



‘A trip organised for children is not a serious matter’? Summer treatment camps for the Belgian-German borderlands (1919-1939)

Childhood

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journals.sagepub.com/home/chd**Machteld Venken** 

Université du Luxembourg, Luxembourg

Abstract

Although the children whose rural homelands transitioned from German to Belgian state sovereignty following the First World War were not the typical demographic targeted for preventive air treatments against tuberculosis, they were overrepresented in treatment camps in both Belgium and Germany. Nation-state representatives provided public and private (although partly state subsidized) treatment camps to restore the physical vitality, ethical integrity, and national allegiances of the minors. The parallel competitive offer took the form of a cross-border mixed economy of child welfare. Borderland residents either opportunistically supported the Belgian or German initiatives, or provided their own alternatives to protect their children from indoctrination.

Keywords

Belgium, borders, children, Germany, welfare

Introduction

This article discusses treatment camps for children from a territory that was formerly part of the German Empire but transitioned to Belgian state sovereignty after the First World War. Supported by scientific findings indicating that adult patients often harbored tuberculosis bacteria from childhood without exhibiting visible symptoms of the illness,

Corresponding author:

Machteld Venken, Luxembourg Centre for Contemporary and Digital History (C2DH), Université du Luxembourg, Campus Belval, Maison des Sciences Humaines, 11, Porte des Science, Esch-sur-Alzette L-4366, Luxembourg.

Email: machteld.venken@uni.lu

preventive treatment camps on the countryside or at the sea were proposed to foster the development of children's digestive and respiratory systems (Downs, 2009: 16). Demonstrating that children from Belgium's newest borderland were recruited by German child welfare providers for treatment in Germany, this article discusses how legal Summer stays across the border temporarily included the children in a German mixed economy of welfare. It investigates the specificities of and reaction on the cross-border provision of this kind of child welfare. How did Belgian providers of child welfare respond to this recruitment? Did the borderland children have access to more welfare opportunities than other children in Belgium and Germany? And how did borderland inhabitants react?

Included in a Special Issue examining the effect of state borders on constellations of mixed economies of child welfare and challenging the understanding of a mixed economy of welfare as solely national, the empirical findings demonstrated in this article bring life to the ideas developed in the introduction of the Special Issue. With reference to the effect of the different ways of border crossing on the provision of child welfare, it examines the phenomenon of short-term Summer treatment camps abroad. Concerning the impact of a certain understanding of the importance of a borderland on child welfare provision, it provides the case of Belgium, the only country whose state representatives wanted to sell the borderlands they had acquired back to Germany as they did not consider these essential for the country's territory (Venken, 2021a: 126). Also the understanding of nationalism was identified as an influencing factor for the provision of child welfare across the border given the widespread belief at the time that welfare for disadvantaged children contributed to healing the nation (Zahra, 2011: 272). This article unravels how the welfare provisions made available to borderland children by nation-state representatives from Belgium and Germany grounded in different understandings of nationalism.

The author situates the article's contribution to the historiography on the interrelationship between nation, children and health, the organisation of treatment camps for borderland children, and mixed economies of welfare and introduces the reader to the history of the Belgian-German borderlands. Later, the methodology and search for archival sources are presented. Afterwards follows an outline of the markedly parallel development of a treatment camp infrastructure as a mixed economy of welfare composed by public and non-state actors in Belgium and Germany before, during, and after the First World War. The article proceeds to depict how German caregivers targeted children of German descent throughout Europe for treatment in Germany under the belief that they could benefit from what the caregivers considered the pure air of the children's homeland among fellow native speakers. The author then presents the cross-border child welfare for children from the Belgian-German borderlands as a parallel but asymmetrical competitive offer by discussing the discourses, interactions, and friction among the historical actors involved in developing appealing treatment camp offers. Furthermore, it is analysed how borderland inhabitants capitalised on opportunities perceived as advantageous in collaborating with both Germany and Belgium. The final section examines the mechanisms used to categorise children from the German-Belgian borderlands through physical assessments or narratives.

Health, treatment camps and mixed economies of welfare

Situating itself within scholarship on nation, health and children, this article critically reassesses the historiography on treatment camps for borderland children, and widens scholarship on mixed economies of child welfare. It starts from the findings of studies on the interrelationship between hygiene, nation and children. Already in the 18th century, Jacques Rousseau depicted cities as enervating both body and soul, contrasting them with nature, conducive to physical and moral rejuvenation (Bertram, 2023). Although preventative and hygienic interventions antedated the tuberculosis bacterium's discovery in 1882, they intensified following its identification (Daniel, 2006).

Summer retreats for urban children at the seaside or in rural areas offered children, alongside medical treatment, a nutritious diet to promote weight gain (Tennstedt et al., 2010: 165). This stemmed from a belief that weight gain not only improved the children's health but would also bring about healthier future citizens and therefore contribute to national well-being (Zahra, 2011: 112). As noted by the sociologist Turmel, statistics had become the most pertinent tool 'for understanding and explaining' human behaviour, 'thereby extending medical quantification to the realm of public health' (Turmel, 2008: 83). By the interwar period, the pedagogical role of treatment camps in fostering moral conduct and the proliferation of hygiene standards had surpassed medical treatment in importance (Downs, 2009: 202). This encapsulated a positivist outlook that advocated for public intervention to fortify a population's physical well-being and, by extension, heal the nation (Köster, 1999: 197). Treatment camps for children retained significant popularity until tuberculosis treatment underwent a revolution in 1944 with the advent of streptomycin (Wainwright, 1991).

This article reassesses scholarship on the history of treatment camps for borderland children, which has focused on Central and Eastern Europe and has construed the attitude of caregivers as nationalistic. The discourse of nationalists was one of the borderlands as a territory that needed national work given its potentially dangerous, infectious nature. Taking borderland children out of what was perceived as an infected space aimed at restoring the physical vitality, ethical integrity, and hygiene of the borderland population. That scholarship has referred to borderland inhabitants as nationally indifferent, as they gathered politically, religiously, or culturally outside of imagined national communities in response to modern nationalist politics (Zahra, 2011, 79; Polak-Springer, 2021). Although German nationalists also used treatment camps to perpetuate the German ideal among children across its Western border, Belgian state representatives differed in their actions from their counterparts in, for example Poland and Czechoslovakia.

The article aims to widen the scope of scholarship on mixed economies of welfare. For a long time, scholars have paid attention primarily to states' provision of welfare (Stewart, 2019). More recent studies speak of mixed economies of welfare to show the co-constitutive welfare schemes of state providers, non-state organisations performing welfare services, and services on different levels of decision-making within states, such as municipalities and provinces (Giomi, Keren, Labbé (eds.), 2022). Focusing on the lived experiences of inhabitants crossing borders or living in borderlands, this Special Issue explores how borderland inhabitants were exposed to, included in or excluded from more

than one national mixed economy of child welfare scheme. This article discusses the creation of a parallel competitive offer of a temporary exposure to child welfare during treatment camps, but, also points out that the competition between German and Belgian child welfare providers was not consistent throughout time and remained asymmetrical. The author uses the term mixed economies of child welfare, given the fact that both the Belgian and German welfare schemes for children were not only provided by the state. No minimum percentage of engagement or financial contribution of non-state welfare providers was used to qualify a welfare system as an economy. The National Socialist welfare scheme is referred to as a mixed economy despite it being entirely nationalised, as welfare practices continued to be influenced by legacies of a more plural welfare infrastructure from before Hitler's rise to power.

Germany indeed significantly increased its support for activities to preserve the language and culture of what it regarded as its fellow citizens in ESM from the late 1920s onwards. Financial backing from the German Ministry of Foreign Affairs through its Reich Central Office for Domestic Propaganda (Reichszentrale für Heimatdienst) and later from the German Ministry of the Interior through the Association for Germanness Abroad (Verein für das Deutschtum im Ausland – VDA) surged over time, reaching 113,200 Reichsmark annually by the end of the 1930s, the equivalent of 765,000 USD in 2015 (Marcuse, 2013). The German Ministry of the Interior's special representative for Eupen-Malmedy, Franz Thedieck, coordinated the cross-border delivery of this financial support (Brüll, 2016). In 1934, he articulated his job as 'a politics in the service of Germanisation, calm and cautious, working in the long term, as that is essential in the region of Eupen-Malmedy' (BAK, 1174/24, April 1934). The funding aimed to influence borderland inhabitants ideologically and politically (Lejeune, 1992: 120). Before this article discusses the methodology and presents the empirical analysis, the following section offers historical contextualization on ESM.

A history of the Belgian-German borderlands

Known as the Belgian-German borderlands, the area comprises the regions of Eupen, Sankt Vith, and Malmedy (ESM), covering 1,052.92 square kilometers primarily consisting of wooded and agricultural lands, and inhabited by 45,232 individuals by the end of the interwar period (Schärer, 1978: 86). The area belonged to Prussia since 1815 and was incorporated into the German Empire in 1871. In the aftermath of the First World War, at the Peace talks in Versailles, Belgian politicians concurred on incorporating ESM to establish a buffer against potential German aggression, although they were apprehensive that the annexation complicated political dynamics; being predominantly Catholic, ESM bolstered the Belgian Catholic Party, and the predominance of German as the primary language denoted the Belgian Kingdom as a trilingual nation.

The Treaty of Versailles stipulated a public consultation to ascertain the status of ESM, which was conducted in 1920 and resulted in the incorporation of ESM into the Belgian Kingdom. However, residents viewed this decision as a violation of their perceived right to self-determination and challenged the consultation throughout the interwar period. Following the switch in state sovereignty, most local inhabitants remained and exchanged

German for Belgian citizenship. Initially, ESM functioned as a separate administrative entity with a colonially inspired transition regime, and in 1925, ESM were included in the Belgian province of Liège (O'Connell, 2018: 4).

In 1926, Belgian politicians clandestinely attempted to negotiate the return of ESM to Germany as a means to offset the financial losses incurred due to the unfavourable exchange rate for the German war marks agreed upon in the aftermath of the First World War. However, the Great Powers intervened and halted the negotiations (Grathwol, 1975). The inhabitants of ESM reflected their uncertainty while voting; parties advocating for a new consultation on self-determination garnered 75% of the vote in 1929 (Lentz, 2000: 333). On the other hand, Belgium enjoyed a stronger economic position than Germany and, particularly during the recession at the end of the 1920s and the first half of the 1930s, provided inhabitants with more social benefits (Venken, 2021a: 127).

In 1936, German military forces breached international agreements made in 1919 and 1926 by deploying troops into the demilitarised zone on the German side of the state border. ESM were systematically excluded from bilateral discussions on cultural and economic cooperation, as both German and Belgian state representatives viewed them as bargaining chips for an anticipated geopolitical settlement (Hyde, 1937: 126). Initially adopting a 'wait and see' approach, borderland inhabitants found themselves unable to remain passive due to the heightened politicisation of public life (O'Connell, 2018: 144). By 1939, revisionist parties in ESM received less than half of the votes in parliamentary elections, indicating a preference for Belgian state sovereignty (Lentz, 2000: 333). Despite this sentiment, Germany annexed ESM in May 1940.

Methodology

The materials analysed in this article were collected during the empirical fieldwork for a broader project on the history of children and youngsters in European borderlands, during which the author conducted extensive archival research in Belgium, Germany and within ESM. In Belgium, the author consulted the archival fund of the Belgian National Children's Charity (Œuvre Nationale de l'Enfance – ONE) in the Centre d'Archives et de Recherches pour Histoire des Femmes, as well as the Diplomatic Archives. Relevant archival materials of subsidised semi-private child welfare organisations could not be found, due to which it is impossible to decipher how children from ESM were selected for treatment. In Germany, the author visited the Bundesarchiv Koblenz (hereafter BAK) which contains the archival fund of Franz Thedieck, the Special Consultant of the German Reich's Home Office for ESM throughout the 1930s, the Nord-Rhein Westfälisches Hauptstaatsarchiv (hereafter NWHASTAD), which preserves a protest letter of borderland parents to send children to Germany for treatment. In addition, the author read archived correspondence preserved in the Politisches Archiv des Auswärtigen Amts Berlin (hereafter PAAAB) and the Archiv des Landesverbandes Rheinland (LVR), and consulted publications of interwar German welfare organisations in the Staatsbibliothek zu Berlin. Within ESM, the municipal archives of Eupen provided sources on welfare provisions during the transition of state sovereignty.

Based on a close reading of the archival materials, the author reconstructed the specificity of the cross-border welfare offered to children from ESM. The sources provide almost exclusively the perspective of adults on child welfare. Rarely were children allowed to speak for themselves, and when they were, their words were selectively quoted to align with the expectations of their caregivers. As caregivers were primarily concerned with measuring children's weight, they considered the opinions of children less important and therefore did not collect or preserve these. In an attempt to trace back the voices of borderland children, the author found one testimony from an adult from ESM recalling his experience on a treatment camp, which was recorded orally but published in written, without the original recording having been preserved (Dries and Jenniges, 1981).

The emergence and development of treatment camps

Whereas in Germany and Belgium, treatment camps evolved from private initiatives launched in the late 19th century to mixed economies of welfare, the constellation of the treatment camp offer in Belgium and Germany differed significantly in the interwar period.

Philanthropic organisations such as the Marçunvins Association (Association de l'Enfance contre la Tuberculose, initiated in 1911) facilitated the relocation of children to the Belgian seacoast, while liberal municipal councils organised summer camps for children on the countryside from 1887 onwards, and the Catholic Church arranged Sunday afternoon activities for impoverished children within their local communities (Vermandere, 2010: 23, 40, 48, 82). During Bismarck's *Kulturkampf*, German Catholic child welfare activities to combat tuberculosis were curtailed, leading to a reorganisation of philanthropic welfare within the German Empire, chiefly among Freemasonry, municipal initiatives, and women's organisations (Rausch, 1992: 11). By the turn of the century, nearly every county in the German Empire had its own pulmonary sanatorium, and the number of pediatric treatment centers continued to grow (Blume, 1931: 171).

The First World War provoked experiments with public intervention to child welfare initiatives on a national level. In Belgium, the National Relief and Food Committee (Nationaal Hulp- en Voedingscomité) pioneered the establishment of national-scale treatment camps for sick and vulnerable children along the Belgian coast, and after the war, publicly sponsored preventive treatment camps continued (Meslé, 1996: 152). In Germany, the Association for Rural Retreats for Urban Children (Landaufenthalt für Stadtkinder eingetragener Verein – LfS) was established during the First World War. Its funding was derived from mandatory contributions from cities and counties and operated under state oversight yet retained autonomy in its activities (Reichszentrale für die Entsendung Von Kindern zum Erholungsaufenthalt, 1928: 9). The transportation of urban children to rural areas, where food was more abundant, aimed to promote national unity (Rausch, 1992: 12). Also in Germany, national public intervention in child welfare consolidated after the war.

The interwar period witnessed the development of two different mixed economies of child welfare in Belgium and Germany. The Belgian National Children's Charity (Euvre Nationale de l' Enfance – ONE) served as the cornerstone of the interwar public child

welfare system established by the law on the establishment and subsidisation of treatment camps for debilitated children on September 5, 1919 (Velge, 1940: 14). Reflecting the subsidiarity principle and the pillarisation characteristic of the Belgian state's model, ONE received state subsidies to establish its own initiatives and allocate financial resources among existing private child-oriented organisations, such as the National Work of Catholic School Colonies (Nationaal Werk der Katholieke Schoolkolonien – NWKS) (Marissal, 2014: 129).

Like ONE, the German LfS played a pivotal role in the interwar preventive child welfare system, which encompassed a blend of religious, humanitarian, municipal, and social security welfare services (Reichszentrale, 1928: 13). In addition to combating tuberculosis, the mission of treatment camps was to nurture and educate the postwar generation. This pedagogical endeavour led to the widespread recruitment of physically healthy children, with nearly every 40th child experiencing a stay within the first 15 years after the war (Reichszentrale, 1928: 27). With Adolf Hitler's rise to power in 1933, the establishment of the National Socialist Public Welfare Office (Nationalsozialistische Volkswohlfahrt – NSV) placed responsibility for child preventive welfare under its purview. While this decision terminated the activities of the LfS, religious child welfare treatment services persisted to exist, as the National Socialists relied on their facilities to accommodate children (Kock, 1997: 41; Hammerschmidt, 1999: 466). With the advent of National Socialism, the state institutionalised discrimination as a means to curtail welfare benefits to certain groups and promote the 'healthy segments of the German race' (Stadelmann, 1938: 6).

The cross-border exchange of children for treatment

The cross-border exchange of children for treatment began during the First World War, when the LfS collaborated with countries allied with or neutral to Germany to accommodate German children deemed in need of recovery (Braumann, 2008: 231). At the same time, approximately 80,000 children were evacuated from wartime Belgium to boarding schools in the United Kingdom, the Netherlands, France, and Switzerland out of concern for their safety amidst the conflict (Venken, 2021a: 47). The practice of cross-border short-term placements of children in treatment facilities persisted after the war (Radkte, 1931: 395). This phenomenon may have been influenced by the growing international interest in elevating child welfare to the public domain. In 1924, the League of Nations endorsed a Declaration of the Rights of the Child holding families accountable for child rearing while permitting state intervention in dysfunctional families (League of Nations, 1924). Another factor may have been the hyperinflation that significantly impacted living conditions in the Weimar Republic between 1921 and 1924.

Once Germany's economic situation improved, the German National Centre for Sending Children to Recreational Stays (Reichszentrale für die Entsendung von Kindern zum Erholungsaufenthalt) focused its efforts towards attracting children from outside Germany, but which it perceived to be German, to stay within the country. Welfare work was increasingly reorganised as national minority welfare work (Reichszentrale, 1928: 76). It was believed that children could only benefit from fresh air in an environment with which they identified, and

that identification could only occur through the mother tongue (Reichszentrale, 1928: 78). Although 30 German-speaking children from the Swiss mountains enjoyed a sponsored stay at the Baltic Sea in the summer of 1928, for example, they were not described as requiring medical recovery. The initiative aimed to expose these ‘inland children’ (Binnenlandkinder) to ‘impressions of unprecedented grandeur and vastness’ (Wendland, 1931: 397). Exact numbers of children crossing the German border for treatment are unavailable. In 1928, the LfS, the principal but not sole provider of treatment camps, estimated approximately 4,000 children travelled to Germany for summer stays (Reichszentrale, 1928: 131-161). However, their numbers escalated significantly in the 1930s. In Polish Upper Silesia alone, the number of children travelling to Germany for treatment surged from 1,501 in 1927 to 6,380 in 1935 (Polak-Springer, 2021: 219). Also borderland children from ESM were invited to attend treatment camps in Germany.

Treatment camps for borderland children from ESM

Reconstructing the provision of treatment camps for children from ESM, the author depicts the combat for tuberculosis during the transition of state sovereignty and traces back how borderland children started to participate in Belgian treatment camps shortly afterwards. Then follows an analysis of borderland children’s cross-border participation in German treatment camps from the mid-1920s onwards. The author also sheds light on the way that German offer provoked competition between Belgian and German caregivers and the reaction of borderland inhabitants to that competition.

Archival sources from the city of Eupen provide a rare insight into the welfare provided to its inhabitants during the transition from German to Belgian sovereignty. Throughout the First World War and until the summer of 1920, the German administration allocated resources to tuberculosis and infant care in response to a surge in cases attributed to adverse nutritional conditions (SE, 857-333, 1,8). In 1919, the city council established a dedicated tuberculosis care service, for which the expenses were covered by the Rhine Provincial Insurance Office (Landesversicherungsanstalt Rheinprovinz –RPIO) and fundraising events. The city reported that in 1920 ‘among the sick were 41 children under the age of 14’, of whom 6 were transferred to a local sanatorium at the expense of the RPIO (SE, 857-333, 9). Upon the cessation of German support measures and prior to the creation of a support strategy by Belgian authorities for their newly acquired borderland, the city of Eupen assumed a pivotal role in maintaining welfare provisions. As it faced challenges in meeting the increased demands, the city had to allocate additional funds (SE, 907-92).

In the latter half of 1921, the Belgian National League against Tuberculosis (Ligue nationale belge contre la tuberculose – BNLT) intervened and provided support to the city’s tuberculosis care service. This assistance facilitated outreach to 351 individuals, 129 above and 222 under the age of 16 (SE, 857-333, 12, 15). The funding was mainly used to cover medical expenses at the three sanatoria of ESM accommodating both children and adults (SE, Gouvernement Eupen-Malmedy). That the city received money from a Belgian organisation does not mean it stopped receiving money from the other side of the border. A first indication that welfare contributions crossed the border can be found

in 1923, when the city of Eupen's welfare expenses were funded by '6744 francs from the Ligue [BNLT], 2000 francs from the city, 300 francs from a foundation' (SE, 857-333, 18). A calculation based on the historical consumption price index of Belgium tells us that these were the equivalents of 11853 euro, 3515 euro and 527 euro today, but the value that money had differed as it depended on wages, housing costs and retail prices, which are more difficult to calculate (Statbel). While the origin of the foundation was not specified, it is known that war invalids continued to receive support from the German Ludendorff Foundation across the border until the mid-1920s (SE, 857-333, 22). The report's detailed mention of Belgian sponsorship suggests that when the source remained unspecified, the welfare support likely originated from Germany (SE, 857-333, 42). In other words, even before borderland children were recruited for German treatment camps, child welfare in ESM was partly financed with German money.

After transitioning to Belgian sovereignty, ESM was incorporated into the provincial committee of ONE in Liège (CARHIF, ONE. *Comités provinciaux de l'ONE*) and although detailed records were not kept, the presence of Anna Jaeger from Eupen among the deceased children of a treatment camp in 1924 shows ONE recruited borderland children (CARHIF, ONE. *Inventaire bis*. 71). In 1925, the city of Eupen's welfare report for the first time mentioned that children were sent for treatment to Belgian regions outside of ESM (SE, 857-333, 23). The usual duration of a stay was 3 months (Gheysen, 1988: 61). Children from ESM were selected for treatment through the normal procedures of ONE. School medical doctors assessed school-going children based on their height and weight, referring those outside the usual norms for further medical examination and assessment of their social environment (Dalhem, 1920: 1569-1576).

1925 was also the year when the United Compatriot Organisation Eupen-Malmedy-Monschau (Vereinigte Landsmannschaften Eupen-Malmedy-Monschau – VLE) composed of individuals who had migrated from ESM to Germany following the sovereignty switch, collaborated with the VDA and the Belgian Labour Party (Parti Ouvrier belge) to recruit borderland children for six-weeks long treatment camps on the Baltic Sea coast in Germany (Vereinigte Landsmannschaften Eupen-Malmedy-Monschau, 1927). The involvement of the socialist party was notable; elsewhere in Belgium, children were recruited through the socialist women's movement, but the latter was not represented in the predominantly Catholic border regions of ESM (Vermandere, 2010: 85). A competitor to the Belgian treatment camps offer had arrived and increased its influence. Whereas the number of children leaving eastwards for a treatment camp amounted to an estimated 340 between 1925 and 1932, their number increased to 886 between 1933 and 1938 (Schenk, 1997: 49). While children in Germany underwent assessments that inquired about their own and their family's health conditions, borderland children were selected without having to meet these criteria (Reichszentrale, 1928: 16; BAK, 1174/23, 01.07.1938). Both in Belgium and Germany, the treatment camps played a major role in the 'hygienic crusade' of the nation and much attention was paid to a healthy diet, respiratory exercises, 'controlling the children's impulses', singing songs about cleanness and participating in commemorations for the nation's achievements (Vermandere, 2010: 65; see also Reichszentrale, 1928: 17-29).

From 1933 onwards, more institutions were involved in organising treatment camps for children from ESM to Germany, with the local Christian People's Party (Christliche Volkspartei) replacing the socialist party as the main collaborator in ESM. Additionally, secret collaboration between the Christian People's Party and the Homeland Loyalty Front (Heimattreue Front – HF), a local organisation endorsing National Socialism, took place. The German Ministry of the Interior's special representative for Eupen-Malmedy, Franz Thedieck, facilitated cooperation between the VLE and the National Socialist People's Welfare (Nationalsozialistische Volkswohlfahrt) (Schenk, 1997: 53-82; Brüll, 2016). Despite efforts to expose children to the mandatory youth organisation Hitler Youth during their stays in Germany, the possibility of indoctrination on short term treatment camps should not be overestimated, as confessional caregivers, for example, could ensure the children's regular attendance at church (Hammerschmidt, 1999: 468; BAK, 1174/48).

Nevertheless, the participation of borderland children to German treatment camps with a National Socialist agenda alarmed the Belgian Ambassador in Berlin. Comte de Kerchove de Denterghem, wrote to Henri Jaspar, the Belgian Ministry of Foreign Affairs, that: 'A trip organised for children is not a serious matter. It is the purpose that is reprehensible. They are taken by National Socialist organisations to German holiday resorts' (AMAEB, 18.09.1934). He proposed a wider recruitment by ONE as 'the only measure [that could be – MV] taken to counterbalance' the recruitment of borderland children for treatment camps in Germany (AMAEB, 26.03.1933). The Belgian government attempted to address the issue by encouraging ONE to expand its recruitment activities in ESM (AMAEB, 07.05.1933). No historical sources were found describing the selection criteria for children from ESM, but we know that in 1933, the number of children from ESM on treatment centres of ONE had increased to 150 (on an overall population of around 60 000) out of the total estimated number of 7000 of ill and endangered children hosted in all treatment centres in Belgium that year (on an overall population of around 8 140 000) (O'Neill, 2024; AMAEB, 06.09.1933). By then, borderland children were privileged to participate in treatment camps both in Belgium and Germany above the many other children from these countries who better fulfilled the medical characteristics for recruitment. The parallel competitive offer was, however, asymmetrical. Belgian authorities continued to struggle to compete with the appeal of German camps, where children could attend free of charge (Anonymous, 1926-1927: 2). Whereas municipalities, such as the city council of Eupen, covered the costs for 102 selected children attending treatment camps in Belgium between 1925 and 1939, they could not provide financial support for all (SE, 857-333). In addition, Belgian state representatives never invited children living in Germany for a stay on a treatment camp in Belgium.

Borderland inhabitants sent their children on treatment camps either in Belgium or Germany, and that behaviour was not reported as problematic until National Socialist content was added to the German treatment camp offer. A local Child Protection Committee established in Malmedy in 1934 under the initiative of members of the Belgian Labour Party actively discouraged parents from sending their children across the state border for treatment, citing the expenses involved and condemning the violence of the National Socialist regime (NWHASTAD). Despite these efforts, the initiative continued

for several years without a decrease in recruits (BAK, 1174/26). In 1935, moreover, Priest Hubert Keufgens of the St. Nicholas parish in Eupen documented that treatment camps had become a matter of great ‘embarrassment’. He criticised the Catholic alderman of Eupen and spokesperson for the Catholic People’s Party, Stephan Gierets, for accompanying borderland children on their trips to receive treatment in Germany. Keufgens lamented that the care provided to the children was ‘not sufficiently Catholic’ and was administered by individuals associated with Hitler (‘Hitlerleuten’). He further remarked that the Belgian League of Families placed children in ‘liberal’ institutions, which he deemed equally undesirable. To counteract this, the clergy of St. Nicholas organised their own holiday events to ‘divert children from both options’ (SE, Pfarrchronik). Another alternative option for the children was a two-weeks Summer camp of the local scouts movement, which was organised for the first time in 1938 as a reaction to the shorter gatherings in a local youth hostel of the pro-German youth organisations established after 1933 (Venken, 2021b: 168-170).

In the same year, the Belgian police conducted a domiciliary visit to Stephan Gierets, among others because it suspected him of being responsible for the mobilisation of borderland children for German treatment camps (Anonymous, 1935: 1). Finding backpacks for future treatment children at his home, the police continued its investigation by interrogating the borderland children the backpacks were prepared for (PAAAB, 09.03.1935). As a result of the investigation, Gierets was placed on a list of individuals whose Belgian citizenship could be revoked. In 1934, Belgian authorities had enacted a law allowing the revocation of Belgian citizenship for individuals found to have seriously undermined democratic principles. While this law was used in 1935 to compel four members of the HF to leave for Germany, Gierets was not among them (Pabst, 1964: 394). The investigation did not deter the presence of children from ESM on treatment camps in Germany, which continued. Following the incorporation of Austria to the Third Reich in March 1938, Gierets wavered in his resolve to persist, yet was convinced by HF members of the necessity to provide an alternative for treatment camps along the Belgian coastline. A year later, shortly before the outbreak of the Second World War on 1 September 1939, he terminated the endeavour, arguably influenced by media reporting on military preparations for the possibility of war (Anonymous, 1939: 3; LVR).

Categorising borderland children from ESM

The final section examines how caregivers from Belgium and Germany selected and categorised children from ESM. In both countries, measuring a child’s weight was used to distinguish between well-fed and undernourished children and select the latter for treatment. A weight increase was the key indicator for the effectiveness of the treatment. The template medical report of a child’s treatment stay used by LfS in 1927, for example, listed ‘body size, weight, chest circumference’ upon arrival at, during and at the end (Reichszentrale, 1928: 17). If opinions of children about their treatment were reported in archival sources, they were almost exclusively related to their weight. When Envoy Schmidt accompanied children from the Baltic Sea back to ESM in early September 1934, he wrote that the children articulated increases in weight, with ‘boys gaining between

1 and 6 pounds on average just under 3 pounds, and girls gaining between just under 2 ½ and 15 ½ pounds, averaging 7 ½ pounds' (BAK, 1174/48, 14.09.1934). This emphasis on weight reflected a broader agenda where policymakers required quantitative health data about children to inform welfare policy.

Belgian educators did not deem linguistic or cultural peculiarities significant, or significant enough, to categorise the children from the Belgian-German borderlands as different. Although records from ONE indicate that also children with French, Italian, Polish, Russian, and American citizenships, residing in Belgium at the time of recruitment but born elsewhere or with non-Belgian citizen parents, were treated, there is no available information on how linguistic or cultural differences were handled (Moritz, 1931-1932: 246-257).

In sources about the German treatment camps, on the other hand, the children from ESM were consistently classified as 'Germans from abroad' (Auslanddeutscher) (BAK, 1174/48, 14.09.1934). After Germany's borders were redrawn in the aftermath of the First World War, the country extended its cultural and welfare influence beyond its borders, particularly targeting populations it perceived as marginalised. However, with the rise of the National Socialists, welfare programs were nationalised to align with the regime's ideological agenda (Němec, 2022: 157). The new government sought to foster the comprehensive development of all German citizens, including those residing abroad, contingent upon their 'inherited biological predisposition' to 'secure and promote a genetically sound, valuable race' (Foth et al., 2014: 38). Nevertheless, the implementation of Nazi eugenics policies encountered resistance from caregivers associated with the VDA who held a more traditional perspective on the role and value of German-speaking populations outside of Germany's interwar borders (Luther, 2014). To some extent, the national socialist ethos promoting a healthy and dignified lifestyle was meant to be spread across Germany's borders. Disciplinary comments were formulated against a teacher at a German state-funded school in Spain for wearing uncut, long hair instead of a well-groomed short hairstyle but 'a certain degree of 'freedom' or 'resistance' in the sense of active and/or passive defence against forced conformity remained possible' (Herzner, 2019: 127-128). This also applied to borderland children from ESM when they received treatment in Germany. When educators observed that the borderland children 'could not stop smoking', they did not interpret it as potentially subversive behavior. Instead, they attributed it to the lack of smoking prevention education in Belgium (Ongenaë, 2003; BAK, 1174/23, 22.09.1938). German caregivers portrayed the smoking as innocent and even questioned whether their approach had not been overly stringent.

In a unique existing oral interview fragment, eyewitness Baptist Pip suggested that borderland children were aware of adults' attempts to foster differences among them. He remembered his stay in the Bay of Lübeck (Germany) in the Summer of 1937 as 'a first great adventure' and was of the opinion that children of Belgian state officials residing in ESM would have 'desired to participate', but that their parents refrained 'to avoid suspicion of sympathising with Germany' (Dries and Jenniges, 1981: 151). The extent to which the disparity between the children's ambitions and their parents' perspectives reflects the agency of borderland children at that time is impossible to ascertain today, as only one published edited fragment of a transcript of an oral interview conducted more

than 40 years after the event exist, an interview that was potentially never recorded and of which no audio file is preserved.

Conclusion

Since the late 19th century, conventional wisdom suggested that fresh air, cleanliness, and sunlight possessed salutary properties for combating tuberculosis, prompting sea voyages and stays on the countryside as recommendations. During the interwar years, children from the Belgian-German borderlands were increasingly encouraged to undergo treatment away from their families, either in Belgium or Germany. These treatments did not only aim to combat tuberculosis, but involved exposing the children to an environment with which they were encouraged to identify: their perceived national homeland. The treatment camps established for borderland children represented a parallel and competitive mixed welfare provision. They were mixed because in both Belgium and Germany, semi-private state-subsidised organizations such as NWKS and VDA respectively collaborated with state authorities in shaping child welfare initiatives. Their parallel nature was evident as Belgian and German treatment camps welcomed borderland children annually from the mid-1920s onwards. The competition arose from heightened German interest during the era of National Socialism. By engaging with Belgian and German treatment camp initiatives, borderland inhabitants were able to create a cross-border mixed economy of child welfare. Some chose to protest, illustrating that local responses were opportunistic in nature rather than nationally indifferent (Fickers and Brüll, 2019).

Referring to opportunism, the research findings presented in this article differ from borderland inhabitants' national indifferent behaviour scholars studying the history of Summer camps in the Polish-German and Czechoslovakian-German borderlands have unraveled. Other than in Poland or Czechoslovakia, Belgian nationalism was multilingual and given Belgian society's division of social and cultural life along Catholic, socialist and liberal ideological lines, the state subsidised private welfare institutions, and nationalists did not have a decisive say on the practical organisation of treatment camps. Likely owing to the Belgian Constitution prescribing the free use of languages and religion, the inhabitants of the regions of Eupen, Sankt Vith, and Malmedy (ESM) refrained from adopting linguistic, cultural, or religious affiliations as grounds for opposition to nationalism. Also the importance of the borderlands for a nationalist agenda differed, as ESM was not a priority for Belgian state representatives. In contrast to the situation in the Polish-German and Czech-German borderlands, thirdly, the Summer treatment camp was asymmetrical. Belgian state representatives never sought to attract children from across the border to their treatment camps. And lastly, Belgian nationalists initially did not have a special child welfare approach for its newest borderlands, and only developed one as a reaction to increased German interest.

After Hitler's ascent to power, borderland children were disproportionately represented in treatment camps in both Belgium and Germany, despite the initial focus being on disadvantaged urban children. Belgian and German caregivers treated these borderland children as members of their respective nation-states. Belgian records do not detail how

conformity was enforced or negotiated with German-speaking borderland children, whereas German sources indicate that behaviors conflicting with the national socialist ethos were interpreted as innocent rather than deviant.

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ORCID iD

Machteld Venken  <https://orcid.org/0000-0002-0358-0827>

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