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A Horrific Choice or Willing Complicity:
Medical Ethics in Nazi Germany

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Karl Gebhart began his testimony by stating, “By order of the Reich Leader SS, I started on July 20, 1942, at Ravensbruck concentration camp for women on a series of clinical experiments with the aim of analyzing the sickness known as gas gangrene... And to test the efficacy of the known therapeutic medicaments. In addition, the simple infections of injuries which occur as symptoms in war, surgery also had to be tested”¹ Gebhart was a doctor in one of the concentration camps who performed experiments with sulfanilamide, an experimental drug, on Jewish patients to test cures for gangrene. Defendant Karl Gebhardt went on to testify in the Nuremberg Trials about the experiments he performed throughout the course of the Holocaust. He explained how he intensified the experiments since “no deaths had occurred,” using techniques to restrict blood flow so that the “gangrene infections” would be more severe. He nonchalantly explained the success of the experiments by stating, “This series of experiments resulted in very serious infections and a number of deaths occurred.”² While this is just one account from one doctor, his statements are quite reflective of the actions and mindset, in terms of why doctors thought their actions were justified, of countless other doctors throughout the Holocaust.

When thinking about the Holocaust, one cannot help but be interested in the motivations of the people who were the primary perpetrators of these horrible atrocities. Scholars Francis R. Nicosia and Jonathan Huener highlight how there was not just one group of people in the German population that were the main actor during the Holocaust. They argue that in fact, “Somewhere between Hitler and high-ranking officials of the Nazi state and party and ordinary

¹ Vivien Spitz and Elie Wiesel, *Doctors from Hell: The Horrific Account of Nazi Experiments on Humans* (1st Sentient Publications ed. Colorado: Sentient Publications, 2005,), 140.

² Spitz, 140

German citizens... We confront the thousands of perpetrators in the professions: industrialist and businessman, scholars and teachers, lawyers and judges, artists, and scientists and physicians.”³

While it would be interesting to look at how German society as a whole played a role in the Holocaust, the group that is one of the most interesting in terms of the role that they played throughout the course of the Holocaust are doctors and physicians. More specifically what is interesting to look at are the doctors and physicians who identified as Nazis and whether or not they actively practiced medicine in the concentration camps or were just complicit in the active shunning of both Jewish doctors and patients alike. The question that immediately comes to mind when thinking about Nazi doctors and physicians is whether or not these people were making the decision on their own to participate in these horrific medical atrocities, or if they were coerced by the Nazi regime? Many would be quick to assume that with the authoritarian regime of Hitler, doctors would not have had a choice when it came to providing medical treatment of Jewish people, but this was not the case.

One thing to consider is that with the gravity of the actions that Nazi doctors were performing, they must have understood the impact of what they were doing would have on both the medical community as a whole and the patients they were treating. Many of these Nazi doctors thought they were working on the cutting edge of medicine, and with this, there must have been some sort of comprehension by doctors about the acts they were committing. It is important to note that, “reportedly more than 7% of all German physicians became members of the Nazi party during World War II, a far higher percentage than the general population... In 1942 more than 38,000 German doctors, half the total number of doctors, had joined the Nazi

³ Francis R Nicosia and Jonathan Huener, *Medicine and Medical Ethics in Nazi Germany: Origins, Practices, Legacies* (New York: Berghahn Books, 2002), 3.

party.”⁴ This number highlights the vast participation from doctors in the Nazi ideology, something that one would be hard-pressed to say was coerced. **In fact, most doctors and physicians during the Nazi regime were willing actors in the many atrocities they participated in throughout the course of the Holocaust, due in part to the fact that the ideologies behind Nazi medical policy were considered the cutting edge of science at the time, and therefore doctors thought that they were doing what was best for themselves and Germany as a whole.**

Throughout the course of this paper, we will be exploring the actions of Nazi doctors and physicians, and all of the factors that influenced said actions. To do this, we will first look at the history of medical policy in Germany throughout the 1900s, specifically breaking down policy changes before and during World War II. With this historical context to guide the rest of the paper, we will then look at some of the early forms of medical atrocities committed by doctors, with programs such as mass sterilization. With examples of the policies and practices that doctors were taking part in, the largest point in the paper will be analyzing whether or not doctors were acting of their own volition or not, and the reasons why scholars believe doctors acted. This paper in the end will be able to answer the question of whether or not doctors were coerced into performing so many medical atrocities throughout the Holocaust.

Was There Actually Coercion of Nazi Doctors?

There seems to be this misconception throughout public perception of the Holocaust in which one of the only reasons that doctors were committing medical atrocities was because they were coerced in some way by Hitler or the Nazi regime. But, something important to note from

⁴ George Annas and Edward R. Utley, *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation* (Oxford University Press, May 7, 1992), 19.

this time period in history is that with all of the primary source information we have on World War II and the Holocaust, I have yet to find any evidence of a doctor or physician being harmed or punished for not taking part in a medical practice they were not comfortable with. A perfect example of this comes from the testimony of Walter Neff, a prisoner in Auschwitz who was a medical orderly, in regards to experiments conducted by Dr. Rascher and Dr. Romberg. Throughout his testimony, Neff is clearly uncomfortable with the number of patients that Rascher was needing for his experiments, and wanted nothing to do with it. Neff testified, “Rascher told me the next day he was going to make a serious experiment and that he would need sixteen Russians who had been condemned to death, and he received these Russians. Then I told Rascher that I would not help, and I actually got Rascher to send me away to the tubercular ward.”⁵ This testimony right here helps to prove the fact that no one was being forced to do anything they didn't want to do, and that there was no consequence saying you were not comfortable with something.

We have not only primary source evidence from the time period from men like Walter Neff in regards to the lack of coercion, but much of the modern scholarship on the the time period supports this idea as well. In fact, doctor and scholar Alessandra Colaianni argues that,

Many studies have concluded that, ‘after almost 50 years of postwar proceedings, proof has not been provided in a single case that someone who refused to participate in killing operations was shot, incarcerated, or penalized in any way.’ Furthermore, a few doctors did refuse to participate—and far from being killed for their actions, they were tolerated and even, in some cases, respected for their decisions. Physicians joined the Nazi party and the killing operations not at gunpoint, not by force, but of their own volition.⁶

⁵ Spitz and Wiesel, 75

⁶ Alessandra Colaianni, "A Long Shadow: Nazi Doctors, Moral Vulnerability and Contemporary Medical Culture." *Journal of Medical Ethics* 38, no. 7 (2012): 438.

Here we see that there was no physical threat to any doctor who did not want to participate in these medical atrocities. In fact, with men like Walter Neff, there were people who did not like the medical work that was going on in the concentration camps and they were quite vocal about it. This sort of shatters the illusion of the thinking that there would be consequences for doctors who did not want to participate in the Nazi medical regime. Knowing that doctors were truly making these decisions of their own accord helps to paint a picture of Nazi doctors throughout this time period, and since there was likely no coercion of Nazi Doctors, it is important then to understand the medical policy in Germany in the time period surrounding World War II.

History of Medical Policy in Nazi Germany

What is most important to remember about both the Nazi regime and the doctors and physicians who were a part of it was that they did not immediately set out, at least publicly, to persecute Jewish people. In fact, one could argue that Hitler and his regime started out with a perverted sort of good intentions, which was due in part to the social and racial hygiene theories of the time period. One of the most significant influences on medical policy at the time was Charles Darwin and his theories on natural selection. Many scholars argue that, “the extension of Darwin’s theories to human society lent an air of scientific legitimization to the various utopias involving selective breeding.”⁷ Therefore, before there were specific laws pertaining to Jewish people, there was the idea of cleansing many different aspects of the German race. There was significant policy in the late 1920’s and early 1930’s pertaining to a perpetuation of selective breeding. We saw this with the creation of marriage loans in order to encourage desirable couples to have more children along with various other procreation schemes, the most outlandish

⁷ Michael Burleigh, *The Racial State: Germany, 1933-1945* (Cambridge: Cambridge University Press, 1991), 29.

of which came from German political activist Willibald Hentschel. According to Burleigh, Hentschel “recommended the creation of stud villages, in which men selected according to racial criteria should be encouraged to produce as many highly valuable little Germans as possible, through the good offices of up to ten women.”⁸ Ideas like Hentschel’s help to highlight the fact that forced sterilization of undesirable peoples, especially Jewish people, was not the first or only step in the implementation of eugenic policies in the political and social sphere of a pre World War II Nazi Germany.

Knowing that doctors did not first set out to persecute Jewish people, it is important to understand the history of medical policy in Nazi Germany, and how it evolved over time. Some of the first policies in relation to Hitler's vision surrounded the idea of sterilization and selective breeding. In fact, “Hitler had declared the sacred racial mission of the German people to be assembling and preserving the most valuable stock of basic racial elements [and] ... slowly and surely raising them to a dominant position.”⁹ This idea helps to explain just how important the idea of sterilization was to Hitler and in turn many medical professionals in Germany. In fact, soon after this statement was published as a part of *Mein Kampf*, German doctors and other officials had sterilized almost two hundred and twenty-five thousand people.¹⁰ These sterilizations came in part from the Hereditary Health Courts that Hitler set up. Renowned World War II historian Robert J. Lifton argues that, these courts “were set up to make decisions on sterilization, their composition reflecting the desired combination of medicalization and Nazi Party influence... All physicians were legally required to report to health officers anyone they

⁸ Burleigh, 35

⁹ Robert Jay, Lifton. *The Nazi Doctors: Medical Killing and the Psychology of Genocide: With a New Preface by the Author*. (2000 Ed: ed. New York: Basic Books, 2000), 24.

¹⁰ Lifton, 24

encountered in their practice or elsewhere who fell into any of the preceding categories for sterilization.”¹¹ These courts were just the start of a concerted effort to enact racial policy onto the German people, with other measures such as the establishment of a national card index of people who were considered to be hereditarily tainted starting to chart the shift towards a more aggressive form of policy. Lifton points out that there was not a strong opposition to sterilization in the medical community. According to many doctors interviewed during this time period, “They believed the laws to be consistent with prevailing medical and genetic knowledge concerning the prevention of hereditary defects... the doctors all stressed their absolute distinction between those sterilization policies and later euthanasia.”¹² The mindset of these doctors helps to highlight the slow change of both policy and thoughts by doctors during this time period.

The original targets of the Nazi party’s sterilization practices were not primarily Jewish people, but rather those considered to have both physical and mental disabilities. Looking at German laws from the time period, we saw policies in line with less of a racial motivation and rather what some consider truly genetic mutations. With the 1933 Law for the Prevention of Progeny with Hereditary Diseases, we finally saw a list of specific people who were considered detrimental to the gene pool and should be sterilized. Included in this list were people who suffered from the following illnesses: “congenital feeble-mindedness, schizophrenia, manic depression, hereditary epilepsy, Huntington’s cholera, hereditary blindness, hereditary deafness, serious physical deformities, and even alcoholism.”¹³ Here we see the start of policies related to

¹¹ Lifton, 24

¹² Lifton, 29

¹³ Burleigh, 137

the purification of the German race. This policy is taking concrete steps based on the scholarship from scientists like Charles Darwin and William Hentschel on eugenics and other racial issues. This law took issues that were purely ideological and put them into medical practice and gave doctors a license to in some senses decide who was worthy of life and who was not. Emphasizing the growing role of doctors at this time, Lifton points out that, “An influential manual by Rudolf Ramm of the medical faculty of the University of Berlin proposed that each doctor was to be no longer merely a caretaker of the sick but was to become a ‘cultivator of the genes,’ a ‘physician to the *Volk*¹⁴,’ and a ‘biological soldier’.”¹⁵ In this stage of medical policy, which was characterized by the use of sterilization, it is interesting to see the civic duty that doctors like Rudolf Ramm thought they were partaking in. Here we see a clear shift from caring for the individual to caring for the collective. This collective being the body politic rather than the German population as a whole. It makes sense then that we start to see a shift from a policy of sterilization to one of “euthanasia”, first of children and then eventually of adults as well.

With the advent of the “euthanasia”¹⁶ program in the late 1930s we start to see just how quickly one small medical policy shift could snowball into some of the horrific medical atrocities that both doctors and physicians took part in during the Holocaust. Germany’s euthanasia program started in 1939 with similar motives to the sterilization programs started back in 1933. The program began on August 18, 1939, when “the Reich Ministry of the Interior circulated a decree requiring all physicians, nurses, and midwives to report newborn infants and children

¹⁴ Hitler described the Volk as the greatest people from the German population.

¹⁵ Lifton, 30

¹⁶ Many scholars choose to put quotation marks around the word “euthanasia” in the context of the Holocaust because of the change in the context of the word over time. It is because of this outdated connotation that I am choosing to put the word in quotation marks as well.

under the age of three who showed signs of severe mental or physical disability.”¹⁷ But this was not enough; soon parents with older children who had disabilities were encouraged to bring their children for treatment, where often times they would end up dying, mostly by the hands of their doctors and nurses. Unfortunately, “Conservative estimates suggest that at least 5,000 physically and mentally disabled German children perished as a result of the child ‘euthanasia’ program during the war years.”¹⁸ The doctors who took part in the horrific killings of many children through Hitler's euthanasia programs were in the end following medical policy that would help them rid the German race of those who were genetically inferior. When it came to the killing of children and eventually adults, Hitler’s official public policy stated that, “the heads of the ‘euthanasia’ program are charged with the responsibility for expanding the authority of physicians, to be designated by name, to the end that patients considered incurable according to the best available human judgement of their state of health, can be granted a mercy death.”¹⁹ Hitler was giving an authority and power to physicians to commit medical crimes without fear of consequence. Under the guise of helping those who were suffering from incurable illnesses or genetic defects, doctors it seems for the most part did not think that they were committing any wrongdoings.

Of all of Hitler’s early medical policies, Hitler’s “euthanasia program” was definitely the closest program to what we would see doctors take part in during the later parts of World War II. Later in this paper, we will go into more detail about what exactly happened in these

¹⁷ Lifton, 52

¹⁸ United States Holocaust Memorial Museum. "Euthanasia Program." United States Holocaust Memorial Museum. Accessed March 24, 2018.

<https://www.ushmm.org/wlc/en/article.php?ModuleId=10005200>.

¹⁹ Lifton, 63

“euthanasia” programs, but it is important to note that even with the “euthanasia” program, there was a gradual shift in who doctors were killing and why they were killing. There were essentially two phases in the “euthanasia” program before it became the full-on operation that we recognize from concentration camps like Auschwitz. The first place to resemble the concentration camps were the T4 killing centers for disabled adults. “In these centers, physicians did not even operate... with the deceptive trappings of medicine. These centers, invented in the winter of 1939-1940 for the murder of disabled adults, were simply places designed to murder human beings on the assembly line, involving gas chambers, crematoria, and what the Germans called *Leichenfledderei* (looting the corpses).”²⁰ It was at this point, according to scholar Henry Friedlander, that doctors were shifting from operating under the guise of medicine and medical ethics to outright killing on their own volition, with the caveat being each doctor had some personal justifications for their murders. No longer were doctors killing just those with genetic defects; with the T4 killing centers and special operations set out by the SS such as operation 14f13, medical professionals were shifting towards the examination and medical experimentation of Jewish people.

Explanation and Examples of Medical Atrocities

When looking at the different medical atrocities doctors were performing, one automatically tends to think of the crematoriums in concentration camps such as Auschwitz and Birkenau, the horrific twin experiments, or possibly even the various vaccines that were tested on many Jewish people. But long before those atrocities began, there was something else going on.

²⁰ Francis R, Nicosia and Jonathan Huener. *Medicine and Medical Ethics in Nazi Germany : Origins, Practices, Legacies* (New York: Berghahn Books, 2002), 62.

This something else was the mass sterilization of Jewish people without their knowledge. A lot of the information that we have on these sterilization experiments in the concentration camps comes from testimony given by doctor Viktor Brack during the Nuremberg Trials. Brack gives an insight as to why so many people were sterilized, and the ways in which mass sterilization was carried out. When speaking about the possibilities of mass sterilization on March 28, 1941, “Brack reported to Himmler that Experimental results showed that mass X-ray sterilization could be carried out without difficulty. He estimated that with twenty X-ray installations, three to four thousand victims could be sterilized daily.”²¹ The Himmler that Brack was writing to was Heinrich Himmler, one of the leading members of the Nazi party during the Holocaust, and this statement suggests that there was a clear connection between doctors and the Nazi party.

This connection also suggests that doctors and the party had similar goals, as further conversations between Brack and Himmler suggest. On, June 23, 1942, “defendant Brack suggested to Himmler that Jews able to work could be sterilized. Jews unable to work were exterminated.”²² Not only does this conversation between Himmler and Brack suggest similar goals, but it also suggests the ways in which Jewish people were viewed by many doctors in the concentration camps, and how that view would influence the medical treatment many of these people received. This quotation seems to highlight a mindset by the doctors and other people working in the concentration camps that Jews were not viewed as people, but rather objects to help further the pure German race. Jewish people at this point were either laborers, medical test subjects, or just dead.²³ The logic at this point was that their labor could be used, as long as they

²¹ Spitz and Wiesel, 194

²² Spitz and Wiesel, 194

²³ Lifton

were sterilized first and could not reproduce. Therefore, Jews could help contribute to the success of Germany with their physical strength and intellect rather than their genetics.

The most interesting piece of evidence when it comes to Brack's testimony is a letter that he wrote to Himmler on the 28th of March in 1941. In this letter, Brack first highlights the ways in which permanent sterilization can be achieved. Brack writes, "If any persons are to be sterilized permanently, this result can only be attained by applying X-rays in a dosage high enough to produce castration with all its consequences, since high X-ray doses destroy the internal secretion of the ovary, or of the testicles, respectively."²⁴ This highlights a clear intent on Brack's part to inflict the most damage possible when performing these sterilization procedures. In fact, when speaking about ways to give the dosages, Brack states that, "One practical way of proceeding would be, for instance, to let the persons being treated approach a counter, where they could be asked to answer some questions or to fill out forms, which would take them two or three minutes. The official sitting behind the counter could operate the installation in such a way as to turn a switch which would activate the two valves simulations."²⁵ The statement about dosage shows not only a clear intent to inflict physical damage onto patients, but also to try to do so without their knowledge. To end his letter, Brack writes, "In summary, mass sterilization by means of X-rays can be carried out without difficulty. However, it seems to be impossible to do this in such a way that the persons concerned do not sooner or later realize with certainty that they have been sterilized or castrated by X-rays."²⁶ Here we see that there is a clear and concerted effort by both doctors and the Nazi regime to complete a program of mass sterilization

²⁴ Spitz and Wiesel, 195

²⁵ Spitz and Wiesel, 195-95

²⁶ Spitz and Wiesel, 196

with as little knowledge by the general citizenry of Germany as possible. Since the ‘patient’ is tested secretly, this says something about the consciousness of some of the doctors. With Brack’s testimony in particular, we start to get a picture of the role that doctors were playing in the committing of medical atrocities throughout the course of the Holocaust.

It is important to note when thinking about Brack’s testimony in the grand scheme of the Holocaust and the role in which doctors played, is the relation of actions to intentions. The goals of Brack’s medical experiments do not line up medically or ethically with the ways in which he performed them. The contents of the letter on its surface portray Brack in a way in which he seems like a supporter of Nazi policies and ideologies. On the other hand, in looking further into Brack’s testimony, we see that he does try to argue that he was only pretending to agree with Himmler and using sterilization as the lesser of other evil medical practices. In an excerpt of his direct examination of Brack by his legal counsel, he argues that, “I felt that I was under the obligation to do anything I could to prevent this. If I had raised the least objection to it openly, I would have aroused great suspicion of myself and would have found a false reaction in Himmler. Therefore, I had to make the best of a bad job and had to pretend that I agreed with Himmler.”²⁷ This statement is quite interesting, seeing as how only parts of his letters support this statement. As stated earlier in this paper, in the start of his letters, Brack openly talks about the successes of his tactics for using this X-ray technology without people’s consent, which is not consistent with the overall narrative he is trying to present. Essentially, Brack is trying to present an argument in which Himmler was the true orchestrator of the mass sterilization movement, and that he was just a pawn, who resisted in invisible ways, in a game. Brack testified that, “Himmler told him

²⁷ Spitz and Wiesel, 197-98

that because the Jews in Poland were strengthening their own position, ‘something had to be undertaken to stop this’... It was his intention to sterilize the Jews according to a procedure which would promote mass sterilization.”²⁸ With this part of Brack’s testimony, we see just how hard it is sometimes to identify one’s true intentions about their medical practices, something that will continue to be a question when looking at some of the more deadly experiments performed throughout the concentration camps during the Holocaust.

Some of the most haunting evidence we have against Nazi doctors in the concentration camps is from former concentration camp prisoners themselves. Through the testimony of men like Walter Neff, we see that many experiments in the concentration camps went from testing on actual criminals and other prisoners who had been condemned to death, to any camp members that doctors could get their hands on. When talking about the high altitude experiments that were performed by Dr. Sigmund Rascher and Dr. Hans Wolfgang Romberg, Neff states that when these doctors started to run out of Russians who were condemned to death to experiment on, they started taking Jews from other parts of the Auschwitz. “Neff watched to see who would be taken for the experiments. I saw the first one getting into the car... I knew that man worked in the hospital as a tailor... I told Romberg that this was not a person who had been condemned to death, that this was a clear case of murder.”²⁹ In this situation, there is a clear sense that doctors like Rascher were starting to take innocent and unwilling prisoners from the concentration camps to complete their experiments. The most troubling part about this situation is that people like Walter Neff were reporting activity like this to superiors in the camps, but nothing was done,

²⁸ Spitz and Wiesel, 197

²⁹ Spitz and Wiesel, 73

even though many of these experiments ended up in death. When testifying about how in the end these patients were procured Neff, states,

The experimental subjects who had to be subjected to severe experiments, experiments that would end in death, were requested by Rascher from the camp administration and then furnished by the SS; however, this procedure differed with the so-called experiments and a number of other experiments. For those experiments the people were brought into the experimental station straight from the camp, that is, from the blocks.³⁰

This highlights how, many of these experiments ended up in death and that both the SS and doctors like Rascher knew this and continued to perform this anyway.

There are many arguments by Rascher and other doctors as to how they were able to get people to participate in these experiments that were supposedly legal. As we saw in the earlier parts of Neff's testimony, originally the people used in the various experiments in the concentration camps were Russian prisoners who were condemned to death, but eventually that supply of people ran out. This is when doctors had to start getting creative in getting people for their medical experiments. Rascher and other doctors argued that they were able to solicit Jewish volunteers for the experiments they wanted to do. In regards to willing participants, Neff states that, "There are certain volunteers for these experiments. That was because Rascher promised certain persons that they would be released from the camp if they underwent these experiments. He sometimes promised them that they would be detailed to more favorable work."³¹ The problem is this was not a high number of people for the horrific work that some of these doctors were doing, Neff estimates approximately only ten people volunteered to be experimented on, while the others were picked and forced to be a part of these experiments mostly against their

³⁰ Spitz and Wiesel, 75

³¹ Spitz and Wiesel, 75

will.³² This is quite contradictory to the idea that Rascher and other doctors wanted to portray of the medical experiments they were performing.

At this time, not only were inmates being used for experiments without their consent, but also many of these experiments were horrific medical practices that we would never use in modern day medicine. An example of some of the supposedly less invasive experiments that were performed on inmates in the concentration camps were the Spotted Fever and Virus Experiments that were performed in the Spotted Fever Experimental Station at the Buchenwald Concentration camp. These experiments were rationalized as being a way to determine the effectiveness of different Spotted Fever vaccines, a disease which was having a major outbreak in Europe during this time period. During the Nuremberg trials, Buchenwald Nazi physician Waldemar Hoven described how he and other doctors ran these experiments. “One group of victims were first vaccinated with the spotted fever vaccine and then infected with the spotted fever virus. In order to contrast the effectiveness of the vaccine, another group of inmates were merely infected with the spotted fever virus without any previous vaccination.”³³ Not only did Hoven willingly inject people with a deadly disease and give them no sort of vaccine, he also admitted to doing so in a court of law with the knowledge that many people died from his experiments. Hoven testified that, “Between the Autumn of 1942 and the Summer of 1943 about 500 inmates of the Buchenwald Concentration Camp were used in these experiments. During my time about 10% of the total number of the inmates used died as a result. I heard that a larger number of the victims died after my time, that is about 20%.”³⁴ While the Spotted Fever

³² Spitz and Wiesel.

³³ *Medical Experiments on Jewish Inmates of Concentration Camps* (New York: Garland Pub, 1982), 96.

³⁴ *Medical Experiments on Jewish Inmates of Concentration Camps*. 96

Experiments were not by any means the most horrific experiments performed in the concentration camps, they provide a great example of the pain and even death that doctors could inflict on such a large scale in such a short amount of time.

Respect from the International Community

When thinking about the crimes that Nazi doctors committed today, it is important to remember that up until the time after the Nuremberg Trials, many scholars and doctors around the world also believed many of the Eugenic theories Nazis based their medical practices. Eugenics as a movement was not only popular in Germany, but was also quite popular in the United States. Eugenics was more than just a fringe part of research in the small part of the scientific community. In fact scholar Garland E. Allen argues that, “Beyond research, eugenicists were also interested in social action, including education and popularization, and in working to pass laws that would promote eugenic goals.”³⁵ During the early 1900s, eugenics was really starting to become a mainstream part of society, and the theory was starting to get worldwide academic attention. In the United States, “Eugenics became incorporated into most major high school textbooks from the 1920s well into the 1950s. The picture that emerged for even the most casual reader was that eugenics represented the cutting edge of modern science, the application of rational scientific principles to achieve the solution to what had been seen as intractable social problems.”³⁶ While in present day we have an image of Eugenics as this horrible backwards science, during the time before World War II, Eugenics was seen as the future of both science and medicine. In Germany, “As a movement, eugenics had existed officially in Germany since 1905... but it was only with the Nazis’ rise to power that eugenics became so central to state

³⁵ Nicosia and Huener, 22

³⁶ Nicosia and Huener, 22

policy.”³⁷ Here again we see that, Nazis are not necessarily the first or most important proponents of Eugenics ideals or practices, but rather the first group to make Eugenics such a central part of state policy.

Of course as we see today, Eugenics is not the cutting edge of science but rather is now seen as an outdated medical ideal that no accredited doctor or scholar would use. This shift really started to come with the end of World War II, the defeat of the Nazi regime, and the Nuremberg Trials. Court reporter Vivian Spitz who was present at the trials argues that, “All of these trials were concerned with three major points: basic human rights and the dignity of life, the difference between good and evil, and indifference to evil.”³⁸ As we see here, gone is the pretense that what doctors were doing in the concentration camps was acceptable. While there may have been some respect from the international community before the start of the war, the ways the Nazi party executed the ideologies of Eugenics crossed a line that they could never come back from. Spitz argues that, “as they [Nazis] were determined to build a super Aryan race of pure blood, they did not view as criminal their annihilation of ‘inferior, polluting’ races and ‘Subcultures’ such as Jews, Gypsies, and Slavs.”³⁹ Whatever respect the theory of eugenics or the doctors that practiced it may have had was clearly gone with these trials. This was truly the end of the era of the Nazi doctors and the medical atrocities they were trying to commit.

With a majority of the testimony we saw from SS doctors during the Nuremberg Trials, there was a clear pattern of doctors not believing that they were committing any war crimes at all. If these Nazi doctors in the concentration camps and all throughout Germany did not think

³⁷ Nicosia and Huener, 32

³⁸ Spitz and Wiesel, 22

³⁹ Spitz and Wiesel, 24

that they were committing any war crimes, then it is less likely that they were being forced or coerced to commit any of the medical atrocities that they did. Looking again at the testimony of SS doctor Herman Pook, we see a clear denial of any wrongdoing. In his testimony Pook states, “I never received any order which, being carried out, involved crimes in preparation of a war, war crimes, or crimes against humanity. Neither did I ever obtain any knowledge whatsoever about such orders.”⁴⁰ Pook, like many other doctors throughout the course of World War II, did not believe that they had partaken in any sort of wrongdoings, and that the atmosphere of the time period proves that.

Pook highlights the idea that for the most part, the research that Nazi doctors were partaking in was acceptable not just in Germany, but abroad as well. He testified that, “the medical work carried out by physicians within the General SS was not considered to be criminal even abroad. A number of leading German physicians who besides their civilian profession worked simultaneously in the General SS and hold an SS service rank, were invited to give lectures or participate in scientific arrangements by foreign professional associations.”⁴¹ Pook then continues on to list all of the different organizations that Nazi doctors were still a part of until the outbreak of the war in all countries, and even ones they were still allowed to participate in during the war in neutral countries. This doctor's testimony highlights how normalized the medical atrocities doctors like Pook were committing became, and how in turn there was no forcing or coercion of doctors to perform these various medical experiments.

The Psychology of Nazi Doctors

⁴⁰Heinrich Teitge, *Affidavit concerning the position and work of doctors in the SS Copy* (Extracts) of the SS Affidavit No. 47 (IMT)[.] Affidavit. 28 June 1946

⁴¹ Heinrich Teitge.

People in the medical field today provide an interesting perspective on the ‘why question’ surrounding the actions of Nazi doctors during the Holocaust. While we have looked at sources ranging from top scholars in the field of World War II history, and various scholars in the fields of both history and medicine, we have yet to get a perspective from present-day participants in the field of medicine. This is where an article from the *Journal of Medical Ethics* written by John Hopkins student Alessandra Colaianni is able to fill those gaps. Colaianni is able to provide a valuable insight into why Nazi doctors committed the medical atrocities they did, since she is a part of the medical field herself. Colaianni argues much like Grodin and Annas, that many Nazi doctors felt like they had a license to sin and that, “this ‘license to sin’ was crucial to medicine within the Nazi regime. By having a doctor make every decision that sent an innocent person to death, murder became a medical procedure. Actions that were unacceptable for a state to undertake became acceptable if a physician did them.”⁴² This statement is supported by many of the other medical policies of the time period, such as the T4 euthanasia program. During the Nazi regime, death was a part of medicine, rather than a heinous crime, something that other scholars do not always take into account. In fact, as a present-day practicing doctor, Colaianni argues that, “Nazi doctors were ordinary people operating under extraordinary conditions—and that we may have the same capacity for wrongdoing. We cannot say with certainty that, under the same circumstances, we would not have committed the same crimes.”⁴³ Many of the political policies of the time period made the types of medicine that Nazi doctors were practicing a normal thing, and I think is a reason why doctors were seemingly so complicit in the Nazi regimes medical practices. There was less an aspect of coercion, but rather a normality of medical atrocities.

⁴² Colaianni, 438

⁴³ Colaianni, 438

When thinking about the normalization of medical atrocities, there are many different reasons that scholars tend to argue about why this was so prominent among doctors of the time period. One article about this topic is titled *Physicians and Torture: Lessons from the Nazi Doctors* which was written by Michael Grodin and George Annas, both renowned scholars in the field of medical ethics. This article does an excellent job of highlighting some of the different arguments that scholars make. Grodin and Annas pose the question, “how is it possible? What are the personal, professional and political contexts that allow physicians to use their skills to torture and kill rather than heal? What are the psychological characteristics and the social, cultural and political factors that predispose physicians to participate in human rights abuses?”⁴⁴ The questions that these two are asking are very similar to the questions I want to get at with this paper, and a lot of the answers that they provide seem to be pretty well supported based on the primary source material that we have looked at so far. The scholars cite many different theories throughout the course of their work, with the most promising argument surrounding the idea of medicalization.⁴⁵ While medicalization is only one of many theories, it makes sense especially in the context of the beginning of many Nazi medical policies which stemmed from Eugenics.

With the theory of medicalization, doctors are essentially absolving themselves of any guilt or responsibility by claiming that what they were doing was for some greater medical good. Scholars Grodin and Annas argue that doctors were, “telling themselves that the doctor’s task is to alleviate suffering, they would use medical and technical skills to diminish the pain of the victims while setting up mass murder. They became absorbed in the technical aspects of medical

⁴⁴ Michael Grodin and George Annas, “Physicians and Torture: Lessons from the Nazi Doctors.” *International Review of the Red Cross* 89, no. 867 (2007): 635

⁴⁵ Grodin and Annas, 635

work, examining inmates as a criterion for sending them to the gas chambers.”⁴⁶ The argument here is that with many of the medical atrocities that doctors were participating in throughout the Holocaust, there was always seemingly a medical validity to their actions. The things they were doing could not possibly be bad, because in many doctors eyes, they were just doing their jobs, defined as lessening suffering. All of this gets at the main idea behind the theory of medicalization, and helps to make the most sense of why doctors were doing what they were doing.

Aside from medicalization, another strong psychological theory concerning the medical atrocities that doctors committed is known as splitting. Splitting is the process by which doctors are able to divide their psyche into two different parts, the part that is the Nazi doctor and the part that is the upstanding SS member and German citizen, thus separating the good and bad parts of their personality into two distinct sections. Essentially, splitting tries to provide an explanation as to how doctors are able to cope with the moral dilemmas that came with the medical crimes that they were committing. Grodin and Annas argue that, “Medical professionals have a special capacity to split: while an individual is part of the healing profession then everything he does must be healing. Through these justifications and within the larger social context of ‘political medicine,’ the Nazi doctors were able mentally to connect healing with their murderous actions.”⁴⁷ Not only were doctors justifying to themselves that the medicine they were practicing was good medicine, but in the scheme of German society, the medicine they were performing was politically correct. The idea of medical professionals having the capacity to split helps to highlight the larger issues with the medical profession and the power doctors had. The

⁴⁶ Grodin and Annas, 642

⁴⁷ Grodin and Annas, 642

medical policy of the time period supported a somewhat twisted and eugenics-based way of performing medicine, something that both Grodin and Annas, as well as scholar Robert J. Lifton get at in the psychological arguments that they make.

Lifton's final argument is essentially that Nazi doctors were "doubling themselves" in order to commit these medical atrocities. Lifton argues that the key to understanding Nazi doctors comes from, "the psychological principle I call 'doubling': the division of the self into two functioning wholes, so that a part-self acts as an entire self."⁴⁸ His theory of doubling comes in part from a deepening of the splitting argument that Grodin and Annas make. Lifton argues that, "Splitting or dissociation can thus denote something about Nazi doctors' suppression of feeling or psychic numbing, in relation to their participation in murder. But to chart their involvement in a continuous routine of killing, over a year or two or more, one needs an explanatory principle that draws upon the entire functioning self."⁴⁹ The idea of doubling is a way to explain psychologically how Nazi doctors made the choices that they did outside of political influence or other similar factors, which is more complex than just simply saying that the doctors' personalities were two halves of one person. Lifton states that, "An Auschwitz doctor could, through doubling, not only kill and contribute to killing but organize silently, on behalf of that evil project, an entire self-structure encompassing virtually all aspects of his behavior."⁵⁰ This way, doctors were able to be complicit in so many medical atrocities without feeling the guilt or shame that would naturally come with killing patients. This psychological answer gets at the why question that this paper tries to answer. Based on both psychological

⁴⁸ Lifton, 418

⁴⁹ Lifton, 419-20

⁵⁰ Lifton, 418

theories and testimony from doctors throughout the Nuremberg Trials, we start to see a picture painted of why these doctors and physicians were doing what they were doing.

Still, the biggest question that is raised when thinking about doctors and physicians in Nazi Germany is whether or not they were coerced into performing these countless medical atrocities either by Hitler himself or other high ranking officials in the party. As we have started to see with the testimony of various doctors throughout the Nuremberg trials, many doctors were not acting or testifying as if they had done anything wrong with the experiments they conducted or the ways they treated specific patients. It is important as noted previously that doctors were overrepresented., “reportedly more than 7% of all German physicians joined the Nazi party, a far higher percentage than the general population”⁵¹ Therefore, there was some aspect of normalcy that came from being a part of the Nazi party and in turn operating under its viewpoints and ideology. We see this especially with the recruitment of medical professionals by Hitler and the Nazi party during World War II. In the testimony of SS doctor Herman Pook, he gives an in-depth look into how he was recruited into the general SS. Pook argued that the SS was in dire need of all types of medical professionals in general, not just doctors or physicians, and that one’s party membership did not have influence in their recruiting but, “on the other hand, official approbation, unblemished reputation, freedom from debts, and perfect health were required.”⁵² The phrase perfect health is the operative word here, because as we have seen with the Nazi ideology surrounding eugenics, many non-German non-Nazi types would not have been considered to be in perfect health. These two aspects are where the party can get away with not

⁵¹ Alessandra Colaianni. A long shadow: Nazi doctors, moral vulnerability and contemporary medical culture, *Journal of Medical Ethics* 2012; 38: 435.

⁵² Heinrich Teitge.

outright recruiting Nazis as its doctors, but being able to recruit a pretty homogeneous and most likely Nazi group of doctors and physicians. It is this homogeneity of ideology between both party members and its doctors that could have led to a complete willingness to commit medical atrocities.

Conclusions: Doctors Were Not Coerced

While it is hard to speak definitively for every doctor throughout the course of the Holocaust, based on all of the research and testimony that I have found, the overwhelming majority of doctors were making medical decisions of their own accord. In the case of Nazi doctors, while there were different levels of complicity with the Nazi regime, many had some level of influence in the systematic mistreatment of Jewish people. Lifton argued that, “while it has been estimated that only about 350 doctors ‘committed medical crimes,’ that figure represents a vast wave of criminality, as Alexander Mitscherlich [prominent German psychologist] has written, and was perhaps only ‘the tip of the iceberg’ as he told me. Nor does that figure include the legions of German doctors who slandered and extruded their Jewish colleagues; or who perpetrated and acted upon vulgar and discriminatory racial concepts.”⁵³ Sometimes it is hard to look past all of the horrific medical atrocities that happened throughout the concentration camps during World War II and remember that even before that, many other smaller crimes were being committed against Jewish people. This reinforces the idea that there was not coercion of doctors by the Nazi party, because so many people agreed with the Nazi ideology regardless if they acted on it or not. Because so many people were in support of the Nazi party and ideology before the Holocaust, it is less likely that doctors were coerced into

⁵³ Lifton, 43

believing on acting on the Nazi ideology. In fact, “by 1945, half of all German physicians had joined the Nazi party, 6% before Adolf Hitler gained power Furthermore, 7% of all physicians were members of the Schutzstaffel (SS), compared with less than 1% of the general population.”

⁵⁴ It is important to remember that a large part of the German doctor population was a part of the Nazi party a long time before Hitler even rose to power, therefore it is less likely that doctors were being forced to subscribe to an ideology or commit medical atrocities that they were not comfortable with.

In the end, there is a clear sense here that in these cases there was not coercion of doctors and physicians going on and that they were participating in the new Nazi system of medicine willingly. Many of the scholars I have looked at, including Robert J. Lifton, argue that medically, there are a couple of possible answers to why Nazi doctors and physicians were complicit in this horrific medical system. Whatever the specific reasoning may be, there is a clear consensus among the scholars who study this time period that Nazi doctors were not coerced in any way shape or form to take part in medical practices that we today would consider to be medical atrocities. In the end, one of the only defenses that carries any weight, is that the ideologies behind Nazi doctors were considered the cutting edge of science at the time. While obviously this is not the case anymore, doctors did not think they were doing anything wrong during this time period. At the end of the day, Nazi doctors did willingly commit horrific medical atrocities and whether or not these medical practices were socially acceptable does not matter as much today. Millions of people were either killed or given medical treatment without their consent, and Nazi doctors were willing actors in all of these atrocities.

⁵⁴ Colaianni, 438

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