

Doctors, Pregnancy, Childbirth and Abortion during the Third Reich

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Abstract

This paper does not attempt to deal with the legitimate ethical or moral debate on abortion. Utilizing abortion as a subject I will show how science and medicine in general, and abortion in particular, were used as weapons of mass destruction by Nazi physicians in their zeal to comply with the political climate of the time. Nazi policy on abortion and childbirth was just one of the methods devised and designed to ensure the extermination of those whom the Nazis deemed had “lives not worth living.” Physicians implemented these policies, not with the fate of their patients in mind, but rather in the name of the “state.” When discussing pregnancy, abortion and childbirth during the Holocaust it is imperative to include an essay of how these issues affected the Jewish prisoner doctors in the ghettos and camps. Nazi policy dictated their actions too. From an extensive search of their testimonies, I conclude that for these doctors ethical discourse comprised a fundamental component of their functioning. I do not propose to judge them in any way and one should not, in my opinion, argue whether their behavior was or was not morally acceptable under such duress; nevertheless, unlike their Nazi counterparts, a key theme in their testimonies was to “keep their medical values.”

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The Holocaust was Nazi Germany's planned total destruction of the Jewish people and the actual murder of nearly six million of them. Nazism embodied the connection between antisemitism, racism and sexism. Women being biologically enabled to bear children were uniquely placed at risk as members of a group targeted as racially superior or inferior. Just as the Nazis tried to persuade German women that no duty was more important than bearing sons for the Third Reich, they also insisted, with a vengeance, that Jewish motherhood must be eradicated forever. In the words of the historian Myrna Goldberg: “For men and women who suffered during the long years of the Holocaust, the hell was the same, but the horrors were different.” Under the Nazi regime certain women, those considered racially and hereditarily pure, counted merely as mothers who should bear and rear as many children as possible. On the other side of the scale was the Nazis' determination to exclude other women, those considered of “inferior stock,” from bearing and raising children. Nazi sexism was irrevocably intertwined with Nazi racism, and all women were subjected to the Nazis' double-edged policy [1]. The Nazi physicians, in keeping with the paradigms of the regime, defiled women and used abortions as part of the Nazi state-inspired

genocidal program. Abortion may or may not be a morally defensible act, but it is a different act from that of doctors purposely killing fetuses and newborn babies in order to preserve Nazi racial purity. I will show how pregnancy, childbirth and abortion were used as weapons of mass destruction by physicians, who had been supposedly trained to heal, in their zeal to unquestionably comply with the political paradigm of the time.

The Nazi doctrine of racial hygiene was based on science, or rather what the Nazis considered to be scientific. “Social Darwinism” proved irresistible to a Germany reeling from the defeat of war and economic collapse. The Nazis claimed that Germany's decline was the result of a deterioration of the gene pool. Nazi policy on abortion and childbirth, or “reproduction,” was just one of the methods devised and designed to ensure the extermination of those whom the Nazis deemed were of “inferior genetic stock.” Criteria of what constituted inferiority were elaborated not only by political ideologists but also by the physicians [2]. Doctors were to become “genetic doctors who cared for the future of the race” [3]. This biomedical paradigm provided the theoretical basis for allowing those sworn to the Hippocratic principle of nonmaleficence to kill in the name of the state [4]. The programs of mass murder began when physicians decided that human life was of differential value; when race became a metaphor for disease [5]. It is beyond the scope of this paper to try and fathom why the German medical community did not reject the Nazi paradigm on scientifically based grounds. The facts prove that these doctors willingly and with no critical dialogue accepted this social and “scientific” theory and proceeded to found, develop, supervise, administer and implement the murderous programs “in the name of science.”

Throughout the Weimar period there had been agitation to legalize abortion. The liberalization of abortion was opposed by many physicians who warned about killing, moral decay and Germany's low birth rate [6]. The result of the debate was that, in 1926, abortion was reduced from the status of a felony to a misdemeanor. Many marriage counseling centers and sex reform organizations were formed as the Weimar government concerned itself with eugenics and sterilization, but the law, uneasiness about public opinion, and a desire for more knowledge about heredity held them back [7]. The infrastructure for the Nazi sterilization and abortion program had been laid by the Weimar democracy, and the same medical association that had been op-

posed to abortion was to change rapidly under the Nazi regime. From their first year of power the Nazi politicians utilized medicine and physicians in promoting "positive eugenics" to encourage desirable births. In response to Hitler's declaration that "the woman's battlefield was to be the home," the German medical profession adopted appropriate measures. In 1933 Professor Wagner, director of the women's clinic of Berlin's Charite Hospital and editor of a prestigious gynecology journal, declared "the nation's stock of the ovaries a national resource and property of the German state." He called for "mandatory care for these vital organs, vital not only for the individual but for the health and future of the entire Volk." The Nazis, with the support of the German medical community, encouraged healthy German women to produce as many desirable children as possible. Nazi efforts to increase the "healthy" German birthrate involved a combination of propaganda, financial incentives and special benefits. Medical journals published criticisms of unmarried or childless colleagues. In 1942, the Reich Health Fuhrer (leader) Leonardo Conti ordered that doctors use every means at their disposal to help childless couples bear children. Marriage loans were granted only after a public health physician had examined the prospective couple for genetic diseases. Research was encouraged to determine when in a woman's menstrual cycle it was optimal to conceive children. Anti-abortion policy for healthy Aryan women was paramount for the Nazis. Legislation was introduced that made sterilization and abortion "crimes against the body of the German people." Access to birth control for these German women in all forms was also severely curtailed. Bavaria's official medical journal declared abortion as a form of treason. Heinrich Himmler established the Reich's "Central Agency for the Struggle against Homosexuality and Abortion." Abortions were permitted only if the life of the German mother was in danger [8].

There were many exceptions to the rule. The Nazi plan targeted Jewish and other women of "inferior stock" specifically as women, for they were the only ones who would finally be able to ensure the continuity of life that was considered "unworthy of life." As Jews and as women they were placed in situations of "double jeopardy." The Nazis forbade abortion in order to preserve "healthy" German unborn, but allowed, even encouraged, the destruction of non-German or hereditarily ill German unborn. Abortions were sanctioned if they were in the interests of racial hygiene. In 1933, eugenic sterilization was legalized with the passing of the Law for the Prevention of Hereditarily Diseased Offspring (the sterilization law), and in 1934 Wagner, head of the Reich's doctors association, introduced a law permitting abortion of "defective" pregnancies on the grounds of racial hygiene [9]. The many Weimar marriage, sex and eugenic counseling centers, which were administered by physicians, were observed and evaluated by the Nazis in order to use their files to target certain people for sterilization. Hence, within a year of coming to power, the Nazis had established some 250 eugenic courts whose function was to decide who was worthy to procreate. These eugenic courts, whose judges were mainly physicians, took applications from fellow physicians urging sterilizations, thereby denying hundreds of thousands of individuals the right of personal decision

making [10]. Polish and other Eastern European women working as forced laborers in German factories were also compelled to obtain abortions [11]. In 1938, abortion was declared legal for Jewish women [12]. During the five and a half years preceding the outbreak of the Second World War, about 320,000 German persons with "lives unworthy of life" were sterilized under the terms of the sterilization law. The victims of this sterilization program were asylum inmates, ethnic majorities, servants, prostitutes, unmarried mothers, unskilled workers and others. This sterilization campaign was a direct prelude to mass murder: the prohibition against bearing "unworthy children" was expanded into the "euthanasia" programs, beginning with the murder of some 5000 children, and then into the infamous T4 "euthanasia" program in which some 350,000 German adults were killed under the disguise of euthanasia [13]. The physicians responsible for administering the "euthanasia" operation in German hospitals were also responsible for formulating criteria and implementing the first phases of the destruction of the Jews and handicapped in the concentration camps [14].

The German medical community legitimized these social racial doctrines into clinical problems, and went ahead in implementing these sterilizations, abortions and later killings, under the guise of solving the medical quandaries. Consent was not obtained from the women. The paramount ethical virtue of doctor-patient privacy was abused in every case. There are no documented accounts of scrutiny or refusal on the part of the medical profession to cooperate with these decrees. No critical ethical or moral debate in the German public or medical community ensued over this issue. This medical and social policy was considered absolute.

Abortion was used as a weapon of mass destruction in Eastern Europe. In 1942, together with his personal physician Dr. Karl Brandt and secretary Martin Borman, Hitler issued one of the most extreme policy statements of the Nazi regime [15]:

In view of the large families of the Slav native population, it could only suit us if girls and women there had as many abortions as possible. We are not interested in seeing the non-German population multiply... We must use every means to install in the population the idea that it is harmful to have several children, the expenses that they cause and the dangerous effect on woman's health... It will be necessary to open special institutions for abortions and doctors must be able to help out there in case there is any question of this being a breach of their professional ethics.

In contempt of these professional (and personal) ethics it has been estimated that tens of thousands of Polish and Russian women were compelled to abort not because of health reasons but because of Nazi dogma [16]. These Slavic doctors who performed the abortions did so without questioning or criticizing their orders, despite the obvious lack of a medical diagnosis that would normally be the reason for such a procedure.

In the discourse on pregnancy, abortion and childbirth during the Holocaust it is imperative to include a discussion of how these issues affected the Jewish prisoner doctors in the ghettos and camps. Once again the Nazi position on pregnancy, childbirth and abortion was exploited in their “Final Solution” to the Jewish problem, and once again the medical profession was inevitably involved.

In some of the ghettos during 1942–43, the Nazis issued a decree banning all births; in other words, rendering abortion compulsory. The punishment for giving birth and for delivering the infant was death for the whole family and for the Jewish doctor or midwife. Once more abortion was used as a weapon, but under these circumstances the weapon was placed in the hands of the Jewish prisoner doctors. According to Jewish law, abortion is permitted only if there is a direct threat to the life of the mother by carrying the fetus to term or through the act of childbirth. This is in many ways in accordance with what medical ethics preaches, and consequently these Jewish physicians were faced with both personal and professional dilemmas when making these choices, or in Lawrence Langer’s words: “choiceless choices”; choices between one abnormal response and another, both imposed by situations that were not of their own choosing, and with their own lives at stake. Many of these doctors’ testimonies deal with this formidable ethical and moral predicament. Dr. Aharon Peretz, a Jewish obstetrician from the Kovno ghetto, explains [17]:

Because I was officially the obstetrician of the hospital I had to see to it that these births were kept secret...I was forced to conclude that in the ghetto there was no way out except to abort these pregnant women. Before all this an abortion was permitted only when the woman’s health was in danger. Now, neither the TB nor any other serious diseases were the reasons for performing these abortions, rather the Gestapo and their annihilation policy!

Ironically, the Nazi abortion strategy was to spare the life of another Jewish gynecologist. Dr. Shlomo Nabriski was released from a Gestapo prison because the leader of the Jewish Council, himself a doctor, Dr. Elkanan Elkes, persuaded the SS that it was preferable for them to release Dr. Nabriski so that he would be able to perform “professional” abortions on the Jewish women and that they would recover sooner and be able to return earlier to the workforce [18]. The women and their doctors were both trapped within a terrible medical paradox.

In the concentration camps most Jewish women, if not having first succumbed to the ravages of brutal treatment, starvation and disease, were ultimately to find their deaths in the gas chambers and crematoriums. Yet many survived and have testified that their survival was due to the care given them by the doctors and nurses who were imprisoned with them. These doctors had to work within a medical structure that was based on a “healing-killing paradox” and mostly struggled to work together in ways

that could sustain life [19]. They were faced with predicaments where critical decisions between life and death were to place them in situations previously foreign to them. Their prior medical practice had been based upon accepted ethical principles, but which, of necessity, had to be altered to meet the perverse conditions within the concentration camps. As Dr. Adelaide Hautval put it: “Nobody could live during the nightmare years who in some instances was not forced to break with the rules of traditional behavior. To be or not to be, that was the question. All of us, including myself, were sometimes in situations in which we had to make abnormal decisions” [20].

Jewish women in general, and pregnant Jewish women in particular, posed a serious threat to the Nazis due to the fact that they were capable of bearing new generations of Jews. In the camps pregnant women were usually sent to their immediate deaths upon arrival just because they were pregnant, but some incarcerated women did manage to hide their pregnancies and there were deliveries in the concentration camps. To quote Dr. Olga Lengyel [21]:

The most poignant problem that faced the Jewish doctors in Auschwitz was that of the deliveries... One day we decided that we had been weak long enough. We must at least save the mothers. To carry out our plan, we would have to make the infants pass for stillborn. Even so, many precautions must be taken, for if the Germans were ever to suspect it, we too, would be sent to the gas chambers – and probably the torture chambers first...Unfortunately the fate of the baby always had to be the same. After taking every precaution, we pinched and closed the little tike’s nostrils and when it opened its mouth to breathe, we gave it a dose of a lethal product. An injection might have been quicker, but that would have left a trace and we dared not let the Germans suspect the truth.

Dr. Gisella Perl, another Jewish doctor who performed clandestine abortions in Auschwitz after seeing Jewish pregnant women being thrown into the crematoria while still alive, writes [22]:

No one will ever know what it meant to me to destroy these babies. After years and years of medical practice, childbirth was still to me the most beautiful, the greatest miracle of nature. I loved those newborn babies not as a doctor but as a mother and it was again and again and again my own child whom I killed to save the life of a woman. ...And if I had not done it, both mother and child would have been cruelly murdered...

As a mother herself, she felt extreme anguish at the death of each infant and at her own inability to perform her traditional role as a caregiver. In many cases newborn infants were put to death by the prisoner doctors and midwives. Dr. Lucie

Adelsberger states: "Medical ethics prescribe that if, during labor, the mother and the child are in danger, priority must be given to saving the life of the mother. We prisoner physicians quietly acted in accordance with this regulation. The child had to die so that the life of the mother might be saved" [23].

Many of these women never recovered from the shock of the death of their newborn infants, and there are testimonies in which they have never forgiven themselves or the Jewish doctors who terminated the lives of their newborn babies. There are other survivors who state that they owe their lives, and their subsequent children's lives, to these Jewish doctors. Jewish women were placed in situations of double jeopardy; Jewish women doctors were confronted with a "triple jeopardy." As women and as doctors, and as Jews, they were confronted with dilemmas, both personal and professional, that had to be solved under the most horrific circumstances. Many suffered greatly in the years succeeding the war because of these impossible situations. Some of these Jewish doctors tried to commit suicide subsequently, unable to bear the moral burden of their decisions taken during those times. For many of them it took many decades until they were able to confront their memories and put them down in words.

The confrontation with abortion and childbirth in the camps was to lead some of the prisoner doctors to become involved with the barbaric Nazi experiments. Ruth Elias was one of the few women who gave birth in Auschwitz. Mengele forced her to bandage her breasts and forbid her to feed her baby as part of one of his medical "experiments" to test how long a newborn baby could survive without food. She talks with tremendous affection about Dr. Maca Steinberg, a Jewish prisoner doctor, who, after an agonizing few days, provided her with a morphine syringe to put an end to her child's suffering saying: "You must stay alive. Look at your child. She cannot live. I have sworn the Hippocratic Oath, and it is my duty to save human life – your life. I must not kill. You must do it to save your own life. Quickly – do it now" [24]. This adherence to the Hippocratic Oath, despite the surrounding hell, is a recurring theme that we read about in the Jewish doctors' testimonies. The moral experience of the prisoner doctors was a very personal one and each had his or her own narrative ethic. The discourse on abortions is an important example of how, ironically, doctors who had been trained to preserve life had to take life in order to help their patients survive. These physicians had sworn the same oath as the Nazi physicians, yet the perception of these professional moral and ethical values was crucially different. To cite Dr. Lengyel: "And so, the Germans succeeded in making murderers of even us. To this day the picture of those murdered babies haunts me..." [25]. Dr. Adina Blady Szwajger writes at the end of her memoirs [26]

For forty years after the war I have been a doctor. I believe, I really believe, that one is a doctor in order to save life, anywhere and at any time. For forty years I have never departed from this view. And somewhere underneath I thought that I had

no right to carry out my profession. After all, one does not start one's work as a doctor by leading people not to life but to death. And I have lived with this knowledge to this day. And it does not help me that I know that it was all in order to save people's lives, that it was all necessary. ..Maybe it was too heavy a burden for the rest of my life?

We cannot pass moral judgment on these prisoner doctors and we certainly cannot foresee our own behavior under such gruesome conditions. What does appear repeatedly from their testimonies is that they were well aware of the ethics of their medicine and, despite being prisoners under the most horrendous circumstances, tried everything in their power to save lives, even though this meant crossing the line between healing and killing. One can only imagine the despair and the guilt of the medical personnel who chose to perform those "killings." These choices were made under conditions of the most extreme duress, but they were choices that doctors, as doctors, made. Our duty is to hear their experience in their own terms.

I think it appropriate to quote Elie Wiesel, himself a Holocaust survivor who as such is qualified, in my opinion, to voice a judgment call [27]

Yet inside the concentration camps, among the prisoners, medicine remained a noble profession. More or less everywhere, doctors without instruments or medications tried desperately to relieve the suffering and misfortune of their fellow prisoners, sometimes at the price of their own health or their own lives. I knew several such doctors. For them, each human being represented not an abstract idea but a universe with its secrets, its treasures, its sources of anguish, and its poor possibilities for victory, however fleeting, over Death and its disciples. In an inhumane universe, they had remained humane. ..When I think about the Nazi doctors, the medical executioners, I lose hope. To find it again, I think about the others, the victim-doctors; I see again their burning gazes, their ashen faces... Why did some know how to bring honor to humankind, while others renounced humankind with hatred? It is a question of choice. A choice that even now belongs to us – to uniformed soldiers, but even more so to doctors. The killers could have decided not to kill.

Conclusions

To most of those physicians, perpetrators and victims alike, the icon of evil did not present itself as a whole. It happened an hour at a time, a patient at a time and a decision at a time. The decisions and actions were undertaken by ordinary individuals, by ordinary doctors. There is wisdom in Hannah Arendt's description of the Holocaust in terms of the "banality of evil" [28].

Who can confront the Holocaust and not be put on alert to evaluate scientific paradigms and the implications for public policy that flow from them, so that what we, as medical professionals and as human beings, want and identify as good, will be for the sake of respecting and saving human life? They too asked and answered the question: who shall live and who shall die? Then and now the subject at hand is killing, letting die, helping to die, and using the dead. Then and now the goal is to produce healthier human beings.

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Capsule

Parthenogenetically derived stem cells

Tissues derived from embryonic stem cells may prove therapeutically useful, but a likely problem will be the rejection of stem cells that carry surface antigens dissimilar from those of the recipient. In order to create embryonic stem cell lines that carry matched surface antigens, Kim et al. analyzed parthenogenetic derivation of embryonic stem cells in the mouse. Using oocytes from two separate phases of mitosis, they induced parthenogenetic development in

which the cells carry two copies of the maternal genome. Stem cells derived from these embryos would be a specific match for the donor of the oocyte. Such parthenogenetically derived stem cells could produce many, but not all, tissues, possibly because of the absence of the paternally imprinted genome.

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