Lady Nelson*. A total of 416 repatriates had been transferred to Espanola immediately following the report of the second commission, but this number also included civilian internees from Camp 70 in Fredericton.⁵⁰ The commission's third tour, set for the summer of 1944, examined 172 POWs and civilian internees across Canada, a much lower figure than the commission's second tour. Of the 172 prisoners, only three came from Gravenhurst while 31 were held at Monteith.⁵¹ This low figure may be explained by External Affairs' warning issued to Germany in 1944 that if they did not actively seek out prospective Allied repatriates, then German POWs in Canada would be taken off repatriation lists.⁵² By late 1944, reasons for seeking

repatriation included senility, arthritis, nervous debility, allergic asthma, and dysentery. In one day alone at Gravenhurst, four German officers were admitted to outside hospitals for cases of mental illness.⁵³

By the end of war, the records of admissions and discharges from camp hospitals demonstrate that the Canadian government began repatriating POWs more liberally than they had in the past. This is particularly true of Monteith, which remained open until December 1946. Ailments that in previous years would have rendered prisoners ineligible for repatriation appear to have earned POWs repatriation with greater frequency. Minor injuries, such as dislocated knees and fractured bones, merited being sent to a neutral country, while at least one prisoner had been repatriated because of a hunger strike.⁵⁴ In just under a month in May 1946, 23 POWs from Monteith were repatriated on the orders of the Canadian medical officers. This number is comparable to the total number of POWs at Monteith *recommended* to see the Commission in 1943.⁵⁵ The reasons listed for repatriation ranged from arthritis to fever and minor fractures.

The Efficacy of the Geneva Convention and the Medical Conditions of POWs in Ontario

This article began by showing that historians cannot always assume the Canadian authorities used the Geneva Convention to guide internment operations. While the documentation sometimes makes reference to the convention regarding repatriation, there were other factors that more greatly influenced the treatment of German POWs, such as the threat of reprisals by Germany against Canadian POWs and the failure of bilateral repatriation negotiations. When examining the medical conditions of hospitals inside

and outside of internment camps, we see that Canadian medical authorities provided adequate treatment for POWs suffering from a wide range of minor ailments. Importantly, they also established a separate TB hospital at Espanola to combat the spread of the disease. Assessing the treatment of German POWs becomes more difficult, however, when we consider those seriously ill or wounded prisoners who, by international convention, were eligible for repatriation to a neutral country. It is here that internment operations must be examined within the broader context of the war: the failed Dieppe Raid in which many Canadians were taken prisoner affected the treatment of Germans in Canadian captivity. As Vance has demonstrated, the failure of bilateral negotiations between Germany and the Commonwealth occurred at this time, along with the shackling controversy of 1942-43. The controversy involving Dr. Willi Rieben took place around this time as well. Although the Canadian authorities permitted the Mixed Medical Commission, under provisions of the convention, to tour internment camps across the country, one must ask whether the Canadian medical authorities vehemently opposed Rieben's desire to repatriate the prisoners he examined because of the broader implications of sending German POWs back to Europe, or because of the message this would send to Germany in light of failed bilateral agreements. Additionally, we might also ask whether the language of internment operations was draped in the mantle of the provisions of the Geneva Convention in order to justify decisions made for more practical reasons. As some of the above examples demonstrate, the Canadian government was acutely aware of the threats Canadian and Commonwealth POWs faced if German POWs in Canada were maltreated. The Veterans Guard of

Canada went so far as to remove African-Canadian personnel from the view of German officers to avoid any complaints being submitted to the Reich through the Swiss Consul. This informal regulation was removed once the tide of war changed and the number of German prisoners greatly exceeded that of Canadian prisoners in German captivity. In this way, Canadian internment operations were guided by a principle of reciprocity.⁵⁶

Camp medical records show that by late 1944 German prisoners, who were unlikely to be repatriated in previous years, were being recommended for repatriation with greater frequency and for relatively minor ailments. This becomes clearer in 1945 and 1946, which suggests that the course of the war more often than not dictated the repatriation of prisoners. While POWs may have been eligible for repatriation, questions of safely transporting prisoners loomed large in Allied negotiations, especially after the torpedoing of the *Arandora Star* when she was carrying Italian and German internees on 2 July 1940.⁵⁷ There is another practical issue of central importance regarding repatriation during war: the Geneva Convention was devised and formulated in Europe where the borders of neutral countries are often only a few hours' distance from the belligerents engaged in war. Canada, thousands of kilometres removed from the battlefields of Europe, by an ocean that was itself the scene of intense combat, presented a host of logistical problems, not least the vast distances within Canada between camps and major ports (e.g. Camp 133 in Lethbridge, Alberta to Halifax, some 5,000 kilometres).

These challenges were addressed privately following the surrender of Nazi Germany in early May 1945. The Department of External Affairs arranged to meet with Colonel H.N

Streight, commissioner of internment operations, and other senior officials involved in Canadian internment operations. The committee sought to deal with the immense logistical challenge of repatriating these prisoners. Although according to the Geneva Convention the repatriation of POWs had to take place immediately following the cessation of hostilities, the Canadian authorities could not have possibly transported such a large number of people back to Europe in such a short period of time. With this in mind, one of the first points upon which the committee agreed was that "no statement whatever should be made to the prisoners regarding the [Geneva] Convention."⁵⁸ After some debate, the authorities recognized that issuing a formal declaration of V-E Day in the camps would require some statement about the fate of the prisoners themselves. One member of the committee suggested that a statement be given to the POWs saying that the "repatriation of Ps/W would be undertaken when suitable arrangements could be made." This, however, was quickly shot down by another member, as "it was pointed out that an article of the Geneva Convention states that repatriation is to be carried out 'as soon as possible after the conclusion of peace' and that any elaboration of this phrase was unnecessary."⁵⁹ Even after the war had officially ended, practical matters, not international convention, continued to guide internment operations.

Although this article has relied on documentation from Gravenhurst, Espanola, and Monteith, some of the ideas and problems presented here might very well apply to other camps throughout Canada. By focusing on the medical conditions of prisoners at three camps and some of the problems of repatriation during war, issues largely neglected in the historiography, it appears as if the

Geneva Convention was not always a realistic measure of Canadian internment operations.

Notes

The author wishes to thank Geoffrey Hayes, Geoff Keelen, and Roger Sarty for providing many judicious comments, all of which greatly improved the quality of this paper.

1. John Joseph Kelly, "The Prisoner of War Camps in Canada, 1939-1947" (master's thesis, University of Windsor, 1976), p.49.
2. Ludwig Peters, *Das Schicksal der deutschen Kriegsgefangenen: Wir haben Euch nicht vergessen!* (Tübingen: Grabert Verlag, 1995), p.169.
3. These findings are not particularly novel, but Canadian scholars have neglected how these broader diplomatic failings have made an impact on German POWs in Canada. For international context see Jonathan F. Vance, "The Trouble with Allies: Canada and the Negotiation of Prisoner of War Exchanges," in Bob Moore and Kent Fedorowich, eds., *Prisoners of War and their Captors in World War II* (Oxford: Berg, 1996), pp.69-85; Neville Wylie, *Barbed Wire Diplomacy: Britain, Germany, and the Politics of Prisoners of War, 1939-1945* (Oxford: Oxford University Press, 2010), pp.85-91; 129-139; 186-212.
4. Repatriation, not only on medical grounds, is generally a neglected area of research among Canadian historians. Jonathan Vance has written a chapter on the political challenges facing the Canadian government in the repatriation of Canadian POWs in German captivity. Little, if any, attention has been given to German POWs and medical issues in Canada during the Second World War. Vance, "The Trouble with Allies"; Wylie, *Barbed Wire Diplomacy*, pp.85-91, 129-139, 186-212.
5. David J. Carter, *Behind Barbed Wire: Alien Refugee and Prisoner of War Camps in Canada, 1914-1946* (Calgary: Tumbleweed, 1980), Appendix "Prisoners of War Who Died While Under Canadian Control," parts I, III-IV.
6. Kirk W. Goodlet, "Number 22 Internment Camp: German Prisoners of War and Internment Operations in Mimico, Ontario, 1940-1944," *Ontario History CIV*, no.2 (Autumn 2012), pp.90-115.
7. For example, see Martin Auger, *Prisoners of the Home Front: German POWs and "Enemy Aliens" in Southern Quebec, 1940-1946* (Vancouver: University of British Columbia Press, 2005); Eric Koch, *Deemed Suspect: A Wartime Blunder* (Toronto: Methuen, 1980); Carter, *Behind Barbed Wire*; John Malady, *Escape from Canada! The Untold Story of German POWs in Canada, 1939-1945* (Toronto: Macmillan,

- 1981); Ted Jones. *Both Sides of the Wire: The Fredericton Internment Camp*. 2 vols. (Fredericton, NB: New Ireland Press, 1989); William Repka and Kathleen Repka, *Dangerous Patriots: Canada's Unknown Prisoners of War* (Vancouver: New Star Books, 1982); Kelly, "The Prisoner of War Camps in Canada"; J.A. Ciccocelli, "The Innocuous Enemy Alien: Italians in Canada during World War II" (master's thesis, University of Western Ontario, 1977); Stefania H. Cepuch, "'Our Guests are Busy': The Internment and Labour of German Prisoners of War in Ontario, 1940-1946" (master's thesis, Queen's University, 1992); Andrée Laprise, "Des civils internés pendant la deuxième guerre mondiale: Le camp des femmes de Kingston (1939-1943)" (master's thesis, Université de Montréal, 2000); Peters, *Das Schicksal der deutschen Kriegsgefangenen*; Cecil Porter, *The Gilded Cage: Gravenhurst German Prisoner-of-War Camp 20, 1940-1946* (Gravenhurst, ON: Gravenhurst Book Committee, 1999).
8. Library and Archives Canada (LAC) Record Group (RG) 24, Reel C-3588, "Mixed Medical Commission for German P/W in Canada, 1940-1946," Vols. 1-9. Letter from Department of National Defence to District Officers Commanding, 19 January 1945.
 9. *Ibid.*
 10. Auger, *Prisoners of the Home Front*.
 11. *Ibid.*, p.18.
 12. *Ibid.*, p.147.
 13. See for instance his conclusion on educational programs, *ibid.*, 146.
 14. Cepuch, "'Our Guests are Busy,'" pp.23-24, 51-52, 90; Kelly, "The Prisoner of War Camps in Canada."
 15. "Geneva Convention Relative to the Treatment of Prisoners of War. Geneva, 27 July 1929." See Annex to the Convention, C "Guiding Principles for the Repatriation of Prisoners in a Neutral Country." Section 3, clauses (a)-(p). See also Section 8, Article 25 and 26.
 16. "Wounded and Sick Prisoners of War: Draft Red Cross Conventions," *British Medical Journal* 1, 4609 (7 May 1949), pp.817-818.
 17. Goodlet, "Number 22 Internment Camp," p.110.
 18. LAC RG 24, Reel C-5372, "Weekly reports, admissions and discharges, camp hospitals, 1940-1946" file HQS 7236-1-9-23, Medical Reports for Camp 23, 5 October 1940, 21 September 1940, 7 September 1940.
 19. *Ibid.* file HQS 7236-1-9-23, Medical Reports for Camp 23, 10 August 1940, 24 August 1940.
 20. *Ibid.*, file HQS 7236-1-9-20, Medical Reports for Camp 20.
 21. *Ibid.*, file HQS 7236-1-9-21, Medical Reports for Camp 21, 20 September 1941.
 22. Roger Sarty, *War in the St. Lawrence: The Forgotten U-Boat Battles on Canada's Shores* (Toronto: Penguin/Allen Lane, 2012), pp.244-259.
 23. LAC RG 24, Reel C-5372, "Weekly reports, admissions and discharges, camp hospitals, 1940-1946," file HQS 7236-1-9-21, Medical Reports for Camp 21, 1 March 1941. This is the first report in which a separate TB hospital is indicated on the admissions/discharges report.
 24. *Ibid.*, file HQS 7236-1-9-21, Medical Reports for Camp 21, 20 March 1943 onward.
 25. "Geneva Convention Relative to the Treatment of Prisoners of War. Geneva, 27 July 1929." See Annex to the Convention, Section II A, Article 3(a).
 26. LAC RG 24, Reel C-5369, "Returns, casualty, hospitalization repatriation, 1943-1946," file HQS 7236-1-5, Weekly Medical Report for Camp 20, 29 July and 9 August 1941.
 27. LAC RG 24, Reel C-5388, "Mixed Medical Commission for German P/W in Canada, 1940-1946," vols. 1-9, undated letter from Under Secretary of External Affairs, September 1942.
 28. *Ibid.*, letter to External Affairs, 23 October 1943.
 29. *Ibid.*, see letter to Military District Nos. 1,2,3,4,7, and 10 from Commander of Camp 33, 11 August 1943.
 30. Vance, "The Trouble with Allies," pp.69-85.
 31. *Ibid.*, pp.69-70.
 32. LAC RG 24, Reel C-5388, "Mixed Medical Commission for German P/W in Canada, 1940-1946," vols. 1-9, letter to External Affairs from Maj.-Gen. Letson, 6 September 1942.
 33. *Ibid.*, Extracts from Complaints Regarding Dr. Rieben, 6 September 1942, p.1.
 34. *Ibid.*, letter from Camp 21 commandant, 29 August 1942.
 35. *Ibid.*, letter from Officer in Charge of Surgery, sgd. Gen. J.W. Brennan to Department of National Defence, 29 August 1942.
 36. *Ibid.*, letter from Captain Commanding Monteith Military Hospital, Gordon C. Kelly to Commandant, 29 August 1942.
 37. *Ibid.*, letter to Lt.-Col. W.D. Graham from Sgt. B.A. Pickel, 29 August 1942.
 38. *Ibid.*, Report on Mixed Medical Commission, 11 September 1942. "(a) The neutral members had all expenses paid by the Secretary [Mr. Doyle] who accompanied the Commission."
 39. *Ibid.*, Les qualifications du Docteur Willy Rieben, Prakt. Artz., n.d.
 40. *Ibid.*, letter to Col. H. DesRosiers from R.H. Coleman, 28 September 1942. See also letter from Secretary of State to Vincent Massey that reads: "We are being very careful not to force Rieben's retirement and to place responsibility for any action on President and protecting power." 28 August 1942.
 41. *Ibid.*, letter from Secretary of State for External Affairs (to Massey?), 30 December 1942.
 42. Vance, "The Trouble with Allies," pp.70-74.
 43. Wylie, *Barbed Wire Diplomacy*, pp.129-154.
 44. Jonathan Vance, "Men in Manacles: The Shackling of Prisoners of War, 1942-1943," *Journal of Military History* 59, no.3 (July 1995), pp.483-504.
 45. LAC RG 24, Reel C-5388, "Mixed Medical Commission for German P/W in Canada, 1940-1946," vols. 1-9, letter from Lt.-Col. J.D. Griffin, Psychiatrist and Director of Medical Services, to Department of National Defence, 14 December 1943.
 46. Rüdiger Overmans, "The Repatriation of Prisoners of War once Hostilities are Over: A Matter of Course?" in Bob Moore and Barbara Hatley-Broad, eds., *Prisoners of War, Prisoners of Peace*, (Oxford: Berg, 2005), p.14.
 47. LAC RG 24, Reel C-5388, "Mixed Medical Commission for German P/W in Canada, 1940-1946," vols. 1-9, letter from Maj.-Gen. H.F.G. Letson to Military District Nos. 1,2,3,4,7,10, and 13, 13 February 1943.
 48. *Ibid.*, see nominal rolls for Gravenhurst and Monteith, 2 July 1943.
 49. *Ibid.*, see Movement Order No.8, 14 August 1943.
 50. *Ibid.*, letter from Maj.-Gen. Letson to G.O.C.-in-C. Atlantic Command, Halifax, 23 August 1943.
 51. *Ibid.*, Mixed Medical Commission-Third Tour Nominal Rolls, 1-3. n.d. 1943.
 52. Vance, "Men in Manacles," p.500.
 53. LAC RG 24, Reel C-5372, "Weekly reports, admissions and discharges, camp hospitals, 1940-1946," file HQS 7236-1-9-20, Weekly Medical Report for Camp 20, 5 May 1944.
 54. *Ibid.*, file HQS 7236-1-9-23, see for instance weekly medical reports for Camp 23, 17 May 1946.
 55. *Ibid.*, see for instance weekly medical reports for Camp 23, 11 May 1946; 17 May 1946.
 56. Neville Wylie, "Captured by the Nazis: Reciprocity and National Conservatism in German Policy towards British POWs, 1939-1945," in C.C. Szejnmann, ed., *Rethinking History, Dictatorships and War: Essays in Honour of Richard Overy* (London: Continuum, 2009), pp.107-124.
 57. Wylie, *Barbed Wire Diplomacy*, 75.
 58. LAC RG 24, Reel C-5369, "Returns, casualty, hospitalization repatriation, 1943-1946," Minutes from "Meeting to Discuss the Treatment of German Prisoners of War in Post-Hostilities Period," 3 May 1945.
 59. *Ibid.* This refers to Articles 118-119 of the Geneva Convention (1929).

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