The fate of the mentally ill during the Second World War (1940–1945) in Troms and Finnmark, Norway

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Introduction

Norway was occupied by Germany in 1940–1945 and from February 1942 the Government was led by Nazi German dictatorship. As a part of their withdrawal from the eastern front, th|e Germans effectuated the scorched earth strategy in October 1944, and more than 50,000 inhabitants from the county of Finnmark and from the northern part of the county of Troms were deported southwards. Among them were some mentally ill.

From the early 20th century, and until 1930, the publicly supported private care system had become the most common form of mental health care in Norway (Fause 2007, 146). Private care meant to be taken care of by private people, preferably farming families. The family received public compensation for having the mentally ill living in their home. This arrangement was administered by the medical practitioners and by the municipal poor relief, under close inspection and monitoring. Alta, Hammerfest and the western part of Finnmark were the municipalities hosting most mentally ill in private family care.

In Germany, more than 300,000 mentally ill were killed during the Nazi regime's programme of killing institutionalised patients in 1939–1945 (Meyer 1988, Burleigh 1994, Browning 2005, Gittelman 2006). The reason why this could happen in Germany is found in both the eugenic movement and economic causes (Meyer 1988, Mueller and Beddies, 2006). Hospital beds were needed for wounded soldiers. With the greatest number of German soldiers deployed in the country per head of population, it became necessary to reduce the costs in both health arrangements in general and in the mental health care arrangements in Norway (Gogstad 2005, 213). Combined with the knowledge that the Nazi Euthanasia practice was exported by the Germans to several occupied countries in Europe (the Baltic countries, Poland, Belorussia, the northern part of Russia, Ukraine etc.), it is relevant to explore what changes occurred in the Norwegian health care system during wartime (Seeman 2006. Tuters and Viksna 2006, Nasierowski 2006, Felder 2013). Did a similar practice like what happened in eastern Europe ever occur in occupied Norway?

This article explores the consequences for the mentally ill caused by the Germans' Scorched Earth Strategy in 1944. What actually happened to the mentally ill during the deportation? Before answering the questions it is necessary to describe the mental health care system in the two northernmost counties in Norway – Troms and Finnmark – what it was like and how it functioned in 1940, before the German invasion.

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Previous research

Several articles and research have focused on what happened to the mentally ill in Germany during the Third Reich period (Meyer 1988, Breggin 1993, Burleigh 1994). The reasons for the killings are both ideological and rooted in political and economic considerations, but the role of the psychiatric professions in the events that happened in Nazi Germany has also been studied (McFarland-Icke 1999, Seeman 2005, Benedict & Georges 2009, among others). Three issues of the *International Journal of Mental Health* are devoted to the eugenics of the Nazi period throughout Europe (*International Journal of Mental Health*, Vol. 35, no 3, 4 and 5). The first issue examines the policies of extermination of the mentally ill in the Third Reich in the countries occupied by the Nazis. The second journal issue focuses on the problem of starvation of psychiatric patients and the third is about eugenic sterilization of the mentally ill. The fate of the mentally ill in occupied countries in Europe depended, to a large extent, on the place in the racial hierarchy to which the country belonged (Seeman, Kessler and Gittelmann 2006). Eugenic experiments were carried out in several countries, but on a much less significant scale in the Netherlands than in Poland, Belorussia, Latvia etc. (Schereuder 2006, 121). No corresponding empirical research and collected presentation has been undertaken on the situation for the mentally ill in Norway during wartime. The Norwegian professor in psychiatry Einar Kringlen states that the psychiatrically disabled in Norway were left alone due to the local emotional climate. If mass killing had been asked for, it would have led to a massive public outcry (Kringlen 2006, 93).

Conditions in Norwegian psychiatry during wartime are however described in the annual reports from Rotvoll, Sanderud and Rønvik asylums (Borgan and Søraa 1972, Bjørhovde et al. 1988, Retterstøl 1995, Fygle 2002 and Haave 2008). Additionally the Norwegian public health physician Anders Gogstad has given valuable contributions in his research concerning health conditions in general in wartime Norway (Gogstad 1991, 1993). Since wartime Norway still is a topic of great interest for Norwegian local historians, several periodicals and annual publications have given considerable narratives from eyewitnesses. Among local and regional historians Arvid Petterson has to be mentioned (Petterson 2008). His research on the deportation of the population in Finnmark and northern part of Troms in 1944 has also shed light on the fate of the mentally ill.

Main sources

The material used in this study can be divided into four categories. Firstly, there are reports written by medical practitioners including annual medical reports concerning the health conditions in the district, and casebooks of mentally ill people being registered as publicly cared for. Legislation on psychiatric care in Norway was enacted in 1848. The law uses the expression "publicly cared for as mentally ill". After being examined by a medical practitioner, a person was diagnosed as eligible to public care as mentally ill. The judgments and resolutions were signed in a record. The law included only peasants; people able to cover the costs of care and treatment were obliged to pay the costs themselves. In

the period studied, however, the group of wealthy constituted only 5 to 7 per cent of all diagnosed as mentally ill (Sinnssykehusenes virksomhet, 1940–1945). The records have been valuable sources since they also contain letters from both family members, caregivers and even the mentally ill themselves. These archives are all restricted records due to sensitive and personal information. Permission to use these archives was given by special applications. Secondly, annual statistics concerning both the private family care and activities in the psychiatric hospitals are used. Thirdly, written material in the national archives has been studied, including correspondence between the local, regional and national medical authorities and other topics concerning legislation, care and treatment of the mentally ill. Fourthly, another important source has been contemporary material written for the period up to the present time comprising both local history and interviews with eyewitnesses about their experiences during wartime in general and the deportation in particular. The contemporary and written material concerning health care for the mentally ill during the war is sparse both in Norway as a whole and in the counties of Troms and Finnmark in particular.

The mental health care system in Troms and Finnmark

Following the legislation of 1848, the national authorities established five state psychiatric hospitals in Norway, the last of which was established in Bodø (Nordland county) in 1902. Rønvik Asylum, as it was named, acted as a psychiatric hospital for the three northernmost counties in Norway until 1961, when Åsgård Psychiatric hospital in Tromsø was opened. And for all these years, the hospital was overcrowded. In 1940 Rønvik Asylum had a capacity of 264 beds and 471 inpatients (Sinnssykehusenes virksomhet, 1940–1945). The region's population was 365,000 (Folkemengdenes bevegelser, 1946).

Private family care

The care took place in farming and fisheries households and functioned in many ways as a little enterprise with several tasks (Balsvik 1991, 639). Based on a contract signed by representatives of the county, the caregiver and the municipal authority, the responsibilities of the caregiver, the economic compensation granted and the care period, which was normally one year, were defined. The contract could be prolonged, but also terminated if conditions were not met to satisfaction. According to the contract, the caregiver was responsible for the support of the mentally ill and for the agreed amount, he or she was obliged to provide the mentally ill person with proper clothes and food, a good and heated bedroom, a bed with bed linen, outdoor activities and suitable work. The contract obliged the caregiver to monitor the activities of the mentally ill to try to prevent him or her from wandering around the neighbourhood and act in such a way as to put themselves or others in danger. If they tried to escape, the caregiver was obliged to cover the costs of bringing the mentally ill person back to the household. The medical practitioners reported annually,

on the basis of home visits, how the private care functioned for every patient, and the reports were compiled and transmitted to the medical authorities at the regional and national level. These reports then formed the basis of statistics on mental health care. The majority of the individuals registered as mentally ill were kept in private care usually in the patient's own municipality or county. This care system was extremely small-scale and decentralized. As the private care developed in Northern Norway, there was as a general rule no more than one, and only in a few cases two, insane patients in each caretaking household. This arrangement was quite different from the private care model developing in other regions of Norway; often mentioned as "colonies" of 10 up to 20 mentally ill in each colony (Bøe 1993, Bauer 1995, and Lia 2003). The private care system was exposed to criticism, but since the arrangements seemed to function and due to the lack of public funding for an additional mental hospital in Northern Norway, the private care system was maintained as the main form of care.

The decentralized system for private care in the North of Norway depended however on the presence or proximity of institutions that could be called upon when full-time care was needed or critical situations occurred. To meet this demand, institutions like ordinary hospitals, police custody and jails provided arrangements to take care of the mentally ill in situations of emergency where the private care was insufficient. In several cases, the mentally ill had to stay in prison cells or in special rooms in hospitals, awaiting transportation to an asylum in Southern Norway or to a private caregiver. Arrangements of the imprisonment type were by no means satisfactory, but these arrangements were used in situations where family, caregivers or the local community could no longer cope with the behaviour of the mentally ill. Without these institutions as a "back-up", the private care system is unlikely to have become consolidated as the dominant form of care in the counties of Troms and Finnmark (Fause 2007, 250). As one can see for the following example, it was problematic to send a person to the psychiatric hospital. A man, age 45, made a living from farming and fishing and lived with his wife and five children in a small community in Northern Troms (Fause 2007, 222). One day, the medical practitioners were called upon to visit the man and his family. The man had threatened his wife with a knife, saying he saw the devil inside her and became violent towards the neighbours coming to help. The medical practitioners considered the man being “attacked by mental illness” and applied him to Rønvik Asylum in Bodø. Due to the lack of beds in the asylum, the man was placed in private family care in the municipality with male guards to handle him. A couple of months later, the man was in condition to leave the caretaker and moved back to his family. For the next 20 years the man had almost annual attacks of mental illness. Each time he was taken care of in private family care. He was never hospitalized during his cases of mental illness.

By looking at the alternatives to private family care, one might consider how the care worked for the mentally ill. None of the arrangements were voluntary. Not until 1935 was it possible to get professional treatment on a voluntary basis in psychiatric hospitals in Norway. Private family care had both advantages and disadvantages. Clearly, it was cheaper than hospital treatment, and it often worked better for the patients, compared to

hospitalisation in other regions. The insane were taken care of in their local communities. They also got involved in a community with the rest of the household, and some caretakers cared properly for the insane, also during difficult periods. The problem was that the family care system implied care of various qualities, depending on the insane, the caretakers, the medical practitioners and the local community. The annual reports show that some households functioned better than others in this respect. Some of the mentally ill lived under conditions that must be described as unworthy, and their life condition could be characterized as sad, lonely and degrading. Others were included in the household and in the local community, and were taken good care of. It all depended on the caretaker and the rest of the household. Even though the insane were closely guarded, family care meant more freedom and more contact with neighbours and locals, than if the mentally ill had to spend much of their lifetime in psychiatric hospitals.

The Nursing Home for the Mentally Ill in Hammerfest

The nursing home for mentally ill in Hammerfest opened in 1930 and was the first public institution of a considerable scope dedicated to the care of the mentally ill in Troms and Finnmark (Fause 2009, 94). It was established to care for mentally ill patients regarded as incurable, with no expectations of a return to normality. The home had a capacity of 56 beds, but more than 100 patients lived there at the time of its closure in 1942. It was the biggest nursing home for mentally ill in Norway at the time (Fause 2009, 94). The district medical practitioner of Hammerfest municipality was the manager and the Betanien Methodist nursing school in Oslo recruited trained nurses to run it. The Hammerfest Nursing Home also trained nursing students and male personnel. This happened at a time of crisis in both public and sector economies. The lack of beds at the psychiatric hospitals in Norway had become precarious during the 1920s and consequently it was hard for the medical practitioners to have a patient sent to Rønvik Asylum for treatment and care. In particular, it was difficult to find caretakers in the fishery and reindeer-herding dominated Finnmark County, where the position of farming was weaker than in Troms and Nordland counties. The mentally ill were therefore mostly placed in private care in municipalities in Troms and Nordland and the costs for their care were high. The nursing home was soon filled up with patients from Finnmark, Troms and even Nordland where Rønvik Asylum was situated. During the time of the institution's existence, patients from Rønvik Asylum and mentally ill living in private care in Nordland also moved back to Finnmark; firstly to the nursing home, but soon after to caretakers in the Hammerfest area. Due to the lack of paid employment in the 1930s, the nursing home had no problems in recruiting private caretakers. This situation changed dramatically during wartime. Since the Germans could offer paid labour, some caretakers cancelled their contracts and found working for the Germans much more convenient than taking care of the mentally ill inside their household.

Table 1: The number of people being registered as mentally ill in Troms and Finnmark counties, 1940[1]

	Troms	Finnmark	Norway
Total	355	296	15,578
In private care	229 (65%)	203 (69%)	6,552 (43%)
In asylum	126 (35%)	93 (31%)	8,926 (57%)

Private family care was the dominant mental health arrangement in Troms and Finnmark counties in 1940. In Northern Norway more than two thirds of the registered mentally ill lived in private family care and as many as 48 per cent in Norway as a whole (Fause 2007, 146).

Table 2: Mental health care arrangements in Troms and Finnmark in 1940[2]

Troms County (n = 355)				Finnmark County (n = 296)			
Private Care	HNH [1)]	Rønvik Asylum	Other[2)] asylum	Private Care	HNH [1)]	Rønvik Asylum	Other asylum
229 (65%)	26 (7%)	69 (19%)	31 (9%)	203 (69%)	66 (23%)	16 (5%)	11 (4%)

1) HNH = Hammerfest Nursing Home
2) Other asylums are all in South of Norway

Of the mentally ill from Finnmark staying in psychiatric institutions, almost two thirds stayed at the nursing home in Hammerfest, while 23 per cent lived at Rønvik asylum and only 4 per cent in psychiatric hospitals in Southern Norway. The situation in the county of Troms was almost the same where 75 per cent of the hospitalized mentally ill either stayed at Rønvik or the Nursing Home in Hammerfest and only 25 per cent stayed at hospitals in the South of Norway.

In Troms 78 per cent of the mentally ill in private care stayed in their own family or in a household in their home municipality. That means they lived not so far away from where they were born and raised. The rest either lived in Finnmark, Nordland and only a few stayed outside Northern Norway. In the private family care arrangement, 85 per cent of the mentally ill in Finnmark lived in private care in their home county and 15 per cent lived in households outside the county, mostly in Nordland and Troms. Only one person lived in Southern Norway, in Lier, Buskerud County. The 172 individuals staying in private care in Finnmark lived in 71 different local communities, mostly in the western part of Finnmark: in the municipalities of Hasvik, Loppa, Hammerfest, Kvalsund, Alta and Talvik

[1] FFT Sinnssykeberetning, 1941, FFF Sinnssykeberetning, 1941

[2] FFT Sinnssykeberetning, 1941

(FFF Sinnssykeberetninger, 1941). Only in very few cases were there more than one mentally ill patient in each household.

In Norway as a whole, some municipalities had become specialized in taking care of the mentally ill. Steigen and Skjerstad are examples of such municipalities in the county of Nordland. Less than 10 per cent of mentally ill from Finnmark and 30 per cent from Troms lived outside Northern Norway when the war started. As we will see, the situation changed dramatically during wartime in Finnmark County.

Ideology and discussions about the problem with the mentally ill during the wartime

Ever since the 1848 legislation there had been discussions among Norwegian authorities on local, regional and national levels about how to reduce the expenses in the mental health care system (Fause 2007, 147). This discussion became more important throughout the wartime in Norway. According to the Norwegian historian Per Haave, it was of great importance for the Nazi regime to reduce the costs of mental health treatment (Haave 2008, 232). The money and hospitals beds were needed elsewhere. The discussion of reducing the costs was reflected in mental health treatment in three ways: firstly in the discussion about how to treat mental illness (by sterilization or hospital treatment), secondly in an attempt to reduce the state funding component in the private family care arrangement, and thirdly in reducing the asylum capacity by requisitioning asylums for military purposes.

The Euthanasia Programme in the Third Reich

Early in the 1920s an eugenic movement sprung up in the Nordic countries, UK, USA, Australia and Germany. This movement was a variety of the Darwinism which, since the end of the 19th century, flourished particularly in Germany. Physicians were among the first to support National Socialism in Germany. Around 45 per cent of German Physicians belonged to the Nazi party, about 7 times the average rate for the employed male population of Germany.

The eugenics main focus was to stop the genes of mentally ill or from persons disabled by birth from being spread; both physically and psychologically. Only healthy people should be allowed to give birth. From this point of view, the forced sterilization of people valued as not smart and strong enough to let their genes be spread was defended. Sterilizing people was regarded as the best way of avoiding healthy genes being polluted and in USA this was carried out more than 20 years before Germany. Thoughts about euthanasia had been discussed within Germany years before Hitler came to power. Death rates were already high among institutionalized patients caused by starvation during World War I (Seeman 2006-7, 6). Besides, after World War I, Germany was a country struggling with poverty and high unemployment, and the Nazi propaganda was telling about the unworthiness of keeping elderly, sick and crippled alive, not to mention the great costs for the German society.

The euthanasia programme was established in 1939 to get rid of "unwanted" children, and expanded to include mentally ill and disabled[3]. At the same time, a law called destruction of life unworthy living was approved. Eugenic sterilization and extermination were two complementary actions affecting mental patients taken to save the nation. In Nazi Germany extermination was the lot of the severe mentally ill, while sterilization was reserved for less severe disorder of inferior but still fertile patients. From 1939 ended to 1941 when the T4 Programme was officially stopped due to massive protests against the killings, the Hitler regime murdered more than 200,000 patients by gassing: 70,723 mentally ill in psychiatric institutions and physically handicapped (Mueller & Beddies 2006, 98). The killings were initiated by medical doctors and assisted by nurses (McFarland-Icke 1999, Benedict & Georges 2009, Forth 2013). But the end of the T4 Program in 1941 did not stop the deaths. During the second phase of the euthanasia programme, starvation became a relatively cheap way of killing institutionalized patients and around 90,000 patients died the following years in psychiatric hospitals in Germany – either directly as a result of starvation or indirectly from starvation induced illnesses, like the tuberculosis (Seeman 2006-7, 8). Since the extermination and starvation programs were exported to other German occupied areas in Europe, it is relevant asking if ever such ideas were discussed in Norway during the occupation.[4]

Hospital treatment or sterilization?

As a result of Nazi health policy in Norway, psychiatric hospitals and mental health care were not given priority (Haave 2008, 232). Instead of expensive treatment in psychiatric hospitals, the authorities mainly wanted to prevent the increase in mental disorders by sterilization. Sterilization would improve the quality of the population and also reduce the costs of expensive treatment in asylum. In this discussion, the link between racial biology and psychiatry became more distinct (Gogstad 1991, 177). The eugenic had influenced Norwegian scientists since the beginning of the century and racial thoughts were well known in Norwegian medicine from the mid-1850s as it was in the rest of European medicine (Gogstad 1991, 183, Haave 2008, 181). The first Norwegian professor in Psychiatry, Ragnar Vogt, was influenced by theories of race and heredity, and programmes to prevent mental illness were launched in 1916 (Haave 2008, 181). The main task was to fight degeneration by contraception, prohibition of marriage between mentally ill and disabled, sterilization, and closuring and internment. Vogt claimed that psychiatric diagnoses like schizophrenia and mental deficiency were caused by heredity and outlined what should become the message of the mental hygiene in Norway: to reduce mental illness by environmental efforts and eugenic interventions (Haave 2008, 181).

[3] The following is based upon Meyer 1988, Gogstad 1991, Breggin 1991, Browning 2005, Seeman 2005, Mueller and Beddies 2006, Benedict 2009 and Haave 2008

[4] For more detailed studies of what happened to mentally ill in Nazi occupied countries I will refer to International Journal of Mental health, Vol. 35, No 4, The Holocaust and the Mentally Ill: Part I: Extermination and Part II: Starvation (winter 2006–07)

These ideas led to resolution of *The Act of Sterilization of Mental Deficiency and Mentally Ill (Lov om Sterilisering)* in 1934, that had a period of validity until 1977, only replaced by the far more radical *"Act no. 1 to protect the people race"* ("Vern om Folkeætten") during the wartime. In 1942 the Nazi government, however, changed the law and gave access to the directors of the asylums to sterilize their patients by force. The new law opened for use of restraint and from the end of 1943 the directors were instructed to evaluate if sterilization could be used before discharging patients with schizophrenia diagnoses[5]. In the years to come, those reckoned as less worthy were not the subject of any comprehensive sterilization as was the case in Denmark and Germany. In Norway almost 500 individuals were sterilized and less than 30 % of these were mentally ill inpatients in psychiatric hospitals (Haave 2008, 234). This was not as many as the authorities had expected. During the war these ideas received a central place in the official health policy as they were considered as a more rational and economical alternative to the increase of hospital beds.

A more radical variant to these ideas was to kill the incurable patients. In this way the authorities could more effectively reduce the need for more hospital beds and also the cost. According to Haave, the thought of mass killing of mental patients in Norway had been discussed among both members of the National Socialist Party and health authorities, but the Norwegian health governmental authorities were critical to the ideas of killing patients and these ideas were never effectuated in Norway (Haave 2008, 239–245).

Attempt to change the public funding system in the private family care arrangement

Since 1891 the Norwegian State had supported the mental health care arrangements both in asylums and private family care by sharing the expenses with the regional and municipal authorities (Fause 2007, 36). The national and regional authorities paid 40 per cent of the cost each, and only 20 per cent was left to the municipality. In 1939 a proposal was launched suggesting changes to the rules regarding the refunding of these expenses (FFT, Sinnssykeberetninger, 1942, 69). There were two reasons behind this proposal. Firstly, it was a concern about the cost increase, due to the problems caused by caretakers who terminated their contracts if the payments were not raised, and hiring new caretakers was almost impossible. Secondly, some authorities saw this as an opportunity to reduce the scope of the private family care arrangement. Such discussion had taken place since the beginning of the 20th century (Ludvigsen 1998). Medical authorities and psychiatrists both argued that the private care arrangement was old-fashioned and the only way for the mentally ill to improve was by modern treatment in psychiatric hospitals (Fause 2007, 63–

[5] RA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie B, Copy Book no 6, Letter of September 13, 1949

65). However, the Ministry of Justice sent a proposal with a positive recognition, but it was never implemented[6].

During the wartime occupation the same question was raised several times, especially when the expenses for the care of the mentally ill increased every year[7]. One important argument in the debate in order to retain the arrangement was a profound concern that if a large proportion of the expenses needed to be covered by the municipalities, there was a danger that the mentally ill had to take care of themselves. If that happened, there was a concern that the society would then be exposed to the risk of spreading their gene materials into the society. Increased state control was the only option[8]. The government also wanted to reduce the costs of the asylums and an order was given to cut the budgets. The Ministry of Health also made plans to transfer the expenses from the state to the municipal authorities, but these plans were never realized. Cost benefit analyses were a prominent feature of Nazi Medicine[9]. The killing of patients in the T4 programme was calculated to save almost 246,000 Deutsche Marks daily, which could be used in several more efficient ways to benefit the authorities.

The most visible sign of not prioritizing the mentally ill during wartime was the order of requisitioning mental hospitals for military purposes. So what happened to the mentally ill patients in Troms and Finnmark?

Requisitioning of hospitals for military purposes

During the 1944–1945 wartime more than 400,000 German soldiers were situated in Norway, most of them in Northern Norway (Gogstad 2005, 211). Ever since the occupation of Norway in 1940, the need for hospital beds and health personnel to serve the German military was increasing, especially nurses (Gogstad 2008, 509). Even though the Germans immediately established their own field hospitals and requisitioned Norwegian hospitals, hospital wards or beds for military purposes, German soldiers were sent to Norwegian hospitals for treatment and care. Doctors and nurses were in high demand and the German military was eager to control both nurses' associations and nursing education in the occupied countries. The Geneva Convention made it impossible for Norwegian nurses to refuse working for Germans (Gogstad 2008, 509). So called "Mixed" hospitals existed all through the occupation. In Troms and Finnmark almost all hospitals were affected either by requisitioned wards or single beds (Gogstad 1991, 253–254). In addition, several hospitals were bombed during the military operations in 1940 and the patients and staff were evacuated. Some hospitals were even destroyed. This happened among others to the

[6] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie B, Copy Book no 6, Letter of Januar 21, 1942

[7] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie B, Copy Book no 6, Letter of October 14, 1940

[8] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie B, Copy Book no 6, Letter of January 21, 1942

[9] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie B, Copy Book no 6, Letter of October 25, 1941

hospitals in the cities of Bodø, Harstad and Narvik, and Finnmark County in particular was badly harmed. There were ravages of war along the border between Finland and the Soviet Union and Kirkenes suffered the second most bombing in Europe after Malta. The hospitals in Vardø, Vadsø and Kirkenes were all affected and were several times forced to evacuate patients, staff and equipment. After 1942 the need for hospital beds, nurses and doctors increased due to the German withdrawal from Finland through Northern Norway.

Evacuation of Rønvik Asylum

Patients staying at Rønvik Asylum were forced to move several times during wartime. When Bodø was bombed by the Germans on May 27 in 1940 Bodø Hospital was evacuated to Rønvik Asylum only a few kilometres outside the city (Fygle 2002, 123). With more than 350 inpatients, the asylum was overloaded by nearly 35 per cent. Despite the overcrowding, the staff had to find places for 60-70 wounded and sick. Two wards were evacuated and the mentally ill staying at the asylum were sent home, placed in the basements or gathered in overcrowded bedrooms. Bodø Hospital moved back to its own buildings when they had been repaired some months later the same year (Fygle 2002, 124).

The second time the asylum was affected happened when the German military requisitioned the asylum in February 1942. Of the 377 patients staying at the asylum, the director found other hosting for 66 who were either sent home to their families (17), to nursing homes (6) or placed in private care in the surroundings of Bodø (43)[10]. Some of the attendants took 4-5 patients each into private care. The majority (311 patients) were evacuated to asylums in the south with their attendants and nurses. Due to a lack of clothes, bed linen, plates, cutlery etc. at the other asylums, the staff packed and carried a wide variety of equipment with them together with their patients to the psychiatric hospitals in Southern Norway. They were all transported by Coastal Steamer in five groups over a period lasting several weeks.

The last journey by the Coastal Steamer to Trondheim on March 11 transported 71 female and 65 male patients together with 15 nurses and 15 male attendants (Fygle 2002, 126–127). Male patients were especially cheerful during the journey due to travelling in first class and having virtually free access to tobacco while female patients travelled in third class (Fygle 2002, 126–127). The staff and patients behaved well during the boat journey although they were frightened by fearsome stories about the cleansing of the mentally ill in Germany. They had been told that by sinking the boats the Germans would have one problem less. From Trondheim to Oslo the journey continued by train and patients and staff filled two wagons[11]. None of the asylums in Southern Norway were able to accommodate a whole ward, so patients who had spent years together were separated and sent to different asylums and wards. The patients were evacuated to Gaustad (117) and Dikemark in Oslo (55), Rotvoll in Trondheim (50), Lier in Buskerud (44) and the rest (45) to other asylums

[10] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie D, Copy Book no 6, Report from the Evacuation of Rønvik Asylum of April 7, 1942

[11] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie B, Copy Book no 6, Report from the Evacuation of Rønvik Asylum, April 7, 1942

in the south (Fygle 2003, 126). Since the asylums were already overcrowded, bathrooms, workplaces etc. were used to accommodate the patients[12]. Soon after arriving, many were either sent on to other asylums, or placed in private care or nursing homes near the asylums. The patients had been evacuated to hospitals in the south of Norway as the following examples outline. A man had been registered as mentally ill at the age of 18[13]. Due to the lack of asylum beds, there was no place for him at Rønvik Asylum and he exchanged caretakers when the care became too troublesome. He had been imprisoned twice and also stayed at the Nursing Home in Hammerfest. Finally he was sent to Rønvik only a couple of months before the hospital was evacuated to Blakstad Asylum in Oslo. After six years he was transferred back to Rønvik and was then described as follows: *Deeply blunt/dull. Completely inaccessible. Inactive, stands hanging. He destroys his clothes and other things. Still needs to be taken care of in hospital. He is not dangerous"*. He was 29 years old. Much effort was in fact made to take care of the patients, at a time in which the Nazi ideology and the German practice committed serious crimes against this group.

The requisition and evacuation of the nursing home in Hammerfest

The German military forces made several demands in requisitioning the nursing home for military purposes[14]. The first order was given in January 1942, but almost a year passed before an evacuation was carried out. Local, regional and national health authorities argued against the order and requisition was postponed. Meanwhile, the Germans took charge of the colony where male patients regarded as almost curable stayed and some weeks later some of the staff bedrooms in the attic. The director confronted it and argued it would be impossible to look after the patients if outsiders lived among them. Who could then be held responsible for keeping the door locked and preventing the patients from escaping, he asked.

When the final order of evacuation was given in October, the nursing home had 102 inpatients registered. Patients regarded as having made progress were discharged or either sent back to their families or placed in private care in the municipalities near Hammerfest. On December 23, 54 patients and 10 staff members travelled south on the Coastal Steamer "Bodø". The director had transmitted lots of telegrams to directors at different asylums asking "*How many mentally ill patients can your asylum receive*?"[15] . Some had confirmed housing before leaving Hammerfest, but not all. The attendants and nurses were ordered to accompany the patients southwards and start working at the same asylum wards as their patients were placed. Employees at Rønvik Asylum and the nursing home in Hammerfest were transferred to new positions at these asylums. Some of them had families living in the

[12] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie B, Copy Book no 6, 579

[13] RSAT, Fylkesmannen i Troms, Sinnssyke i forpleining, Boks 2877

[14] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie D, Box 74, File 4: The Nursing Home in Hammerfest (1941–1945)

[15] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie D, Box 74, File 4: The Nursing Home in Hammerfest, 1941–1945

North of Norway, and in 1945 and 1946 these attendants and nurses were given financial support to cover travelling expenses to visit their family back home in Northern Norway[16].

By the requisition of Rønvik asylum and Hammerfest Nursing Home, there was no longer a psychiatric hospital in Northern Norway. As compensation a small ward consisting of two rooms and 2 isolates was established in the basement at Bodø Hospital for 10 female non psychotic patients. The conditions made it possible to only receive mentally ill in a state of "mild psychiatric condition". In 1944 the ward was reduced to only one wardroom with seven beds (Fygle 2002, 128). Since the ward was unable to handle acute, violent mentally ill, it mostly functioned as a "between station" sending the mentally ill onwards – mostly to asylums in the Oslo region. In 1944 the unit had so few inpatients that the chief physician asked for permission to work as a medical practitioner in the municipality of Steigen instead. There was a greater need for his work in the local municipality, he argued[17]. But this was not the last time the mentally ill were forced to evacuate. What happened in October 1944 would provide far more dramatic consequences for the mentally ill who lived in private family care in the northern part of Norway.

The deportation of the population in Finnmark and the northern part of Troms in November 1944

When the order to deport the population in Finnmark and four municipalities in the county of Troms was given in October 1944, the biggest stream of refugees ever in modern Norwegian history was created. Among the refugees were almost all the mentally ill living in private care in the municipalities affected.

"The Decree of Evacuation of some areas of Northern Norway"

An evacuation office to administer the evacuation had been established in Tromsø (in Troms County) on October 1, 1944. One important task was to secure that ships were sent to different areas in Finnmark to gather the population and secure the inhabitants were sent southwards. More than 250 fishing vessels were required to shuttle along the coast[18]. The time given to prepare for leaving varied from one place to another. Some were forced to leave their homes immediately without any private luggage. Others had one or two days or even almost a week to prepare. It depended on the availability of transportation and on the attitude of the local military leaders. Trespassers would be prosecuted.

The town of Hammerfest and the western part Finnmark were the local communities hosting the most mentally ill in private family care. After the closure of the nursing home,

16 NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie D, Copy Book no 20, 327, Letter of May 5, 1944

17 NA, Sosialdepartementet, Kontoret for psykiatri, H4, Serie D, Boks 74, File 3: Evacuation of mentally ill in private care from Finnmark and Troms, Letter of October 31, 1944

18 Rapport fra Evakueringssjefens arbeide i Tromsø, 1945, 9

the numbers of mentally ill in the municipalities rose and, for that reason, Hammerfest and the surrounding municipalities are used as a case study when describing the deportation.

"Just leave them behind to the Russians"

The evacuation order to the population of Hammerfest was given on October 20. Those who had left voluntarily moved to the surroundings of Hammerfest hoping to avoid evacuation. The deportation of the town started on October 29 and was completed within 10 days. The last buildings were blown up and burned on February 10, 1945. The medical practitioner Gustav Vig was one of the last to leave Hammerfest in February[19]. In the court against the Nazi commissioner of the county of Finnmark, Johan Andreas Lippestad in 1946, witnesses told that Lippestad wanted to implement the plan of deportation no matter the costs[20]. The number of mentally ill living in private family care in the medical district of Hammerfest had increased after the closure of the nursing home, and in October 1944 the number had risen to 55 individuals. The medical practitioner Gustav Vig made an attempt to gather the mentally ill on one ship and transport all of them together with some patients suffering from diphtheria. When the evacuation authorities were asked for help, Lippestad refused to help and rudely stated that the mentally ill should be just left to die waiting for the Russians. The medical practitioner did not succeed in bringing the mentally ill safely southwards. There was nothing he could do to prevent many of them being left alone on board the ships.

"An insane person jumped into the sea"

The evacuation of Rønvik asylum and the nursing home in Hammerfest was well organized and the patients were followed by attendants that were well known to the patients. In contrast the deportation of the population in Finnmark was not well planned at all. Some of the mentally ill were deported together with their caretakers. Others were just placed on the ships and left alone with no one to look after them. An eyewitness told that the ship she travelled on from Hammerfest to Tromsø seemed to be "filled with the mentally ill". She and her family had two mentally ill women living with them. On arrival at Tromsø harbour, the women were taken care of by local authorities (Palmer 2010, 114, 140).

The travelling conditions for the deported varied from boat to boat. The conditions on board the German warships like "Carl Arp", which carried more than 1800 passengers, German soldiers and war equipment, are described as particularly terrible and almost 20 persons died before arriving in Narvik.[21] But even on the Coastal Steamers or small fishing boats, the journey was not easy, sailing in overcrowded and overloaded boats, in mine waters, open seas and in total darkness with no light even during daytime (it being polar night) except for the light from the burning houses along the coast. A man writes this about

[19] Interview made by Dag Skogheim

[20] «Finnmarksposten» November 15 1946

[21] Rapport fra Evakueringssjefens arbeide i Tromsø, 1945, 18–20

the evacuation: "*It is impossible to tell and describe the fear and horror we felt during the journey. Leaving Alta some people said we would never get as far as Tromsø in a boat carrying that much ammunition and explosives"*[22]

But if the journey caused fear for the population in general, it was even worse for the mentally ill left alone without acquaintances to take care of them and perhaps not knowing what was going on. It is therefore understandable that some behaved strangely and with great danger for their own life, like the man who jumped overboard to catch his hat when it suddenly was taken by a gust of wind[23] . When he was found, he was dead.

In North Troms the deportation was better organized, as this example testifies. A 45-year-old man had lived in a household in Northern Troms for almost 20 years when the order of deportation was given. He was described as unclean, without work ability, restless and mind-troubled and sometimes angry and scary[24]. In those situations only men familiar to him were able to calm him down. The medical practitioner gathered him with other mentally ill in the district and sent them with guards to Tromsø where they were sent to the Coastal Hospital.

But far less than 53,000 actually left Finnmark. Some hid in the mountains, in caves. Some mentally ill were among those who refused to be deported. According to the Norwegian historian W. Fosnes, more than 20,000 were hiding from the Germans (Fosnes 1974, 75). One of them was a man living with his caretaker in a small community in the northern part of the county of Troms. When the Germans started the deportation in the area, the family escaped into the mountains and the man fled with them. After a few days he got a fever and was unable to follow the others on their way to Sweden. He was left alone in a cottage and was supposed to be picked up after only a few days. When some family members returned some days after, he was found dead.[25]

"Losing her children in the crowd"

In 1944, Tromsø had a population of 13,000. Situated on an island, the only way to get there was by boat. Shortly after the order of voluntary evacuation was given, the town became filled with people (Fosnes 1974, 50). The evacuation office in Tromsø had different departments in operation to help those deported with different tasks. The police department's responsibility was to register all the refugees, assign night stops and tell them where to eat. No one arriving at Tromsø harbour was allowed to leave the boat before being registered, but some escaped and entered the town in spite of this order. The medical department worked as a casualty clinic at the hospital. At the end of October the number of evacuees registered in the city was 1,878 individuals.[26] From November 1 to November 10 the number was 8,988. On November 13 alone 2,981 persons arrived to Tromsø. After

[22]"Finnmarksposten" January 15, 1945

[23] "Finnmarksposten" January 15, 1945

[24] RSAT, Fylkesmannen i Troms, Sinnssyke i forpleining, Boks 2873

[25] RSAT, Fylkesmannen i Troms, Sinnssyke i forpleining, Boks 2873

[26] Rapport fra Evakueringssjefens arbeide I Tromso,1945, 70

November 15 the number declined. Besides the refugees several thousand German soldiers were placed in the city and the conditions were chaotic. There were people everywhere lining up and waiting for boat travel further south, food, lodging and treatment for lice problems. A special office for the delousing of the refugees was set up in a leather factory. Several nurses worked days and nights to handle the lice problems the overcrowded boat travels had brought upon the evacuees. In the delousing process the body was powdered and the clothes were steamed in special baker ovens; in both processes DDT was used. Typhus was considered a disease of war and was associated with dirt and unsanitary conditions. The disease spread with lice, which inhabited the clothing of their human hosts. In the Second World War, DDT was used to delouse the populace for the first time in the theatre of war in Naples (Brooks 2013, 15–16).

Another problem was providing food for the refugees. In all cafés and in barracks belonging to the hospital, food was served to more than 1,000 persons each day. Nursing students and voluntaries helped to serve. Dinner was also prepared in the dairy's cheese kettles and at the butcher's store.[27] In this crowd and chaos, the mentally ill arrived – many of them left alone without their caretakers and belongings and most of them with sparse clothing and shoes. The enormous strain caused mental disturbance for some. For example, a mother became insane when losing her two children at the harbour just after arriving to Tromsø one dark November day. When one of the children was found and brought back to her, she seemed indifferent and left Tromsø without recovery.[28] We do not know what happened to her lost child.

"Sitting naked while waiting for their clothes to dry"

The Coast Hospital served as an evacuation hospital for those who needed medical care. During two hectic months from the beginning of November, 198 patients were taken care of[29]. Of these 88 were registered as mentally ill. Several of these were in a condition that rendered them unable to state their names, date of birth and place of residence. Some could not speak. On arrival at the hospital they were all checked for lice, deloused with DDT and placed in rooms with people they did not know while awaiting further deportation. The hospital had been overcrowded ever since it opened as an evacuation unit – consequently, it was of great importance to send the patients southwards as soon as possible. The transportation was the main problem. While waiting at the hospital the great numbers of patients created a lot of challenges and worries for the nurses, the hospital administration and even the evacuating committee. At the committee's daily meetings, the mentally ill were mentioned in particular as a group causing worries. Firstly, when arriving at the harbour they created a lot of problems while screaming, shouting and crying – mainly caused by separation from their caretakers, family members and others next of kin and

[27] RSAT, Privatarkiv: Johs. Holmboe, Meetings in the Evacuation Committee, meeting on November 7, 1944

[28] "Finnmarken" 15 November, 1946

[29] RSAT, Årsberetning fra Kysthospitalet 1945, "Finnmarken" November 15, 1946

being brought to the Costal Hospital.[30] Secondly, many were described as being in such a bad condition concerning clothes and shoes. Almost none of them had brought any luggage with them. The only clothes they had were the ones they wore. Some did not have any shoes at all, and the staff made great efforts to provide new shoes. Thirdly, it was of great importance to give them enough to eat. This was not an easy task in a situation with overcrowding everywhere. The mentally ill were not the only ones in the city without clothes and shoes. After the delousing process, while waiting for their clothes to dry, they all sat naked in the halls[31]. It is no wonder that this situation could cause violence and horror. On the first arrival date on November 6, nine mentally ill from different municipalities in the western part of Finnmark arrived. Three women from Finnmark were diagnosed with acute psychoses when entering the hospital[32]. However, they were all described as normal with no signs of mental disturbance before the deportation. They suffered from shock when the Germans started burning their homes. Since then one of them was described as "*nervous and restless*"[33]. During the journey this woman felt worse and had no appetite, was sleepless and impossible to make contact with. Another was described as: "*lying in her bed, moans, seems distant and depressed*".[34]

"A label was hung on the mentally ill"

It was of great importance to ship the deported from Tromsø as soon as possible. Seven Coastal Steamers were requisitioned to shuttle between Tromsø and Mosjøen, in the county of Nordland. Mostly the ships were overcrowded. The smaller ships rarely sailed south of the Vestfjorden (between Lofoten and Bodø), but were now used for the long distance. The evacuation leader described the journeys as indefensible and only justifiable by the extreme situation in Tromsø.[35] In the period from mid-October to mid-December, the Norwegian vessels transported 32,500 deported from Finnmark. On November 9 the first transport with mentally ill, sick patients and elderly left Tromsø on the Coastal Steamer "Lofoten" bound for Mosjøen, at the time the end railway station in Norway. During November the steamers travelled 19 times to Mosjøen with almost 3500 passengers.[36] A report from the journey of

[30] RSAT, Privatarkiv: Johs. Holmboe, Meetings in the Evacuation Committee, Meeting on November 7, 1944

[31] RSAT, Privatarkiv: Johs. Holmboe, Meetings in the Evacuation Committee, Meeting on November 13, 1944

[32] RSAT, Kysthospitalet, Boks 56, mappe 31, patient no 60 and no 68

[33] RSAT, Kysthospitalet, Boks 56, mappe 31, file 32, pasient no 68

[34] RSAT, Kysthospitalet, Boks 56, mappe 31, patient no 60

[35] RSAT, Privatarkiv: Joh. Rye Holmboe, box 26, "Correspondence concerning the evacuation of Finnmark and Northern Troms, "Evacuation of Finnmark winter 1944, Sea transports", The Report of Chief of the Evacuation's committee of See transport, December 1944

[36] RSAT, Privatarkiv: Joh. Rye Holmboe, boks 26, "Correspondence concerning the evacuation of Finnmark and Northern Troms, "Evacuation of Finnmark winter 1944, Sea transports", The Report of Chief of the Evacuation's committee of See transport, December 1944

January 16 on the Costal Steamer "Dronningen" ("The Queen) from Tromsø tells that mentally ill patients wore labels with their name, age and address.[37] But no further information about the patients was mentioned and none brought with them clothes or medication, mostly because no one knew anything.

The plan was to evacuate fishermen and their families to districts around the Vestfjorden (Lofoten), in Vesterålen and on the island of Senja so they could participate in the famous seasonal fishery in Lofoten.[38] All fishing boats with nets and tools on board were sent to Lofoten and Vesterålen.[39] The medical reports from 1944 and 1945 describe the condition thousands of the refugees from Finnmark and Northern Troms lived under during the winter of 1945 in Vesterålen and Lofoten, mostly living in cold fishermen's cabins.[40]

In Mosjøen the refugees were gathered in a former German military camp while waiting for further transportation by train to Trondheim.[41] Upon arrival, the mentally ill patients were admitted to Rotvoll Asylum which had been requisitioned for military purposes in 1942.[42] Rotvoll was intended to work as an epidemic hospital for the refugees and lodge 200 patients. But due to the great amount of the mentally ill, one ward was taken to offer the mentally ill lodging for some days, where they could get rest, sleep, meals and also, if possible, shoes and clothes (Borgan & Søraa 1972, 106). Some of the patients staying there were, therefore, evacuated to asylums southwards.

"37 mentally ill sent by train"

The mentally ill could not stay at Rotvoll Asylum. In the period from November 15 to January 16 several telegrams were sent from the director of Rotvoll asylum stating that the mentally ill would be sent to Oslo or that they were already on the train to Oslo, sometimes alone, but mostly with some attendants accompanying them. The telegrams had mostly the same wording: *"35 mentally ill stop 17 women and 19 men stop sent by train from Trondheim stop arriving at the railway station in Oslo 1645 stop tell Dikemark to come and get them stop bus must be required stop"* [43]

In the period mentioned above, almost 130 mentally ill travelled by train from Trondheim to Oslo. None of the psychiatric hospitals had vacant beds waiting for the mentally ill when they arrived. Most of the mentally ill had been moved so many times on

[37] RSAT, Direktoratet for fange- og flyktningedirektpratet, Report from Sick Journey, January 16, 1945

[38] RSAT, Direktoratet for fange- og flyktningedirektpratet, Report from Sick Journey, January 16, 1945

[39] RSAT, Direktoratet for fange- og flyktningedirektpratet, Report from Sick Journey, January 16, 1945, 28, 32, 40 and 47

[40] Medisinalinnberetning for Nordland Fylke, 1945

[41] "Budstikka», Magasin for de evakuerte

[42] Sinnssykehusenes statistikk, 1945, 10, "Dagsposten", 28 November 1944

[43] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Sere D, Box 185, File 3

their way from Finnmark that scarcely anyone knew them and they were totally at the mercy of strangers. Being in a state of mind and with bodily pester and torment, they were unable to take care of themselves when relating to strangers. Being transferred from the private family care in Finnmark and northern part of Troms was an enormous and dramatic change, especially for those who had never spent time outside their home village. Living in small northern communities in a household with caretakers was something they were familiar with; coping was possible even for people with severely troubled minds. Another handicap for some of them was having Sami or Finnish as their first language. Their lack of language qualifications made them unable to communicate. According to the chief physician at Gaustad Asylum, it took several months to find that among the patients arriving there were a husband and a wife and a mother and her son.[44]

On arrival in Oslo most of the mentally ill were taken to Gaustad and Dikemark asylums.[45] They were all examined and those in the best condition were immediately placed in private care in the surrounding area. Private care meant colonies with up to 10 to 15 mentally ill and was quite different from the arrangements in Northern Norway.[46] For example, a woman living with her caretaker in Western Finnmark for almost 20 years travelled with her caretaker and his family to Tromsø.[47] Like many others, on arrival in Tromsø, she was taken care of by the local authorities and placed in the Coastal Hospital. Some days later she and several other mentally ill travelled by Costal Steamer to Mosjøen and by train to Trondheim. After some days at Rotvoll asylum she was put on a train to Oslo and ended her journey at Dikemark asylum in Oslo. Only a few weeks later she was placed in private care in the countryside. She was still living with this caretaker in 1952 together with nine others.

The deported population meant more work for already overworked medical practitioners who had to help the refugees with lodging, clothing, medical examinations, work etc. A medical practitioner in a municipality outside Oslo wrote a letter to director of the Central Medical Department, Dag Østrem, complaining about the "*stream of evacuees from North of Norway. All kind of people are coming. First of all they are people not able to work, like elderly, crippled, bedridden, paralyzed, idiots, insane … We cannot afford feeding them"*.[48] The letters indicate that the medical practitioner obviously sympathized with the Nazi and was, therefore, very negative to the deportation. But his statement can also be interpreted as a result of the pressure medical practitioners and the municipalities felt in handling all the challenges caused by the deportation. It may also describe the way the inhabitants of Northern Norway were looked upon on arrival in Southern Norway.

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[44] Sinnssykehusenes statistikk, 1946, 9

[45] NA, Sosialdepartementet, Kontoret for psykiatri, H4, Copy Book no22, Letter of October 3, 1944

[46] Sinnssykehusenes statistikk,1946, 9

[47] FFF Sinnssykeberetninger, 1920–1942

[48] NA, Sosialdepartementet, Kontoret for psykiatri H4, Serie D, Box 185, Mappe 3, Letter of November 21, 1944

The impressions caused by the deportation and the journey also gave people mental disturbance after arriving at their preliminary place of residence. In 1944 a woman from the northern part of Troms was evacuated to Lofoten. Some months later she became restless and her activities rose in an attempt to get rid of bad thoughts. Some weeks earlier the medical practitioners had seen her and wrote the following:

> *The last weeks she has become more confined and isolated herself. She blamed herself for not doing enough to help other people during the deportation. Lately she paid no attention to her appearance and hardly answers any questions and tells it is all too late. She hardly sleeps, sitting restless on the chair. It is hard to get in contact with her and to give a picture of her mind condition. She is poor and lost everything during the deportation*[49].

Another woman, age 70, who was born in Finland and spoke no Norwegian, was deported with one of her sons. According to her son "*she became more and more tangled and suspicious"* as the journey went on[50]. When she was seen by a medical practitioner on arrival in Lofoten, she felt pursued and wanted to commit suicide. She was troublesome to care for and required round-the-clock care.

The situation at the end of World War II

The figures below show that the situation for the mentally ill in both Troms and Finnmark changed during wartime. In the two counties as in Norway as a whole, the number of individuals being registered as mentally ill declined during wartime.[51] The reason for this can probably be attributed to problems concerning the possibilities of seeing medical practitioners during wartime, problematic communications and travel problems, and the population tried to cope as best they could in a hard time for both men, women, children and the country. In Denmark, the same situation occurred when the waiting lists in all the psychiatric hospitals vanished during the first years of the occupation, mainly caused by an increased feeling of solidarity in the population (Kragh, 2007, 108). A desire to stand together against the German occupants and the feeling of being a valuable member of a cultural nation in danger, caused the decrease of morbidity.

[49] RSAT, Fylkesmannen i Troms, Sinnssyke i forpleining, Boks 2873

[50] RSAT, Fylkesmannen i Troms, Sinnssyke i forpleining, Boks 2873

[51] Sinnssykehusenes virksomhet 1939–1946

Table 3: Mental health arrangements in Troms County, 1940 and 1945[52]

	Total	Private care in Troms	Private care Nordland and Finnmark counties	Private care South-ern Norway	Hammer-fest Nursing Home	Rønvik Asylum	Other asylum
1940	355	205 (58%)	17 (5%)	7 (2%)	26 (7%)	69 (19%)	31 (9%)
1945	323	149 (46%)	58 (18 %)[53]		0	6 (2%)	110 (34%)

Due to the deportation of Northern Troms, the private family care declined from 47 individuals to 14 in the four deported municipalities.[54] The number of mentally ill living in both private care and asylums outside northern Norway increased. The use of Rønvik asylum dropped to a minimum due to the requisition, and the mentally ill individuals were sent to asylums in the southern part of Norway to be taken care of. The change was meanwhile far more dramatic in Finnmark.

Table 4: Mental health arrangements in Finnmark County, 1940 and 1945[55]

	Total	Private care in Finn-mark	Private care Troms and Nord-land	Private care Southern Norway[56]	Hammer-fest Nursing Home	Rønvik Asylum	Other asylum	Missing (1945)
1940	296	172 (58%)	20 (7%)	11 (4%)	66 (22%)	16 (5 %)	11 (4%)	
1945	254	29 (11%)	12 (5%)	35 (14%)	0	5 (2%)	139 (55 %)	37 (14%)

In 1945 the private care system was virtually ruined, declining from 58 per cent in 1940 to only 11 per cent in 1945. While 172 individuals lived in private care in Finnmark in 1940, only 29 of them remained with their caretakers in 1945. According to the Medical reports these individuals had escaped the deportation and lived in caves in the mountain or on the Finnmark plateau with their caretakers until the war was over.[57] There are also some

[52] FFT, Sinnssykeberetning for 1941, 1945 and 1946

[53] It is not possible to split between living in private care in the counties of Finnmark and Nordland or further south.

[54] RA, Medisinalinnberetning for Troms, 1945

[55] FFF, Sinnssykeberetning for 1941, 1945 and 1946

[56] Nursing homes southwards are included in the statistic of mentally ill in private care. In 1940 the number of mentally ill staying at Emma Hjorts Nursing Home in Oslo was 5.

[57] Medisinalinnberetning for Finnmark, 1945

examples outlining that the caretakers cared for the mentally ill during the deportation. A man, who had been living with his caretaker and his family since 1930, was deported together with them to Vesterålen in 1944. When the family arrived back in Finnmark in August 1945, the man went with them and stayed with the family until he died in 1971 (Fause 2007, 287). In 1940 only 11 individuals stayed in asylums outside Northern Norway. In contrast, after the war the situation was completely opposite, when the number had risen to 139 individuals.

In 1940 only 6 individuals lived in private family care in Southern Norway. In 1945 the number was 26 and in the years to follow the number increased. During some hectic months in spring 1945 more than 150 mentally ill were sent to psychiatric hospitals and some were shortly after transferred to private care, mostly in colonies, in the area surrounding the asylums. During 1950s many of these colonies were transformed into nursing homes. Only a few of the mentally ill staying in private care, nursing homes and asylums returned to Finnmark after the war, which was not the case for this man that attended Eg asylum in Kristiansand in February 1945 as a result of the deportation. He stayed there for many years and on May 17 (the Norwegian Constitution Day) each year he was allowed to wear his traditional Sami costume. Not a single day passed without him wishing he could return to Finnmark (Henriksen 2002, 37). However, his wish never came true. He passed away living at the hospital. Another man, from Northern Troms, stayed at a psychiatric hospital for only two years before attending a nursing home nearby. At the age of 60 (in 1960) he was described as: "*old and frail, blunt and unclean, picks off his finger nails, urinates where he stands"*.[58] When Åsgård Psychiatric Hospital in Tromsø opened in 1961, the man returned to Northern Norway.

The most dramatic result of the deportation was that some mentally ill just disappeared. At the end of 1945 neither the regional nor central authorities had any account of 37 individuals registered as living in Finnmark before the deportation in 1944.[59] Over the following years some of them were found in asylums or colonies, while 11 persons were still missing as late as 1952.[60] Some were lost due to the special circumstances caused by the deportation and the great number of refugees, whilst others just vanished because their names were written incorrectly, as the following example shows[61]. In February 1945 a man from Finnmark wrote a letter to the director of the Coastal Hospital in Tromsø asking about his daughter. He had to leave her at the hospital and later he wanted to get in touch with her. He was told that she had travelled on the Coastal Steamer D/S Lofoten to Mosjøen together with 22 other mentally ill in mid-January. He then searched at all the asylums in Oslo, but she was not found. When he contacted the evacuation office they discovered that she had been taken to the hospital with her surname misspelled and had left the hospital sooner than previously stated.

[58] RSAT, Fylkesmannen i Troms, Sinnssyke i forpleining, boks 2838

[59] FFF, Sinnssykeberetning, 1945–1952

[60] FFF, Sinnssykeberetning, 1945–1952

[61] RSAT, Kysthospitalet, Boks 56

In each edition, "Budstikka", a weekly newspaper published to support the deported population, published several pages with lists of persons who had disappeared from their relatives during the deportation[62]. Several mentally ill were mentioned by name. In one announcement in February 1946 a woman from Finnmark was wanted by her sister. She had been missing since October 1944. During an inspection at a boarding house in Eastern Norway in 1947, the medical practitioners found four mentally ill living there. One of them was a woman in her late twenties. She was unable to speak and take care of herself and did not know whether she came from the counties of Finnmark or Troms. The sparse information about her could indicate that she had been living in a small village in Finnmark, but except for that they did not have any information about her. This was the woman mentioned above. She was never hospitalized due to the overcrowding of patients from Finnmark and Northern Troms, as the director of Dikemark stated in January 1945: "*For the time being we have 170 mentally ill from Northern Norway, and more are still coming. It is not possible to send any of them back home*".[63]

A blind and almost deaf man disappeared from his family while travelling to Tromsø. Since he was unable to speak for himself and did not understand what people were saying to him, he was considered to be mentally ill. After weeks of travel he ended up in Lier Asylum in Buskerud County and stayed there for almost a year. Later on he was placed in private care with 12-13 other mentally ill near Lier Asylum. His family placed announcements for him in different newspapers. They finally found him at this colony and at last succeeded in bringing him back to Finnmark in the 1970s (Palmer 2008, 123).

A woman was admitted as a patient at the Nursing Home in Hammerfest in September 1940. After a year at the nursing home she was transferred to private family care in a community in the surroundings of Hammerfest. She stayed with the caretaker and his family for almost three years before being deported southwards in October 1944. We know nothing about her destiny until a medical practitioner three years later found her living together with four mentally ill persons in a boarding house outside Oslo. They had all stayed there for more than a year. The medical practitioner wrote the following in the record:

> *Her hair is cut down. She seems restless, watchful and evasive and answers my questions fast. Escaped several times and stayed away for many days. She danced naked in high spirits in the corridor in the presence of male attendants. She is sometimes aggressive and tells that she became nervous last autumn and therefore cut her hair herself. She tells she was born and raised in Finnmark, but has no idea where she is now.*[64]

[62] "Budstikka"1946

[63] RA, Sosialdepartementet, Kontoret for psykiatri, H7, Serie D, Box 185, File 3

[64] National Archive, Ministry of Social Affairs, Office of Psychiatry H4, Series D, Box 185, File 3: «Evakuering av psykiatriske pasienter (sinnssyke) i privatpleie fra Finnmark og Troms».

Living with the caretaker she was described as cheerful, hardworking with knitting and sewing and fond of children (*Ibid.*).

Concluding remarks

The main focus in this article has been to explore the destiny of the mentally ill during the Second World War in Northern Norway. I asked what changes occurred in the mental health care system and attached special emphasis on the consequences of the arrangements concerning the mentally ill during the deportation in 1944. The consequences and changes can be summarized as follows.

From self-sufficiency to dependency

Before the war the county of Finnmark was almost self-sufficient or self-supported with mental health care arrangements as 80 per cent of the mentally ill were taken care of in Finnmark County. The private family care system was well organized even if there was no psychiatric hospital in the counties, the nursing home for mentally ill in Hammerfest served both Troms and Finnmark counties with institutional treatment and even mentally ill from Nordland stayed there. In 1945 the situation had changed dramatically as the number of mentally ill living in Finnmark had dropped during wartime to only 11 per cent.[65] From being almost self-sufficient, the population became dependent on mental health services from outside and for many years on the health care arrangements in Southern Norway.

From local anchoring to institutionalisation

The private care model was deeply rooted in both local traditions and special conditions. The close cooperation between the director at the nursing home and the caretakers, especially in the western part of Finnmark, made the system successful. The plan to establish a psychiatric hospital in the county of Troms was postponed in 1924 due to both the economic situation and the acceptable quality of care for the mentally ill. Unlike other health institutions in Finnmark, the nursing home was never rebuilt after the war. Instead, as a war indemnity, the state in 1946 decided to build Åsgård Hospital in Tromsø as a psychiatric hospital for the population of Finnmark and Troms.

Most of the mentally ill were denied returning to their home municipalities in the reconstruction period after the war. There were several requests from family members asking for help to bring the mentally ill back, but these often received a negative response due to the living conditions[66]. Living in barracks, as the population in Finnmark and Northern Troms did for some years, was according to the health authorities unsatisfactory for mentally ill. Institutionalisation was the alternative. In that way the war ruined the

[65] FFF, Sinnssykeberetning, 1946

[66] NA, Medisinalinnberetning for Finnmark, 1945, 1946

mental health care system in Finnmark. Without an institution in the surrounding area, the private care system was not given any opportunity to work. The distance to Tromsø was too long and the mental health care system was now handed over to a psychiatric hospital outside the county. Most of the mentally ill became hospitalised in psychiatric hospitals, nursing homes and colonies in Southern Norway.

The mentally ill suffered a lot, but...

With exception of the statement from the Nazi commissioner Lippestad during the deportation in Hammerfest about leaving the mentally ill for the Soviets, there are no signs of attempts to kill or leave the mentally ill to take care of themselves in Norway during wartime. But mentally ill were affected in different ways by the war. One can ask why only institutions for mentally ill in Northern Norway were requisitioned and why Rønvik Asylum and the nursing home in Hammerfest were both affected, leaving a whole region without an institution? Even if the need of hospital beds was greater in Northern Norway, it seems a likely possibility to consider the requisitioning as a result of an ideology that caring for mentally ill was less valued than other sick groups. The deportation of the mentally ill caused extra problems for the authorities. It was easier to evacuate an institution than individuals who required guards, special transportation and hospitalisation. Besides, the deportation brought terrible experiences upon the mentally ill, who were forced to break their ties with caretakers and family members with whom some had stayed for many years. The mentally ill suffered a lot in the dramatic situation during the deportation. Being cared for in colonies, hospitalised in psychiatric institutions far away from Finnmark and Northern Troms and living with unknown people was a great loss for the individuals, but it also ruined a system letting mentally ill be part of the local communities – a system that never was brought back again.

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Summary

The article analyses the fate of the mentally ill living in northern Norway during the 2nd World War, and the way the war changed their lives. The study is the first to give a systematic account of how the mentally ill fared during the deportation of Finnmark and Northern Troms and afterwards. The reader is introduced to the general conditions for mentally ill persons living in the north, their households and communities, the mental care systems and psychiatric institutions. The article also draws comparisons between Nazi politics and actions towards mentally ill in Norway and Germany. The article is an important contribution to an understanding of the impact of war and deportation on this part of the population.

Keywords: mentally ill, second world war, history of mentally ill, Northern Norway

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