ABSTRACT: There are isolated cases of physicians who murdered their patients. However, never had a single physician personally supervised the mass murder of hundreds of thousands of individuals, until Dr. Irmfried Eberl. Commander of the Nazi death camp Treblinka, he killed both the ill and those he considered "a disease to his nation." At age 32 Dr. Eberl established Treblinka, where he was responsible for the killing of approximately 280,000 individuals within a few weeks. The position of camp commandant was earned following his success as head of two psychiatric hospitals in Germany where he coordinated the murder of thousands of mentally ill Jews and non-Jews within the context of the euthanasia program. However, few in medicine have heard of him or the harm he caused to the ethical practice of the profession and to human rights.

KEY WORDS: Irmfried Eberl, Nazi, ethics

World history is replete with physicians who have failed to uphold optimal ethical conditions of medical practice. On rare occasions physicians have even been guilty of murdering their patients. However, the annals of history record but a single case of a physician personally supervising the mass murder of hundreds of thousands of individuals. Dr. Irmfried Eberl, commander of the Nazi death camp Treblinka, killed the ill as well as those he considered "a disease to his nation.” Dr. Eberl lived and worked during the Nazi era, attaining the rank of SS Obersturmführer (1st lieutenant). He was the only physician to have served as overall commander of a Nazi concentration (death) camp, which he established and headed for the first few months of its existence. However, few in medicine know his name and, to our knowledge, not a single article in the medical literature has been written about his actions and the injustice done to the profession and to human rights. The present article serves to rectify this historical oversight.

Dr. Irmfried Eberl (1910–1948): Mass Murdering MD

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Irmfried Georg Rolf Eber was born on 8 September 1910 in Bregenz, Austria. His parents were adherents to the racist theories of Georg Ritter von Schonerer, leader of the German nationalist movement in Austria who even merited a mention by Hitler in Mein Kampf. Irmfried had two older brothers, who were enthusiastic supporters of the National Socialist German Workers Party (NSDAP) [1].

In 1928 Eberl began his medical studies in Innsbruck and joined the NSDAP in December 1931. He was not a gifted student and had to repeat his final medical examination. Finally, in 1935, he graduated as a physician and left for Germany a year later where he served as head of public health in Dessau, followed by employment at the Dessau Hospital. He transferred to the main health office in Berlin. On 23 June 1938 he married Ruth Rehm, a woman three years his senior. She was a dedicated national socialist and enjoyed significant financial backing and influence [1].

EBERL, THE EUTHANASIA DOCTOR

Due to Eberl’s preoccupation with his career and his devotion to NSDAP ideals, he decided to take a more active role in achieving the party’s goals. In 1939, despite his limited training and experience in psychiatry, he was appointed head of the Brandenburg Facility, a prison that was transformed into a psychiatric institution [Figure 1]. On 1 February 1940, at the age of 30, Eberl began to coordinate the mass killings of German mentally ill patients in Brandenburg, one of the six euthanasia centers (five in Germany and one in Austria). This process he coordinated with his second in command, the 26 year old Aquilim Ullrich [1].

All killings and transports were neatly and obsessively recorded in Eberl’s pocket diary, which was found after the war. In his 1940 diary for example, physician-in-charge Eberl noted the arrival of transports for gassing, often listing the number of victims and indicating the ethnic background and gender of those on the list by using the capital letter “M” for men (Männer), “F” for women (Frauen), and “J” for Jews (Juden), the latter being particularly

Figure 1. Dr. Irmfried Eberl with his nursing staff
frequent [2]. These facts contradict the claims by Viktor Brack, chief administrator of the Euthanasia Program, that "Jews were not granted the good fortune of euthanasia according to the state policy at the time" [my italics] [3].

Following his "extraordinary" success in Brandenberg, in 1940 Eberl was appointed head of the psychiatric hospital in Bernberg with the task of implementing and managing a similar gassing operation. On 21 November 1940 the gassing of the mentally ill in the Bernberg hospital commenced under his direction. Eberl, as a senior psychiatric expert, also assisted the chief coordinators of the euthanasia program in propagating the subterfuge of the program and coordinating the bogus causes of reported death. For example, he objected to the frequent use of tuberculosis as the cause of death since the illness does not generally lead to sudden death and may appear suspicious to the discerning individual [4]. During the course of the T4 euthanasia program, 9772 patients at Brandenburg and 8601 patients at Bernberg, respectively, were killed. In the first stage of the overall euthanasia program from 1939 until 1941, a total of 70,273 people were killed [4].

**TREBLINKA AND BEYOND**

In April 1942, apparently based on his proven competence and experience in the field, the 32 year old Dr. Eberl was assigned the commission of preparing the complex of Treblinka for the large-scale genocide of Jews [Figure 2]. In May 1942, work on building the camp began and, owing to Eberl's efficiency, by 11 July 1942 was completed apparently ahead of schedule. On July 23, the first transport from the Warsaw ghetto arrived followed by daily trainloads of thousands of unsuspecting new arrivals [1]. As commandant, Eberl reportedly used to walk around the Treblinka camp in his white doctor's coat, and some other functionary (possibly a guard) wearing a similar white coat in order to disguise the murderous operation stood outside the gas chamber when the Jews entered. Based on his work experience in psychiatric institutions he believed that a "medical presence" provided a calming and "trusting" influence, thus individuals would enter the gas chamber voluntarily and in an orderly and cooperative fashion [2,4].

While Dr. Eberl's period in Treblinka was characterized by phenomenal results for the Nazis, Eberl felt the enormous strain of his success. He even wrote a letter to his wife telling her that he was having a difficult time coping with this "huge amount of work." At the end of August 1942 Eberl was replaced as head of Treblinka, since despite his efficiency in killing thousands upon thousands of camp arrivals, he failed with respect to the disposal of their bodies. The number of victims during the short period of Eberl's command in Treblinka was so large, translating to the highest killing rate during the entire period of the Holocaust. Within the approximately 6 weeks of Eberl's command, it is believed that up to 280,000 people were murdered [1]. Dr. Eberl was replaced by Franz Stangl [1] and he returned to Bernberg.

After murdering 14,000 victims, the Bernberg euthanasia institution was closed down in the spring of 1943. Early in 1944, Eberl joined the Wehrmacht where he remained for the duration of the war. In July his wife died. Although Eberl wanted to go to Italy where former comrades were involved with "ethnic cleansing" and fighting the partisans, he was sent to the Western front where, as a physician, he supported the 902 armored infantry regiment in Luxembourg. There, he was captured by the American army. However, he was not identified as an SS officer or as the former commander of Treblinka. He continued to work as a physician in the tuberculosis ward. He was released from prisoner-of-war status on 6 July 1945, after which he settled in Blaubeuren near Ulm where the parents of his late wife lived. In Blaubeuren Eberl became fully integrated into local society. There, he met Gerda P., who apparently was not aware of his dark past and who would later become his second wife. During this time, when he had to fill out forms for administrative purposes, Eberl did not even disguise his name. He did, however, try to hide his involvement with the T4 euthanasia project and stated that he had worked at the main health office in Berlin from October 1937 until the beginning of August 1944 [1].

Eberl attempted to renew his medical license and even received a notice from the relevant authorities that there would be no reason to withhold the license. However, in 1947, the situation rapidly changed to his detriment when his name was mentioned by a number of former concentration camp inmates. On 8 December 1947 he was held for questioning and on 8 January 1948 was formally arrested. However, he never came to trial because, like several other high ranking Nazi members, in order to avoid trial he killed himself by hanging in his cell on 15 February 1948.

**LESSONS TO BE LEARNED**

While the actions of Dr. Eberl were particularly egregious, he was not alone. Numerous doctors not only actively partici-
pated in the injustices of the Nazi era, but also aided and abetted them. Since Germany at the time had already established a very advanced ethical code of practice, the example of Dr. Eberl and others is a prime illustration of how ethics training without a moral focus becomes relatively meaningless. Well-developed ethical principles did not inhibit political ideology from influencing clinical practice and research with repercussions equally devastating to patients and to the practice of the profession [5]. Senior physicians provided expertise and direction, while younger members of the profession such as Eberl carried out most of the killing. Such activity, arguably in keeping with Hannah Arendt's “banality of evil” conceptualization, provides an important message for future generations of health professionals [6]. Thus, students in the health care profession need to know that many very average physicians, such as Eberl, were involved in the killing process of the euthanasia program. Merely attributing the actions of psychiatrists and other physicians during this period to them being evil is misleading and reductionist. Danger exists in such an approach since it would preclude consideration of one’s own risk for involvement in such a process. These considerations need to be conveyed to students of medicine to ensure that episodes in medicine such as that of Eberl and the like never occur again [7].

Although he was not the only physician involved in gross injustice to humanity during the Nazi era, Eberl’s position as the most murderous doctor in history is ensconced with the unprecedented scale of his involvement. His malevolence and that of the profession at the time should never be forgotten. Indeed, his actions are illustrative of the need to recall the violations of human rights by numerous physician participants during the Nazi era and should serve as a case study for medical students and senior physicians alike.

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References

Capsule

Obesity and the economy – a window of opportunity

In order to avoid weight gain and obesity-related diseases, experts recommend physical activity and a diet based on vegetables, fruit, legumes, whole grains, and high quality proteins and fats. In the last half century an “obesity epidemic” occurred – energy intake increased during the years 1985–2000 by 300 Kcal per day, while the price of fats and oils decreased by 10%, for sugars the decrease was 15% and by 34% for carbonated drinks. The price of fruits and vegetables increased by 50%. Ludwig and Pollack comment on this obesity epidemic in the USA and its effect on the economy, bearing in mind the current state of recession. Excessive weight affects every organ system in the body, increasing the risk of diabetes, myocardial infarction, stroke and many more. Obesity contributes 5–7% to the annual health expenditure, accounting for 100 billion dollars per year. The economic burdens are borne by obese people, but also manifest as health insurance costs, diminished employee productivity and reduced public revenue. Economic downturn also increases rates of obesity, since consumers tend to replace expensive nutritious products with less costly, high calorie ones. When people have to tighten their belts, they reduce membership in health and sport clubs and use fewer preventive medical services. The authors see the current economy crisis in the U.S. as a window of opportunity. They advocate a comprehensive national initiative that addresses basic causes of poor dietary quality and sedentary lifestyle. They propose that efforts be made to improve food quality, promote a physical and active lifestyle and use a comprehensive approach in communities, schools and health centers. Over the long term, the investment must be complemented by broader regulatory and policy reforms to counter an economic and social environment that promotes poor nutrition and physical inactivity. This effort would help to advance the nation’s long-term economic and public health interests. The authors state that failure to act now could cost society much more than the sub-prime mortgage crisis.

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