

Medicine Within the Holocaust

Intro

The period defined by Hitler's reign is generally characterized by the notion that science was grossly disrespected and violated. Physicians in the Third Reich appeared as villainous, sadistic criminals that were once supposed to protect life and health, but had been utilized as pawns in a degenerated society. It is crucial to emphasize the idea that science and medical ethics were not dismantled during the Nazi reign, but rather were instrumental in the creation and implementation of a genocidal government.

Formation and Popularization of Rassenhygiene

To understand the plight of the medical profession in Germany during the Holocaust, we must place international science and the mood of German society in context. Beginning in the 1800s, worldwide experimental science was beginning to take hold over society, effectively raising the status of science and the scientist. Many appealed to answer social issues involving different groups of people with science, leading to Gobineau's racial science (Proctor 13). With the emergence of the natural selection theory and survival of the fittest, social Darwinism was born as people applied Darwinian concepts of biological determinism to human society. From these ideas Francis Galton's eugenics was created in the late 19th century to describe the intentional selection and ridding of undesirable traits from gene pools to better the population. Social Darwinism and eugenics were founded upon the idea that the feebler components of a population must be expelled to ensure its success. The volatile components of eugenics and racial science were combined in Alfred Ploetz's declaration and call for *Rassenhygiene*, where welfare for weaker components of society were unsupported and protection of ideal traits was imperative to public health (Proctor 15). Rather than the focus on the healing of an individual,

science became focused on the genetic health of the population as a whole, regardless of individual preference.

Eugenics prospered in Western countries where rising social issues as a result of worldwide war, rapid industrialization, and class divisions were coming into light. While genetically or mentally ill were seen as non-contributing 'lives not worth living', economic inefficiencies and loss of the young, healthy population from WWI led the focus of much leadership and civilians to the burden placed upon nations by state supported mentally ill or those with chronic genetic illness, ultimately leading to the unnatural halt of breeding and elimination of these peoples (Allen 25-30). The U.S. was a pioneer of racial science bearing the first miscegenation, sterilization, and euthanasia laws that the Third Reich modeled its ideology off of. Worldwide biomedical science was shifting toward a focus on the genetic makeup of the population and to which extent genetics can be used to society's benefit, however racial hygiene was particularly distinguished and central in post-Weimar and Nazi Germany. Over 37 university and research institutions were created and devoted to racial hygiene in Germany from the period 1919-1945, producing the experiments and research that drove National Socialist policy and ideology (Proctor 327-329).

The blundering effect of war reparations and global economic depression made National Socialism and racial hygiene a perceived conduit for societal progression and economic success founded in biological 'fact'. Hitler even declared the Nazi movement as "the final step in the overcoming of historicism and the recognition of purely biological values." (Proctor 62). World War I left much of Germany's workers, namely physicians, unemployed and dissatisfied with the economic structure of their country. The establishment of the medical insurance system in Germany left many medical personnel feeling as if medicine was becoming bureaucratized and

over-controlled by corporations. Disproportionate overrepresentation of Jewish physicians and medical insurance company employees was prominent, and therefore the depersonalization of medicine was blamed on Jewish people, despite their being forced into these professions since the Middle Ages. Jewish workers were blamed for ‘stealing the jobs’ of the German people and were subsequently ousted and barred from government service posts and medical practices with the 1933 Civil Service Law (Proctor 142-149). These movements were advocated for by influential health leadership and medical journals often reported on the declining proportions of Jewish physicians. The ultimate exclusion of Jewish medical practitioners was solidified with the Fourth Ordinance of the Citizenship law stating, “as of September 30, 1938, medical licenses be revoked from all Jews; henceforth Jews would be allowed to provide medical treatment only for other Jews...” granted special permission was given (Proctor 153).

Given the increasing importance of science and medical experimentation paired with the plethora of job openings from the purge of Jewish physicians, promising career opportunity was provided by the Nazi party and physicians voluntarily flocked to the party that would support their scientific endeavor. Countless National Socialist leagues and divisions were created to defend racial hygiene in Germany and physicians constituted about 45% of the Nazi party itself from 1933-1945 (Kater 80). Not only was modern science the inspiration for National Socialist dogma, but their ideology was appealing to scientists concerned with genetics, racial motivations, and career advancement.

Eugenic Policy and Medical Experimentation

To implement racial hygiene policy, the medical profession hastily went through *gleichschaltung*, the Nazi process of bureaucratization where the field operated through a single chain of command headed by the National Socialist Physicians’ League (Proctor 70). The first of

eugenic Nazi policy, the Sterilization Law, was enacted soon after Hitler's rise to power in 1933 and allowed for involuntary sterilization for those with 'feeble-mindedness', manic depressive disorder, alcoholism, hereditary deafness or blindness, epilepsy, Huntington's disease, genetic criminality, or bodily malformation at the hands of physicians while establishing eugenic courts to review cases of sterilization (Allen 32). Those suffering from these conditions were considered 'lives not worth living' and contributing to financial burden on the nation. Their elimination was perceived to better the population and was justified and conceived by commentary conducted by some of Germany's leading physicians including Ernst Rudin and the father of racial hygiene himself, Alfred Ploetz. Eventually, sterilization was extended to allow those to be sterilized on racial grounds and over 50,000 individuals in Germany were sterilized within one year. Within the same day of the invasion of Poland, Hitler issued a decree extending the Sterilization Law and empowering physicians to perform 'mercy killings' (Freyhofer 24). The euthanasia program, entitled T4, was to be carried out in hospitals and psychiatric institutions and under the direction of doctors first upon disabled children, then on institutionalized adults. These killings most commonly occurred through intentional starvation, gas chamber, or overdoses of common medicines that could be written off as sudden natural death (Friedlander 60-61). By 1941, 70,273 individuals had been murdered through the T4 operation as it began to slacken after guardians of involuntary euthanasia victims became suspicious of their children's death and protests emerged (Proctor 191). While the T4 operation came to a halt, it showed to be only a rehearsal of the genocide to come. In 1941, the euthanasia program was extended to concentration camp prisoners and designated Operation 14f13. Gas chambers from T4 killing centers were dismantled and reconstructed in the east where many of the same doctors involved in the previous program again selected and killed prisoners of concentration camps, presenting

the 'Final Solution' to the leaders of the Third Reich (Friedlander 63-71). This chain from the Sterilization Law to the gas chambers contained in concentration camps exemplifies the pivotal role physicians played in the execution of Nazi atrocity.

While clear intentions were set by the Reich with the eugenic Nuremberg Laws and subsequent euthanasia program, German experimental science was beginning to popularize. Most significant experiments at this time fell into 6 different categories of wartime research including flier and sailor rescue, treatment of war injuries, reconstructive surgery, epidemic control, biochemical warfare, and eugenics. Scientists viewed the horde of concentration camp prisoners as a supply of human subjects that could be sacrificed for the so-called greater good. The inmates were "considered an unaffordable liability for a nation at war..." while "researchers had no qualms about subjecting them to the most brutal non-therapeutic medical experiments imaginable." since they were already destined to die (Freyhofer 26). Each of these subjects were offered incentives and were unaware of the possible outcome of death for their participation.

With the mass number of sterilizations for the Nazi eugenic program, experimental methods of castration through x-ray or injection of carbon dioxide or rubber cement into the uterus were developed for maximum efficiency (Proctor 108-111). To gain air superiority, Luftwaffe leaders ordered research into methods of saving pilots from freezing water temperatures and high altitude conditions. This began with low-pressure chamber experiments that simulated high altitudes on 200 inmates at Dachau concentration camp in 1942. Physicians would operate the high altitude simulator until subjects died, usually of an embolism and then autopsied to determine cause of death. These experiments later expanded to hypothermic conditions and inmates were subjected to submersion in ice water or thrown into the winter environment without protective attire, followed by several attempts at rapid rewarming. Finally,

to assess the saving of pilots and sailors stranded at sea, the potability of seawater was tested on Dachau inmates in which they were given no water, seawater, or freshwater for 12 days. These experiments largely had no significant findings other than the slight improvement of hypothermia rewarming and commonly resulted in death (Freyhofer 27-29). Further exploration of war conditions led to experimental reconstructive surgery. Physicians intentionally maimed subjects to practice and innovate bone grafts, bone transplant, and tissue regeneration, leaving many of the Ravensbrueck female concentration camp inmates permanently disfigured. This was done to test the effectiveness of antibacterials on open wounds caused on front lines (Taylor 76). Epidemic control and inoculations were tested upon human subjects at several concentration camps and directly resulted in the death of a large portion of subjects. Little advancement in vaccines were ultimately made and epidemic control took the largest death toll of Nazi medical experiments. Further research was done on biochemical warfare in which subjects were exposed to poisonous gasses and their effects were observed. While some of these experiments had an inkling of reasoning and scientific endeavor behind them, some scientists were acting out of pure sadism and Nordic supremacy, the most notorious being Dr. Josef Mengele.

Dr. Mengele stoically made selections of who would be killed on arrival to Auschwitz and had a particular fascination with twins, whose genetics he believed held the answers to which traits are inherited or environmentally driven. Mengele worked under Otto von Verschauer at the Kaiser Wilhelm Institute to which his findings were sent to. Each set of twins underwent thorough examination and measurements of each of their phenotypes were documented until one twin was used as a control while the other was deliberately infected or brutally maimed through 'surgery'. While many doctors carried out barbaric experiments without regard to human life, Mengele was particularly obsessive in this tract, bearing an insatiable appetite for human

subjects, especially twins. Twins under Mengele's supervision received privileged treatments to build standard health for his grueling studies before they were nonchalantly murdered or sadistically maimed (Posner 35-42). A survivor of Mengele's twin experiments, Eva Mozes-Kor recalls, "A set of Gypsy twins was brought back from Mengele's lab after they were sewn back to back. Mengele had attempted to create a siamese twin by connecting blood vessels and organs." and other peculiar, nonsensical experiments on genitalia (Mozes-Kor 57). Many of the medical experiments supported by the National Socialist party had minute to no scientific value and only contributed to the mutilation and murder of unsuspecting, innocent peoples.

Invigoration of Medical Ethics

Following immense destruction across Europe and the defeat of the Axis powers, major Allied leaders organized the Nuremberg Trials to bring justice to the victims of National Socialism. In order to effectively charge individuals of their unique scope of crime, the London Agreement was formed. The Doctor's Trial was the first of 12 proceedings of the American Military Tribunal against Nazi officials dealing with 23 physicians and medical personnel, although some of the most prominent had become fugitives or committed suicide to escape capture. Defendants were expected to prove there was no standard ethical guideline for physicians, that their actions were legal, and that their reasoning was a result of war-time persona. Of the 23 physicians, seven received death sentences, seven were acquitted and the remainder received a prison sentence (Freyhofer 1-2).

Although 1900-1945 was a dark period for the medical profession, much of our modern medical ethics were born out of the atrocities of the Third Reich. While the Hippocratic Oath has been in play for centuries, its enforcement and upholding was fiercely violated within the means of Nazi physicians. The Hippocratic oath encompasses the idea that the physician uses his power

to heal the ill to the best of his ability while doing no harm and although not legally binding, has been an integral doctrine to therapeutic treatment since antiquity. Within the Doctor's Trial, Leo Alexander and Andrew Ivy were summoned "to show the defendants had been bound by the Hippocratic codes and had violated them in the most brutal way imaginable." (Freyhoser 121). The expert medical witnesses analyzed medical ethics precedents and doctrines both worldwide and in Germany in which physicians on trial stated were nonexistent or non-binding at the time. They found that German medical ethical guidelines for human experimentation were created by several individuals and even regulated by the Prussian government by 1900. These dogmas outlined the necessity of informed consent of the subject and the required benefit of the subject themselves (Annas 127). This ultimately proved to the tribunal that Nazi physicians denied moral conduct invested both by natural law and outlined by medical ethics guidelines during this period.

Although 1900-1945 was a dark period for the medical profession, much of our modern medical ethics were born out of the atrocities of the Third Reich. Within the judgment of the trial, ten doctrines regarding ethical guidelines of human experimentation were created in reaction to the extensive, brutal medical experiments within Nazi Germany named the Nuremberg Code. The Nuremberg Code declared the necessity of informed voluntary consent, primary animal experimentation, avoidance of all unnecessary physical or mental harm, and empowerment of the subject and physician to halt the experiment at any point if necessary assuming the experiment is necessary and beneficial to scientific knowledge (Annas 102-103). These doctrines were seen as specifically applicable to German medicine and did not create much influence after its immediate issuing, but eventually led to the 1964 Declaration of Helsinki and further biomedical research guidelines (Perley 149-160). The Nuremberg Code pioneered international medical legislation

and stands as one of the founding documents of medical and experimental ethics and guidelines today.

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