



Aide Memoire – The Role of the German Medical Establishment in the Holocaust

A Retrospective on the 60th Anniversary of the Liberation of Auschwitz

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*Since then, at an uncertain hour,
That agony returns,
And till my ghastly tale is told
This heart within me burns*

Samuel Taylor Coleridge

The role of the German medical establishment in the unspeakable morass that the Nazi regime created is well documented. The aim of this essay is to remind us, in the retrospect of 60 years, of the active, willing, even enthusiastic part taken by German health professionals in unparalleled atrocities. To comprehend the almost universal acceptance by the German medical community – one of the most advanced and respected of the time – of the Nazi ideology and their serving it without question, is one of the most perplexing issues of the Holocaust. It is not the intention of this short communication to comprehensively recount the scope and brutality of the Nazi physicians but, with the recent anniversary of the liberation of the Auschwitz-Birkenau death camp on 27 January 1945, only to serve as a brief reminder.

Although clearly there were individual German doctors who adhered to the Hippocratic Oath, they remained silent bystanders at best. Hitler's willing medical executioners is not an empty phrase. In 1936, 45% of the registered physicians in the Third Reich were members of the Nazi party – the highest percentage of all other professional groups in Germany [1]. By 1937, physicians were represented in the SS seven times more than the average among the employed male population in Germany [2].

German physicians and the Nazi ideology

German physicians were attracted to the Nazi party by promises that the National Socialists will remove the Jewish predominance from the profession (60% of the physicians in Berlin were Jewish) and restore the prestige, honor, and dignity of the Aryan physicians. This promise of a bright future was compounded by the massive unemployment and severe economic depression of the time. Young physicians, having been educated in the 1920s and 1930s during a period of growing nationalism, were attracted to and voted for the Nazi party. They enthusiastically accepted the pseudo-science of

race hygiene and were instrumental in developing it further into applied racism. Their aim of generating pure Aryans took precedence over the most fundamental ethical issues of medicine. Growing antisemitism interfaced with the priorities of the Nazi party, and the elimination of Jewish physicians opened professionally lucrative opportunities for the Aryan physicians who were willing to swear loyalty to Hitler. In Nazi Germany it was impossible to differentiate between the medical and scientific establishment and Nazi ideology. The role that the medical profession played in the Third Reich was critical; consequently, German physicians were involved at all levels.

Race hygiene and euthanasia

Almost immediately after the Nazi accession to power, the National Socialists moved to implement their radical racist eugenics. The essence of the program was to rid German society of the burden of "useless lives" [3]. The first of the forced sterilization laws was passed in 1933. The principle architect was Professor Ernst Rudin, head of the Munich Psychiatric Research Institute and an internationally recognized authority in genetics [4]. This program established the political, legal and operative feasibility of 50,000 surgical sterilizations annually. The German Medical Association published a journal, *Das Erbarzt* (The Genetic Doctor), to guide physicians in their decision as to which patients should be sterilized [5]. Ultimately some 350,000 people were sterilized, more than 1% of the entire population. It is of some interest that the early scientific work of Rudin on the genetics of schizophrenia, which served as the scientific basis for his eugenic policies, continues to be cited in the medical literature even today [6].

In September 1939, on the recommendation of Dr. Gerhard Wagner, chief medical officer of the Nazi party, Hitler ordered the commission of a panel of physicians to grant "mercy death" to children with incurable medical problems. An expert committee comprising two pediatricians and a psychiatrist was appointed to establish the criteria for the selection. In the first phase, 5,000 children were killed by starvation, exposure, or administration of cyanide, chemical agents or other poisons. The program was soon extended to adults in mental hospitals. This so-called Action T4, named for the location of its headquarters in Berlin, resulted in

more than 70,000 deaths. The T4 program was planned by leading German doctors and was administered by about 50 volunteer physicians [3]. Dr. Karl Brant, Hitler's personal physician, headed the medical section of the organization. Decisions regarding who should be killed were made by psychiatric consultants, most of whom were professors in prestigious universities. In essence, the concept of euthanasia was transformed from voluntary assisted death to involuntary medically supervised killing. By 1940 such euthanasia had become part of the normal hospital routine. Physically handicapped infants and patients requiring long-term psychiatric care and judged incurable were regularly put to death. The technical arrangements and the training of the personnel who actually carried out the killings were conducted by a committee, which included a number of physicians. The victims included Gentiles and Jews, although the selection of Jews was more liberal.

The true significance of the T4 program had far-reaching implications. Its activity turned out to be nothing less than a "pilot project" for the murder of millions in the concentration camps [5]. The T4 units had developed the technology for killing on an industrial scale. This task required medical knowledge and cooperation. Almost without exception, those physicians who had worked for T4 went on to take charge of the implementation of the "final solution of the Jewish question"; for example, the first commandant of the Treblinka extermination camp was a physician – Dr. Irmfried Eberl [7].

The Final Solution

This was the state of affairs around the time of the beginning of World War II when the concept of the "final solution" was defined. German medical professionals had by then been indoctrinated for more than a decade by the Nazi party apparatus to fulfill their specific role to apply Nazi eugenics to cleanse the German nation from "inferior elements." The Jews, considered subhuman according to Nazi dogma, were depicted as a metaphor of incurable disease and, as such, for the Nazi doctors the final solution was fully justified. At the level of the individual physician these factors were compounded by careerism, envy and greed. *Deutsches Arzteblatt* (The Journal of The German Medical Association) published a regular column called "Solving the Jewish Question."

Nazi physicians presided over the murder of more than a million victims in Auschwitz. They performed selections at the arrival ramps and supervised the killing in the gas chambers. According to policy and practice, at least one doctor had to be present during the gassing to decide when to stop the process after all the victims were thought to be dead. Sent to the gas chambers by these physicians were inmates who were unable to work, those who were sick with infectious diseases, or simply because of overcrowding in the lager. They supervised and at times personally carried out killings in the medical blocks by means of intracardiac phenol injections [8]. Nazi physicians were actively consulted on how to keep selections running smoothly, how many people of a given transport should stay alive to fill the slave labor requirements, and how to incinerate most efficiently the enormous numbers of bodies in the crematories. In short, the medical profession served not only as an instrument of the Nazi mass murder but was intimately involved in

the planning, initiation, administration and operation of the killing programs [9,10].

Medical experiments

Medical experimentation was a small part of the extensive and systematic medicalized killings of the doomed Jews. From September 1939 to April 1945 at least 70 overtly criminal research projects were conducted in Nazi concentration camps. They were conducted on inmates, who were regarded as racially inferior subhumans. Some 200 Nazi physicians were stationed in the different lagers conducting criminal human experimentations in addition to participating in the selection process. Those engaged in such research maintained close professional ties with academic and scientific medical institutions. Universities and medical schools in Germany and Austria planned many of the research projects and advised the camp doctors in their work. Their departments received and benefited from blood, tissue samples, skeletons and even amputated heads of the victims.

Medical experiments in Nazi Germany were conducted in the concentration camps rather than research institutes or hospitals. In the first decade of Nazi rule, every medical experiment had to be approved by Heinrich Himmler, head of the SS, who had a personal interest in the various projects and was actively involved in the assessment of the results, allocated the resources required for their implementation, and on occasion suggested some improvements. Since 1944 the "research proposals" were to be submitted to Reichartz Dr. Grawitz, chief physician of the SS and Polizei, who then transmitted them to Himmler with the recommendation of chief of hospitals Dr. Karl Gebhart [9].

Medical experiments fell into two broad categories: the first were survival and rescue projects that tested human potential for survival under extreme conditions, involving high altitude, hypothermia, drinking seawater, severe battle injuries, gas attacks, immunization and experimental drug trials for the prevention and treatment of infections and epidemic diseases primarily in the armed forces. The second category of experiments was conducted to provide biological scientific evidence to substantiate the Nazi racist ideology and to develop methods for mass sterilization and industrial-scale killing of human beings considered racially inferior.

Dr. Sigmund Rascher and Dr. Ernst Holzloehner of the University of Kiel used Jewish prisoners in Dachau to investigate the effect of rapid decompression from high altitude and of hypothermia induced by immersion in water at freezing temperature for the benefit of the Luftwaffe [11]. Experiments with saltwater were designed to establish a reliable method of making seawater potable to improve the survival of air crews and naval personnel stranded at sea. SS Obersturmführer, Dr. Johan Paul Kremer, professor of anatomy at the University of Munster, tested the results of starvation on the human body in Auschwitz. His principal intent was to investigate the effect of total calorie deprivation on the liver. His starving victims were put to death by intracardiac phenol injection and dissected [12]. Dr. Karl Gebhart at Ravensbrück was interested in treating severe extremity injuries. The leg bones of young healthy women were resected, including the surrounding soft tissues, in order to try to transplant them – needless to say

unsuccessfully – to wounded soldiers at the SS hospital in Hochenlychen [13]. At Buchenwald, useless experiments were performed on large groups of inmates to assess the efficacy of acridine and rutenol in treating typhus. Professor Eugen Haagen from the University of Strasbourg deliberately infected inmates with *Rickettsia typhi*. The results of this and other typhus experiments were published in a German infectious disease journal in 1943 [14]. Other grand-scale experiments were conducted to study the prevention and treatment of infectious diseases, including malaria, hepatitis, yellow fever, smallpox, diphtheria and tuberculosis. They were conducted in Buchenwald, Sachsenhausen, Ganzweiler, Neuengamme and Dachau on hundreds of prisoners on the initiative of Dr. Karl Goehim, chief of the medical section of the Waffen SS, and Dr. Joachim Mrugowsky of the German National Institute of Hygiene [14].

The lion's share of medical experiments, related to mass murder and sterilization and to further the Nazi racist ideology, was conducted in the Auschwitz-Birkenau death camps. The victims were all Jewish and came from all over occupied Europe. They were usually selected directly from the arrival ramps, according to the needs of the Nazi physician experimenter. Block 10 was the main center of these perverse research activities. This block was frequently referred to as "the Clauberg block." Professor Carl Clauberg was an established gynecologic researcher and professor at the University of Kiel. The combination hormone preparation of progynon and proluton to treat infertility was developed by him. He joined the Nazi Party in 1933 and became a committed Nazi holding a reserve rank of Gruppenfuhrer (Lieutenant General) in the SS. The aim of his research was to develop a cheap and effective method for mass sterilization. Himmler's personal interest in his work advanced his reputation. The method he experimented with was based on injecting a caustic substance – supplied by Schering Pharmaceuticals – into the uterine cervix to obstruct the fallopian tubes. The procedure was done in three stages, and complete occlusion of the fallopian tubes due to adhesions was expected to occur in about 6 weeks. Clauberg, in a progress report to Himmler, claimed that a doctor with 10 assistants could sterilize 1,000 women in 1 day [1]. The main rival of Clauberg in the mass sterilization field was Dr. Horst Schuman, a reliable old Nazi physician and a leading figure in the euthanasia program. By late 1942 he was selected by Himmler to head the "Sterilization by X-ray" project. Men, women and children were exposed to high doses of pelvic radiation. Many developed severe radiation burns. Following the X-ray exposure, the victims frequently underwent surgical castration. The excised testicles and ovaries were shipped to a research institute in Breslau for histopathologic examination. Mass sterilization was considered the ideal solution: exploiting the labor potential of the subhumans and at the same time preventing procreation – which would result in the rapid and final extinction of the Jewish race.

Josef Mengele, MD PhD, arrived in Auschwitz in May 1943 on the recommendation of Prof. Othmar Freiherr Von Verschauer, director of the Kaiser Wilhelm Institute of Anthropology, Heredity and Eugenics. Mengele served as his assistant for several years. In 1938 he was accepted to the Nazi party and promptly joined the ranks of the SS. On his arrival at Auschwitz he soon seized the opportunities

offered in the extermination camp. On the instruction of Von Verschauer he began his anthropologic studies to supply scientific support for the notion of Nazi racial superiority. He began his experiments on twins. The murdered victims' organs were sent to Von Verschauer at the Kaiser Wilhelm Institute for further study. These projects were funded by the German Research Council [8,15]. His interest soon involved dwarfs and persons with congenital defects. After detailed anthropologic study they were killed and the specially prepared skeletons were mailed to the anthropologic institute. Besides this criminally subverted research activity, Mengele eagerly participated in the selection of the Jewish transports and selection of inmates for the gas chambers. His cruelty and brutality were legendary in the lager. His method of combating epidemics was simple: when infected prisoners were identified the entire block was sent to the gas chamber, frequently a thousand inmates or more. On the recommendation of Dr. Edward Wirths, chief medical officer in Auschwitz, Mengele was awarded the War Service Medal for his outstanding leadership.

Medical experimentation was not limited to Block 10 in Auschwitz. Criminal surgical activity was rampant in Birkenau as well. In Block 41, well-known German professors carried out vivisections by exposing the leg muscles and applying various test medications directly [16]. Medical students performed unnecessary surgical procedures to gain operative experience. In the total absence of ethical restraint, one could arrange whatever type of surgical experiment one sought. The patient supply was practically limitless. Block 28, one of many "science centers," served as an experimental research laboratory to study artificially induced liver and soft tissue infections in Jewish prisoners.

The aftermath

A conspiracy of silence dominated the German medical establishment in the immediate postwar period [17]. The entry of German physicians to the post-Nazi era was eased by denial and exculpatory explanations [18]. Many prominent German race hygienists were able to reestablish their domestic and even international positions. Rudin participated in international meetings soon after the war [19]. Von Verschauer destroyed his correspondence with Mengele and denied that Mengele had ever been his assistant or that he had ever received biological specimens from him. He became professor of human genetics at the University of Munster and shortly thereafter was elected president of the German Society of Anthropology. One of the wartime leaders among the Nazi physicians, Dr. Hans Haedenkamp, became the first postwar head of the Federal Chamber of Physicians in West Germany, the same office that was established by Dr. Gerhard Wagner under Nazi rule. Two former members of the SS and SA, Drs. Ernst Fromm and Hans Joachim Sewering, succeeded Haedenkamp and both went on to assume high office in the World Medical Association.

At the postwar doctors' trial at Nuremberg, the court found fifteen Nazi physicians guilty of war crimes and seven were sentenced to death [11]. After the trial the German medical community carefully cultivated the theory that although violations had occurred, these were acts of only a handful of deviant physicians working in a few notorious concentration camps [20].

The fact that the medical profession as a whole, and not just a handful of physicians, was implicated in these indescribable offenses that occurred in the Nazi era is amply documented [1,15,21]. German doctors betrayed all the ideals medicine previously embraced and had become involved in criminal activities to an extent and degree that is unprecedented in the history of medicine.

Why should we revisit these events 60 years later? In the face of the increasing antisemitism in Europe and in the era of the growing tendency for Holocaust denial, I believe it is our duty to remember and to once again put the record straight. Even more important, this horror story needs to be told and retold – to honor those who became its victims and perished.

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