

# Humanitarianism (The Netherlands)

By [Leo van Bergen](#)

## Summary

During the First World War, the neutral Dutch were involved in humanitarian endeavours both inside the Netherlands and abroad. The most significant was their care of refugees who crossed into the country from Belgium and France from August 1914 on and again during the last months of the war. Other humanitarian activities included the exchange of wounded prisoners of war and the care of impoverished children after the war. Many of these activities were undertaken as emergency measures, others involved key instruments of the state (including the Dutch armed forces and local civic authorities). Private ambulance units were key agents of humanitarianism outside the Netherlands. These ambulances are often hailed as a hallmark of neutrality, but could just as well be framed as endangering neutrality, since they usually made no secret of their sympathies. For its part, the Dutch Red Cross (DRC) took a while to assist these humanitarian efforts; its main concern was assisting the Dutch army in case the Netherlands entered the war. It assisted in the exchange of wounded POWs and the aid of refugees in 1918, although not without the request of the army.

## Table of contents

- [1 Introduction](#)
- [2 The Dutch Red Cross](#)
- [3 Dutch Ambulances](#)
- [4 Serbia](#)
- [5 Hungary](#)
- [6 Conclusion](#)
- [Notes](#)
- [Selected Bibliography](#)
- [Citation](#)

## Introduction

While [the Netherlands](#) was neutral in World War I, humanitarian aid was a way to contribute to the war effort and maintain [neutrality](#) without entering the conflict militarily.

Humanitarianism, therefore, was more than an empathetic activity, although it was that too. Despite political [neutrality](#), politics as well as life in general were heavily impacted by the war and its [victims](#). This came to the fore, for example, during the exchange of German and British wounded [prisoners of war](#) who were, following the Swiss example, interned on Dutch

soil. The Dutch Red Cross (DRC) acted as an intermediary. About 7,800 German and 4,700 British internees were repatriated in 1917 and 1918.<sup>1</sup> According to the DRC itself, this was a complete success.<sup>2</sup> According to others, “total disaster” would be a more fitting description.<sup>3</sup> Either way, the exchange would not have been possible without Dutch neutrality. After the war, humanitarian work did not stop as tens of thousands of ill-fed children from [Austria and Hungary](#) were brought to the Netherlands for nourishment.<sup>4</sup>

This article will focus first on the [refugees](#) crossing the Dutch [border](#) and second on the doctors and [nurses](#) who went the other way. Coming from a politically neutral country and engaging in work often already considered “neutral” and “humanitarian” or even “pacifist”, ambulance units travelling to the front could be characterized as “neutrality doubled”. The question remains: can there be such a thing as neutrality in [warfare](#), even if the country involved is desperately trying to act in accordance with its dictates?

## The Dutch Red Cross

The Dutch [Red Cross](#) was an organization which in theory held neutrality in high esteem, even though it was created by the decree of [William III, King of the Netherlands \(1817-1890\)](#) to benefit the Dutch army’s fighting-strength. In August 1914 it was anything but prepared for a war on Dutch soil. Criticism was fierce; for instance, the nurses’ union *Nosokomos* (“we shall heal”) contended that “the nursing of our sick and wounded by means of the Red Cross would have been a total disaster.”<sup>5</sup> Taking care of sick and wounded soldiers was not be left to charity and volunteers but rather to professional nurses.<sup>6</sup>

Another critic, who called himself “Tribunus”, completely agreed. He too blamed the DRC’s non-medical, royal, male-dominated structure which made the Red Cross a military rather than medical instrument, looking out for national instead of humanitarian interests.<sup>7</sup> Tribunus called for a complete reorganisation which was indeed implemented in 1917. The main result was not democratisation, but the formalisation of an already existing practice which Tribunus had attacked. The DRC also became an official extension of the Dutch Military Health Service (MHS), tending first and foremost to the interests of the Dutch army, an attitude crucial for understanding the DRC’s role in World War I.<sup>8</sup>

Immediately after [Germany](#) invaded [Belgium](#), thousands of [refugees](#) crossed the Dutch border. Before the end of 1914, the total would rise to around a million. Two organisations – one private, one governmental – coordinated local aid initiatives, but the DRC was part of neither. The DRC’s pre-war work with civilians was cast off in order not to endanger fulfilling

its wartime function assisting the MHS in the name of national interests.<sup>9</sup> Local branches were, however, involved in assisting the refugees. The main board gave its consent, declaring that having “seen the amount of suffering,” a “broad interpretation” of the Red Cross-task should be hailed, but only “if this did not hinder the fulfilment of its real task,” aiding the Dutch military.<sup>10</sup> It is likely that the DRC contributed little to the refugee effort, evidenced by the fact that the DRC was mentioned just once in the official aid report of 1914.<sup>11</sup>

In 1918 the DRC took a leadership role in responding to a second influx of refugees.<sup>12</sup> As in 1914, it was determined that aid to refugees was not officially part of the Red Cross’ mission. But, because the army was still mobilised, refugees were considered militarily significant. Therefore, when the army asked the DRC to erect emergency [hospitals](#) that October, it consented. According to a Red Cross historian this was the obvious choice: the DRC was unconditionally subordinate to military interests.<sup>13</sup>

This also characterized the position the DRC took when asked to send ambulances abroad. The main board was of the opinion that as long as it was not certain the Netherlands would not get involved in the war, not one Red Cross employee or even one piece of material should leave the Netherlands.<sup>14</sup> This would not change before peace had been signed.<sup>15</sup> At the beginning of the war, Dutch government backed this position. It did not even allow private ambulances to be sent out. As the war progressed this measure was liberalized. Forced by Geneva Convention rules, doctors and nurses, although not belonging to the DRC, wore the red cross insignia and consequently helped raise DRC popularity. Still, none of the many ambulances leaving the Netherlands in the years to come were sent off by the DRC.<sup>16</sup>

## Dutch Ambulances

Dutch ambulances went to the [Western Front](#), as well as, and probably even more, the [Eastern Front](#).<sup>17</sup> Some, such as the one working in the Bois de Boulogne in Paris, were privately funded and tasked with looking after soldiers of a particular nationality, in this case the French.<sup>18</sup> There was a special committee for ambulances going to [Serbia](#), as well as one on behalf of Germany and Austria-Hungary. Influential Dutch men and women served on the latter committee, most famously the former prime minister and leader of the Dutch Calvinistic, politically conservative community, [Abraham Kuyper \(1837-1920\)](#).

The mission of the Paris ambulance as well as the connection with a specific political faction in the case of the Central Powers’ ambulances immediately raise doubts, if indeed all of the ambulances were as neutral as one would expect from a medical team from a neutral

country.<sup>19</sup> Nevertheless, in the Netherlands the ambulances were popular, not least because of their presupposed neutrality. One author called them “a new diamond in the Dutch crown.” They demonstrated that neutrality need not be synonymous with weakness and passivity, but could be “a stimulus to be heroic and stubborn while working for peace.”<sup>20</sup> *Het Handelsblad* wrote: “When peace has come, even the most fervent of warmongers have to admit that in the dreadful days of war some of these much maligned neutrals have made themselves useful and deserving.”<sup>21</sup>

At first glance, doctors’ and nurses’ writings underline this impression. Helping wounded soldiers was part of medical and political neutrality.<sup>22</sup> However, this sense of duty should not be exaggerated. Nurse [Rosa Vecht \(1881-1915\)](#), the only Dutch nurse killed during the war, volunteered at the British Belgian Field Hospital in Antwerp in 1914, at least partly because her father had forbidden her to marry her non-Jewish lover.<sup>23</sup> Surgeon [A. Van Tienhoven \(1886-1965\)](#) worked in a hospital in Vesoul, Haute-Saone in 1915. He found the location too quiet for his taste, so he asked to be sent to a more exciting spot. His request was granted.<sup>24</sup> Getting away from home, a longing for adventure determined the desire to leave the Netherlands as much as the medical-humanitarian urge to ease the suffering.

This again raises the question of neutrality, but now of those who did go to war. Did they all work according to the strict definition of neutrality given by a Dutch nurse, working in the Balkans: sympathize neither with the Central Powers nor the Allied forces, but solely with the victims, regardless of their nationality. The main responsibility of physicians and nurses was to restore health and humanity.<sup>25</sup>

## Serbia

The already mentioned Van Tienhoven was not coincidentally working in Serbia in the first half-year of the war. Not only did he blame Germany for starting the war – a loathing strengthened when he heard of the destruction of the Louvain library – but more importantly, he had already practised there during the [Balkan wars](#) and grew fond of the Serbian people. They represented the “noble savage,” characterized by an honesty, clarity, and simplicity long since lost by the so-called civilized Western and mid-European countries, above all Austria and Germany.<sup>26</sup>

At the end of August 1914 the Austrian army was forced to retreat, but it did not do so quiet and peacefully. Instead, according to Van Tienhoven, it “destroyed, murdered, robbed and maltreated women and children wherever it went – horrible.” This led to the creation of the

Committee to Investigate Austrian War Crimes, in which he participated. He took pictures, published in his *De Gruwelen van den Oorlog in Servië* (*The Horrors of the war in Serbia*), to prove the [atrocities](#) the Austrian-Hungarian army inflicted, which were not individual cases committed by undisciplined soldiers in his opinion. The [Austrian government](#) itself was to blame, which had equipped its army with “the most terrible explosive bullets, forbidden in the Petersburg declarations of 1868.”<sup>27</sup>

However, this anything but a neutral position seemingly did not stand in the way of medical neutrality. Frostbite, he said, was more typical of the Austrian than of the Serbian soldier, because of the totally insufficient “heavy boots covering cotton socks” the Austrians had to wear. As a result, when passing Vienna while returning to the Netherlands at the beginning of 1915, he told the Austrian authorities to equip its soldiers forthwith with “small socks to be worn over thick woollen ones.”<sup>28</sup>

## Hungary

On the other side of the Serbian front, Dutch doctors and nurses were active and their activities raise even more questions about humanitarian neutrality. Budapest became the residence of an ambulance with F. Hijmans as head-surgeon. At the ambulance’s farewell party in Amsterdam on 27 December 1915, Dutch-Swiss surgeon [Otto Lanz \(1865-1935\)](#), professor at the University of Amsterdam, made a comment regarding neutrality: the Netherlands had an obligation to be part of the war, not with the sword, but with the scalpel. He particularly emphasized that the intent was not to take sides. They only went to help the wounded, “not the German or Austria-Hungarian army, but the victims of war.”<sup>29</sup>

In spite of these words, the ambulance was completely dedicated to the Austro-Hungarian cause, as was the Committee. It became part of the Hungarian Red Cross, already not a neutral organization.<sup>30</sup> It was a special ambulance because one of the nurses as well as the heads of household were daughters of the previously mentioned Abraham Kuyper. [Henriette Kuyper \(1870-1932\)](#), wrote a book on the ambulance in which she leaves no doubt that her sympathy was completely with the Central Powers, and especially on the side of the Hungarians, not least because of shared religious practices. If there was one nation to blame for the war, it undoubtedly was [Britain](#), a point of view not uncommon in the Netherlands after the Boer War and in Calvinist circles.<sup>31</sup>

Kuyper, unlike Van Tienhoven, hardly paid any attention to the horrors of war, partly because she thought war had its good sides as peace had its downfalls and partly because of perceived political neutrality. Members of a foreign ambulance should never forget, she

wrote, that “in a warring country [they] have a great responsibility.” Certainly they saw the misery. But at least until war’s end, it should remain the secret of the country “of which it tries to lessen the suffering.” At the same time she completely agreed with the ambulance’s mission: to restore soldiers’ ability to fight.<sup>32</sup>

Anything but a neutral position, political or medical, was attacked during the war. In August 1916, Hijmans wrote to commander-in-chief C.J. Snijders (1852-1939) that the ambulance to Hungary “is *not* sent out to do neutral, charitable work.” It mainly served to transport goods, “of which export was forbidden, over the border.” Hijmans had approved of this, but only under the condition that the goods would be used for charitable means only, and not as “proofs of sympathy for the Central Powers.” However, that Hijmans also wrote that the ambulance was not qualified to perform its medical-humanitarian work makes it doubtful that this condition was taken seriously. Hijman’s doubts were strengthened by the fact that he had seen Lanz present much of the supplies to German military authorities. He had no doubts: the ambulance had smuggled contraband.<sup>33</sup>

## Conclusion

The conclusion must be that neutrality – no matter how it is defined – was lacking in Dutch humanitarianism. The DRC first and foremost looked out for Dutch political and military interests. It was never accused of being partial, but it chose to serve Dutch interests. The ambulances that were sent abroad were all deemed medically neutral. Looking at their activities one could also frame (a part of) them as endangering neutrality, partly because of seeking the limits of or even overstepping medical neutrality, partly because of evident political partiality. Nevertheless, coming from a neutral country, the doctors and nurses had a bit more room to keep in mind the health interests of all combatants than the medical men and women of the warring parties often had. Because [censorship](#) was not very strong, they had more space to reflect on the harsh reality of war. As a consequence, the letters, diaries, and books which ambulance personnel wrote – and the stories they told after their return – in general made clear that war was not something to take lightly and therefore shed a more positive light on the value of neutrality, so often perceived as cowardice.

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## External Links

- [Kramers, Vincent \(in Dutch\): \*\*Nederlandse ambulances in het buitenland 1914-1918\*\*, 2009 \(De Eerste Wereldoorlog 1914-1918\) \(Article\)](#)
- [Mobilisatie, Roode Kruis afd. Middelburg. \(x\) = dr. Bijlsma \(in Dutch\), Middelburg \(Planbureau en Bibliotheek van Zeeland\) \(Image\)](#)
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- [Rode Kruis. Medewerksters van het Nederlandse Rode Kruis afdeling Maastricht maken verbandrollen en verbandmiddelen gereed voor gebruik \(in Dutch\), 1914 \(Memory of the Netherlands\) \(Image\)](#)
- [Rode Kruis oefening. Medewerkers van het Nederlandse Rode Kruis bij een oefening in de Stelling van Amsterdam in de omgeving van Weesp \(in Dutch\), Weesp 1914 \(Memory of the Netherlands\) \(Image\)](#)
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[Western Europe](#) > [The Netherlands](#)

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[Home Front](#)

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[Society](#) > [Everyday life, civilian war experience](#) > [Relief organisations](#)

[Society](#) > [Social groups](#) > [Refugees](#)

[Warfare and the military](#) > [Battles, battlefields and campaigns](#) > [Battles, battlefields and campaigns, Eastern Front](#)

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