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The Ideological Scalpel: Physician Perpetrators, Medicalized Killing and the Nazi Biocracy

BY MATTHEW D. FULLER

With the conclusion of the Nuremburg Doctor's trials in August 1947, the role of German physicians in the concentration camps of Europe became a widely discussed and researched topic in the historiography of the Holocaust. Like many other perpetrators indicted by the Allies following the Second World War, German physicians claimed to have been swept up in the mass indoctrination of the National Socialist movement and had ultimately become powerless cogs within the Nazi totalitarian regime. While this claim may be true in some cases, the historiography of German physicians-turned-killers reveals different sources of motivation which allowed doctors in the Third Reich to reverse the precepts of the Hippocratic Oath in order to therapeutically kill for the greater health of the German Volk.

In order to fully comprehend the topic of Nazi physicians, the historian is charged with the responsibility of presenting Nazi doctors alongside all perpetrators of the Holocaust, rather than treating the institution of German medicine and its practitioners as unique phenomena. Reminiscent of the Browning-Goldhagen debate, the history of medicine in the Nazi regime has grappled with identifying the root cause or causes which led to such a dramatic shift in the professional and ethical standards of most German physicians, thus creating (to borrow from historian Christopher Browning's verbiage) genocidal killers out of "ordinary" doctors. Historians of medicine in the Third Reich

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must grapple the complex concept defined as the “healing-killing paradox.”¹

First presented by psychologist Robert Lifton, the healing-killing paradox is an attempt to understand the process through which physicians willingly reversed the precepts of their Hippocratic Oath within the Biocracy of Nazi Germany. The healing-killing paradox poses to the historian the ethical question: How does a physician ultimately turn their healing capabilities into an instrument of suffering and death? Lifton’s work opens the historical dialogue on physician-killer motivation, defining the process of “why” as a matter of coercion and brutalization which necessitated the triggering of psychological “doubling,” a “Faustian Bargain,” in which the individual is able to project their actions upon a psychologically created second-self, thus allowing the physician-turned-killer to “function psychologically in an environment so antithetical to his previous ethical standards” while simultaneously providing “a form of psychological survival in a death-dominated environment.”² As the historiography has progressed, however, scholars have continued to revisit the idea of motivation, realizing that in regards to Nazi physicians, it is insufficient to treat the environment of Auschwitz as the tipping point for the choice made by physicians to transgress and destroy the ethical threshold of German medicine. Francis Nicosia and Jonathan Huener, among others, address this fact with the poignant statement, “German physicians during the 1930s and 1940s did not respond to Nazi racial ideology and the career opportunities it offered as if they existed in a scientific and philosophical vacuum.”³

To come to terms with both the healing-killing paradox and the perversion of doctors under the Nazi Regime, one must delve deeper, beyond the psyche of the doctor charged with killing. What does the historiography reveal in terms of prime motivation? To

¹ Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York: Basic Books, 1986), 430.

² *Ibid.*, 418-419.

³ Francis R. Nicosia and Jonathan Huener, eds., *Medicine and Medical Ethics in Nazi Germany: Origins, Practices, Legacies* (New York: Berghahn Books, 2002), 5.

what extent can Lifton's model of "doubling" be accepted, if at all? How and why does such a dramatic transmutation or reinterpretation of medical ethics come about? Understanding the sociological mind-set in addition to the professional, political, and academic changes and opportunities which occurred in medicine during the Nazi regime all serve as equally important elements in understanding what created and drove the Nazi physician-turned-killer. Although the progression of scholarship ultimately proves the doubling model to be lacking, Lifton eloquently and chillingly begins the story with its ending: "We may say that the doctor standing on the ramp represented a kind of omega point, a mythical gatekeeper between the worlds of the dead and the living, a final common pathway of the Nazi vision of therapy via mass murder,"⁴ acting in the service of the *Völk* and for the greater health of the German social organism.

Perpetrator Motivation

The historiography has shown that German physicians undoubtedly served as party functionaries, forwarding the biomedical vision (and underlying genocidal goals) of the Nazi party through their actions within the context of the political atmosphere just as any other group of perpetrators did. However, it is of the utmost importance to understand the compliance of German physicians within the scope of their personal and professional motivations as well. German physicians, with their access to the most elite levels of education available within the Nazi regime, were arguably more enlightened than their "ordinary" counterparts, and being such, should be perceived as having a greater level of understanding in terms of their chosen course of action as well as accountability for those choices. When analyzed within the historical context of perpetrators, it may be argued that while German physicians may have conceivably endured greater levels of indoctrination through the process of *Gleichschaltung* and the Nazification of medicine, they possessed a greater resource of

⁴ Lifton *The Nazi Doctors*, 18.

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education upon which to distinguish between right and wrong, ethical and unethical. Why, then, did they fail to do so?

Lifton, in his analysis of the healing-killing paradox, views the Nazi physician's existence within the environment of Auschwitz as the final stage of a long process of psychological detachment which ultimately culminated in a process he termed "doubling." Viewing Mengele as the epitomized example of this process, Lifton states the feelings of the physician, upon arrival to Auschwitz:

... had been blunted by his early involvement with Nazi medicine, including its elimination of Jews and use of terror, as well as his participation in forced sterilization, his knowledge of or direct relationship to direct medical killing ("euthanasia"), and the information he knew at some level of consciousness about concentration camps and medical experiments held there if not about the death camps such as Auschwitz.⁵

This process of detachment, Lifton argues, resulted in the creation of a second psychological persona, which he terms "the Auschwitz self."⁶ It was through the physician's psychological double, Lifton maintains, that the individual became habituated to the Auschwitz environment and was able to approach it logically, technically, and amorally. Additionally, the process of doubling provided Nazi physicians with the ability to diffuse responsibility upon the Nazi hierarchy, thus rendering them unaccountable for the actual act of killing.⁷ The result was the physician, having manifested a psychological double in order to handle the dehumanizing atmosphere of Auschwitz (or any death camp, for that matter), found their "Auschwitz self wavered between the sense of omnipotent control over the lives and deaths of prisoners and the seemingly opposite sense of impotence, of being a powerless cog

⁵ Ibid., 442-43.

⁶ Ibid., 419

⁷ Ibid., 444.

in a vast machine controlled by unseen others.”⁸ The long process of brutalization at the behest of an overpowering and fear-inspiring totalitarian regime, according to Lifton, gave German physicians little choice in the matter, ultimately resulting in their complacency and necessitating their psychological adaptation for survival, while simultaneously facilitating medicalized killing and human experimentation.

Lifton’s approach is representative of the Functionalist camp of the Holocaust dialectic. Functionalists believe that the origin of the Final Solution lies within the radicalization of Nazi ideology and the initiative of bureaucrats from lower levels of the Nazi program. This “groundswell” of genocidal initiative is widely supported by Holocaust historians like Lifton and Christopher Browning. In his research of Reserve Police Battalion 101, Browning reaches a similar conclusion in regards to perpetrator motivation. Browning’s book, *Ordinary Men*, serves as a microcosmic approach to understanding what motivated, as Browning describes, “ordinary” Germans to become genocidal murderers. Like Lifton’s scholarship surrounding Nazi physicians, Browning seeks to break the misconception that the murderers of Jews were all fanatical Nazis and ideological automatons. By presenting the historiography in such a manner, Browning, like Lifton, provides a more “human face” to the perpetrators of the Holocaust. His analysis, based on the unit’s surviving battalion roster, allows Browning to surmise that the battalion’s demographics in regards to social background were extremely representative of the German state as a whole. Given the origins of the men in Police Battalion 101, Browning concludes that by 1942, prior to the battalion’s arrival in Poland and perpetration of genocidal violence, the men “would not seem to have been a very promising group from which to recruit mass murderers on behalf of the Nazi vision of a racial utopia free of Jews.”⁹ Additionally, Browning concludes the men of Police Battalion 101, unlike the SS physicians who, more often than not, emerged from the realm

⁸ Ibid., 447.

⁹ Christopher R. Browning, *Ordinary Men: Reserve Police Battalion 101 and the Final Solution* (New York: Harper Perennial, 1998), 48.

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of academia as Nazi ideologues, were antithetical to the idealized candidates for genocidal murder:

Reserve Police Battalion 101 was not sent to Lublin to murder Jews because it was composed of men specially selected or deemed particularly suited for the task. On the contrary, the battalion was the “dregs” of the manpower pool available at that stage of the war. It was employed to kill Jews because it was the only kind of unit available for such behind-the-lines duty.¹⁰

The problem Browning is left with is how to understand the manner in which these “ordinary” Germans were capable of facilitating the deaths of so many Jews.

Browning believes the origin of Police Battalion 101’s capability to participate in the murder of Jews is manifold. Following the unit’s traumatic introduction to genocidal murder at Józefów in July of 1942, the men of Battalion 101 were consistently involved in ghetto-clearing operations, deportations, anti-partisan actions, “Jew Hunts,” and additional massacres. Browning asserts that while most men succumbed to the brutalization of their existence and killed, whereas relatively few did not, the majority of the men acted as follows:

The largest group within the battalion did whatever they were asked to do, without ever risking the onus of confronting authority or appearing weak, but they did not volunteer for or celebrate the killing. Increasingly numb and brutalized, they felt more pity for themselves because of the “unpleasant” work they had been assigned than they did for their dehumanized victims. For the most part, they did not think what they were doing was wrong or immoral, because the killing was sanctioned by

¹⁰ *Ibid.*, 165.

legitimate authority. Indeed, for the most part they did not try to think, period.¹¹

Browning, like Lifton, concludes the combination of factors ranging from a brutalized existence, to ideological influence, to pressure for conformity resulted in the fundamental psychological shift necessary to create genocidal killers out of ordinary Germans. Based on Browning's findings, it could be argued that members of Reserve Police Battalion 101, like their SS Physician counterparts, underwent a form of doubling in order to habituate the trauma of genocide as well.

In contrast to the functionalist approach, political scientist Daniel Jonah Goldhagen believes that the Third Reich's initiative of Jewish genocide was completely controlled by Hitler himself, and that the intention of elimination existed from the very beginning of Hitler's political career. Unlike the functionalist approach presented in the scholarship of Lifton and Browning, Goldhagen's text, *Hitler's Willing Executioners* is representative of the Intentionalist camp and takes a far broader approach in an effort to uncover the root of perpetrator motivations, focusing on a sweeping analysis of German history and culture both before and during the Nazi era. Whereas Browning presents a multi-causal approach, Goldhagen vehemently asserts that Germany's cultural history of *eliminationist* anti-Semitism is the prime-mover in motivating German perpetration of the Holocaust. Goldhagen directly challenges Browning's assessment while simultaneously indicting *all* Germans when he states:

Germans' antisemitic beliefs about Jews were the central causal agent of the Holocaust . . . The conclusion of this book is that antisemitism moved many thousands of "ordinary" Germans – and would have moved millions more, had they been appropriately positioned – to slaughter Jews. Not economic hardship, not the coercive means of a totalitarian state, not the social psychological

¹¹ Ibid., 215-216.

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pressure, not invariable psychological propensities, but ideas about Jews that were pervasive in Germany, and had been for decades, induced ordinary Germans to kill unarmed, defenseless Jewish men, women, and children by the thousands, systematically and without pity.¹²

Goldhagen's belief is that the history of German cultural anti-Semitism developed in a manner far different than the rest of Europe, essentially substantiating the *Sonderweg* thesis normally applied to German political development.¹³ According to Goldhagen, unlike the rest of Europe, German anti-Semitism was especially virulent and destructive and took on a form that was not just exclusionary in form, but eliminationist in regards to European Jews.

Because the German consciousness is grounded in such a radically different conception of anti-Semitism, Goldhagen maintains that it had developed into a defining cultural axiom. He asserts that in a society, the cognitive models of beliefs, viewpoints and moral and ethical values lie below the level at which a society will consciously perceive them, yet they serve to inform individuals with a sense of understanding. Seeing as these models are a "culturally bred conception of personal autonomy," all that was necessary for ordinary Germans to make the leap to genocidal murder was the green-light from a higher authority, namely Hitler and the Nazi party.¹⁴ Goldhagen states German anti-Semitism "was in *this historical instance* causally sufficient to provide not only the Nazi leadership in its decision making but also the perpetrators with the requisite motivation to participate willingly in the extermination of the Jews."¹⁵ In essence, Goldhagen argues that Hitler and German society were in collective agreement in regards to the status of Jews, and because of this symbiosis, ordinary Germans, like the members of Police Battalion 101 and

¹² Daniel Jonah Goldhagen, *Hitler's Willing Executioners: Ordinary Germans and the Holocaust* (New York: Vintage Books, 1996), 9.

¹³ *Ibid.*, 419.

¹⁴ *Ibid.*, 33.

¹⁵ *Ibid.*, 417.

SS Physicians, would become motivated genocidal executioners not because they required to, but because they *wanted* to.

Goldhagen's argument of cultural anti-Semitism as a motivating factor is beneficial, but at the same time is too narrowly (and harshly) focused. From a historical perspective, it is erroneous to group all Germans into the category of anti-Semite, particularly under the heading of *eliminationist* anti-Semites. Additionally, Goldhagen's thesis of German anti-Semitic heritage does not sufficiently explain the genocidal actions of the Ukrainian Hiwi auxiliary troops or Lithuanian civilians, both of which perpetrated atrocities against Eastern European Jews with little or no instigation from German occupiers. At the same time, Browning and Lifton's functionalist approaches, citing brutalization and the pressure to conform amongst the back drop of Nazi indoctrination are not fully sufficient in explaining why Germans – ordinary, physicians, and anyone in between – would willingly play an active or even complacent role in genocidal murder.

Scientific and Social Roots: Rassenkunde and anti-Semitism

In order to understand the healing-killing paradox and physicians as perpetrators, it is vital to analyze both the scientific and sociological roots of the concept. European imperialism and subsequent colonialism brought increased contact with the indigenous peoples of Africa and Asia, the result of which was a growing interest among European scholars in the field of racial theory, particularly intellectuals in Germany.¹⁶ These new theories on the existence of the various "races" of humanity, when coupled with Charles Darwin's ideas of evolution presented in *On the Origin of Species*, gave rise to the belief that not only were certain

¹⁶ Peter J. Haas, "The Healing-Killing Paradox," in *Medical Ethics and the Third Reich: Historical and Contemporary Issues*, ed. John J. Michalczyk (Kansas City: Sheed and Ward, 1994), 20.

racess superior to one another, but that these races were in fact involved in a struggle for the Earth's resources. As Haas observes, "For those who saw race in these terms . . . the question of racial identity and relationships became a deadly serious game. Race and race relations for these people not only explained the past, but also accounted for the present and provided a blueprint for the future."¹⁷ As racial theory grew in prominence among German academics and politicians alike, it ceased to act as theory and instead became recognized as the scientific discipline *Rassenkunde* (racial science). Although anti-Semitism remained a prevalent aspect of European and German culture in the late 19th and early 20th centuries, it had yet to become a pressing concern for the German medical community. The emergence of scientific racism served to legitimize anti-Semitism by classifying Jewish biological inferiority as scientific fact, a perception which severely darkened the social and medical climate in Germany.

In 1895 this new science led German Darwinist Alfred Ploetz to publish *Grundlinien einer Rassenhygiene*, a text in which he not only addressed the concerns of Social Darwinists that the German race was facing degeneration but also coined the term "racial hygiene." According to Ploetz, two reasons existed for this degeneration: "first, because medical care for 'the weak' had begun to destroy the natural struggle for existence; and second, because the poor and misfits of the world were beginning to multiply faster than the talented and fit."¹⁸ Initially, Ploetz believed Jews and Aryans were equally cultured and that anti-Semitism would eventually be seen as irrelevant in the modernizing world. Ironically, although Ploetz's treatise did not concern itself with anti-Semitism, it did perceive the Nordic race as being superior to all others.¹⁹ In 1905, Ploetz and other racial hygienists formed the Society for Racial Hygiene, consisting of a diverse membership of Left and Right wing political advocates, as well as individuals with both racist and non-racist leanings. This diversity lasted until the end of the First World War, after which

¹⁷ Ibid., 20.

¹⁸ Robert N. Procter, *Racial Hygiene: Medicine under the Nazis* (Cambridge: Harvard University Press, 1988), 15.

¹⁹ Ibid., 21.

the political Right maintained far greater influence over racial hygiene publications due to the efforts of Julius Friedrich Lehmann, a leading medical publisher in Germany at this time.²⁰

Racial hygienists in Weimar Germany focused their energies on the social aspects of *Rassenhygiene* and *Rassenkunde*. Still concerned with Ploetz's initial concerns of the German race's health, eugenicists viewed genetics and eugenics as available tools for rationalizing and controlling reproduction in addition to solving other social problems. Although there existed a differentiation between the original term of "racial science" and the new term of eugenics (the change was an attempt by Alfred Grotjahn to distinguish between legitimate and politically racist ideologies within the movement)²¹ the basis for the eugenics movement was, initially, intended to safeguard the genetic health of all people, not just Germans. Historian of science Garland Allen notes that Germany was not alone in its fascination and facilitation of eugenics as a legitimate science. Throughout the early twentieth century, other European nations as well as the United States adhered to the teachings and scientific misconceptions offered up by the eugenics movement. Extending the legitimacy of the pseudo-science beyond the realm of biology and genetics, eugenicists on both sides of the Atlantic felt that eugenic conceptions applied to the broad spectrum of society as well. Garland states, "[e]ugenicists and their supporters played on concerns about livelihood, taxes, safety and social chaos to build support for supposedly scientific solutions to problems such as immigration restriction and sterilization."²² The attraction to the eugenics movement, Allen argues, was rooted in the social and economic turmoil of the post World War I era, and as the social and economic realities of Germany grew far worse and more chaotic under the constraints of the Versailles Treaty and world-

²⁰ Proctor *Racial Medicine*, 26-27.

²¹ *Ibid.*, 22.

²² Garland E. Allen, "The Ideology of Elimination: American and German Eugenics, 1900-1945," in *Medicine and Medical Ethics in Nazi Germany: Origins, Practices, Legacies*, ed. Francis R. Nicosia and Jonathan Huener (New York: Berghahn Books, 2002), 30.

wide economic depression, the appeal of eugenics, and its offers of legitimate scientific hope, resonated deeply with the German populace.²³ Ultimately in Germany, eugenics became “a movement that grew out of and supported a much larger social agenda. It was the social rather than the scientific content of eugenics that would determine its ultimate course.”²⁴ Germans, particularly those interested in eugenics, began to search for a scapegoat upon which to blame the faltering nation’s troubles. Buoyed by the growing popularity of the eugenics movement, many turned to their cultural, anti-Semitic roots.

Historian Robert Proctor perceives this shift in the collective German conscience as part of the creation of a new form of anti-Semitism which had begun to emerge during the fallout of the First World War and the Versailles Treaty. In the politically charged and economically destructive climate of the post-war era, the image of the Jewish cultural “threat” became more contentious and prevalent in the defeatist mindset of Germans. “Jews became a convenient scapegoat for the troubles of the twenties . . .” states Proctor, “Jews were attacked as individualists or socialists, materialists or formalists; Jews were singled out as the cause of both capitalist chaos and Bolshevik tyranny.”²⁵ Additionally, Proctor points out that many Germans felt disenfranchised and displaced by both resident and immigrant Jews, viewing them as the root cause of Germany’s defeat in the First World War and malevolent job-stealers.²⁶ German anti-Semitism rapidly expanded beyond the culturally accepted norm and reached a new and violent apex. Additionally, the rise of right-wing Nationalist political movements stoked the fires of fear in Germany over the Bolsheviks in Russia and the economic collapse. Combined with the field of racial science, a new form of nationalized and modernized anti-Semitism emerged.

A major turning point in the politicization of racial science and doctrine occurred in 1924, following Adolf Hitler’s failed Munich Beer-Hall Putsch of the previous year. While imprisoned

²³ Ibid., 33.

²⁴ Ibid., 29.

²⁵ Proctor, *Racial Medicine*, 143.

²⁶ Ibid., 143.

in Landsberg, Hitler was introduced to the work of Fritz Lenz, a racial scientist whom had developed radicalized concepts in regards to eugenics.²⁷ Lenz's writings, in particular his two-volume text on human genetics and racial hygiene, likely struck a chord with Hitler because of the emphasis on the supremacy of Nordic racial traits and the inherent inability of Jews to integrate into Gentile society and culture due to genetic immutability. Hitler, in-turn, further radicalized these ideas and integrated them in his perspective on politics and Social Darwinism. The various ideas on race, science, and society that Hitler melded together in his manifesto *Mein Kampf* signaled a stark change in the perception of Jews in the new racial hierarchy of Germany. In his work, Hitler began to portray European Jews in a dehumanizing manner, both on a political and biological scale, claiming the Jews of Europe were "nomads" and "parasites" continuously driven from the "nations he has misused" in order to claim "a new feeding ground for his race."²⁸ This newly created image of the Jews not as humans but as a form of socio-biological disease became an integral element of the language of the Nazi political movement and mirrored the existent framework of the growing eugenics movement as well as the existential reality of Weimar Germany, as "[b]iologically defective racial and ethnic groups were claimed to be the source of society's problems, and by preventing those individuals (and collateral members of their families) from having children, eugenicists were convinced that the problems could be eradicated in a few generations."²⁹ Eugenics had found its political voice in Adolf Hitler and throughout the mid to late 1920's and early 1930's, this social and scientific perception of Jews resonated with clarity throughout German society and culture during the growing Nationalist *völkisch* movement.

²⁷ Michael H. Kater, *Doctors Under Hitler* (Chapel Hill: University of North Carolina Press, 1989), 114.

²⁸ Adolf Hitler, *Mein Kampf*, trans. Ralph Manheim (Boston: Houghton Mifflin Company, 1943), 304-305.

²⁹ Allen, "The Ideology of Elimination: American and German Eugenics, 1900-1945," 30-31.

The Völk and Nazi Biocracy

With the Nazi seizure of power in 1933, Adolf Hitler brought a bio-political utopian vision to the forefront of the German cultural experience. The *völkisch* concept of the National Socialist movement was designed to instill within the German people a longing for the traditional and conservative values held prior to the First World War. Hitler's interpretation of German cultural history was the nation, founded in strength and purity during the pre-war era, had slowly been eroded from within by the influence of Jews and Bolsheviks. The war, according to Hitler, had successfully halted the "period of creeping sickness" affecting Germany, stopping "[t]he disease [that] would have become chronic," before it could further harm the German people.³⁰ In regards to Jewish influence on German culture and economics, Hitler wrote, "it is easily possible that after a certain time unquestionably harmful poisons will be regarded as an ingredient of one's own nation or at best will be tolerated as a necessary evil, so that a search for the alien virus is no longer regarded as necessary."³¹ Hitler believed the allowing of Jewish assimilation in Germany had weakened and sickened the nation and ethnic population. The Jews, according to Hitler, were the cause of Germany's ills and the requisite medicine to cure these ills lay within the *völkisch* movement.

The movement was the embodiment of all that was necessary to address the social concerns of Germans and the Nazi Party. Known in the historiography of Nazi Germany as the "Myth of Blood and Soil", Proctor describes the movement's goals as follows:

The Nazi vision of a more natural or organic way of life reflected in part, Nazi desires to return German society "to the earth," to a premodern or rural way of life, free of the complexities of modern civilization . . . It is important to recognize, however, that this "organic" vision of National Socialist ideology was not just a form of social

³⁰ Hitler, *Mein Kampf*, 232.

³¹ *Ibid.*, 233.

apologetics; it also informed the practice of science . . . These sciences were linked with broader social movements that were trying to reorient German science and medicine toward more natural or “völkish” ways of thought or living.³²

This idea of fully integrated social and political ideology for the sake of the racial health of the German people stood at the core of Nazi domestic policy and defined the regime as a Biocracy. The importance of the individual within the defined parameters of the bio-political vision became tantamount to the health of the Reich and German race.

The German state was no longer a nation of sociopolitical machinery led by Nazi ideology. Instead, it was an organic nationalistic entity, wherein the health of the whole was dependent on the purity of its individual parts, the populace. With scientific racism holding such deep importance to the Nazi ideology, a totalizing, organic vision emerged, requiring a new manner in which to implement political influence. The perception among the Nazi hierarchy was the German state was infected with the cancerous social disease embodied by the Jews. Nazi leadership understood that in order to respond to this threat, it would be necessary to court the medical profession and integrate it within the political cause. Lifton observes that “[a]mong the biological authorities called forth to articulate and implement ‘scientific racism’ – including physical anthropologists, geneticists, and racial theorists of every variety – doctors inevitably found a unique place.”³³

Doctors were to become a new type of leader for Nazi Germany, charged with not only the health of the Reich’s citizens, but the health of the Reich itself. The melding of political and medical ideologies that eventually led to medicalized killing were perhaps best expressed by Nazi doctor Fritz Klein in 1942. When asked if a conflict existed between his Hippocratic Oath and therapeutic killing, Klein responded “Of course I am a doctor and I

³² Proctor, *Racial Medicine*, 224.

³³ Lifton, *The Nazi Doctors*, 17.

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want to preserve life. And out of respect for human life, I would remove the gangrenous appendix from a diseased body. The Jew is the gangrenous appendix in the body of mankind.”³⁴ The direction of German medicine had been firmly set prior to the elicitation of Klein’s comment. Nearly a decade before, the duty of surgically and therapeutically “healing” Germany and the *Völk* was laid at the feet of physicians and necessary action would be taken to bring medicine into the political fold. The change, however, did not happen overnight.

The Medical Crisis, Nuremburg Laws and Gleichschaltung

Many of the established physicians the Nazi regime inherited were firmly rooted in the conservative values of the republican era.³⁵ The Nazi political movement, successfully geared toward influencing and attracting lower middle class workers, did not readily appeal to conservative members of educated professions, like physicians. However, by 1933, these same physicians were among those individuals who had felt displaced and disenfranchised following the First World War. As the failed Weimar Republic gave way to the new Nazi government, the members of Germany’s medical community saw an opportunity to reverse their fortunes alongside the new regime. Proctor believes understanding the appeal of the National Socialist movement to German physicians is rooted in these particular sentiments:

Impoverishment after the war and economic collapse during the final years of the Weimar Republic polarized the profession politically. At the same time, physicians warned of a “crisis in medicine,” a crisis variously construed as the bureaucratization, specialization, or scientization of medicine – problems blamed on the socialists, the

³⁴ Ibid., 15-16.

³⁵ Kater, *Nazi Doctors*, 12.

Jews, or the numerous quacks that eternally plagued the profession. Physicians expressed a desire to win back “the confidence of the people.”³⁶

Despite their professional standing, German physicians were equally affected by the same troubles and doubts that plagued the rest of the nation in the twenties. The creation of socialized medical insurance along with the establishment of “impersonal” medical clinics was perceived as a shift from medicine as a craft to medicine as a business. This change, which rankled many within the profession, was commonly referred to as “Factory medicine” (*jüdische Fabrikmedizin*) and was attributed to a Jewish-Bolshevist presence within the field.³⁷ Because of these dissatisfactions with the profession, German doctors whom had been established prior to the First World War viewed the Nazi seizure of power as an opportunity to “redress anomalies left over from the health administration of the Weimar Republic.”³⁸ In an ironic twist, they traded a perceived medical crisis for an actual one.

Younger physicians, those either in the waxing years of practice or the waning years of schooling, faced even more hardship than their well-entrenched professional contemporaries. Often plying their trade for an income that placed them below the poverty line and suffering from a lack of professional mobility created by their older peers, young physicians found the Nazi movement appealing for opportunistic reasons. Kater also asserts that new physicians “had been socialized in an era of ideological acerbity and had been exposed to an increasing Nazi presence in the body politic.”³⁹ Additionally, the *völkisch* movement, which focused on a return to the importance of the general physician over the medical specialist, created greater prospects for young physicians to establish a practice in rural areas. Therefore, “[i]n his heart of hearts the Nazi physician was a country doctor. It was in the countryside that the Nazi ideology of ‘blood and soil’ could

³⁶ Proctor, *Racial Medicine*, 69.

³⁷ Proctor, *Racial Medicine*, 164.

³⁸ Kater, *Nazi Doctors*, 12.

³⁹ *Ibid.*, 57.

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best be complemented with the holistic, organically oriented practice of medicine.”⁴⁰

The belief arose that general practitioners, especially those skilled in obstetrics, were needed far more than specialists in the German provinces. Regions far-removed from industrialized centers led many new physicians to focus their studies accordingly. This manifestation of the Nazi concern over propagation also adhered to the *völkisch* precept that moving away from industrialized medicine would benefit the continuing effort of racial purification of the German populace. In 1934, Wilhelm Frick, Reich Minister of the Interior, in a Mother’s Day speech, stated his desire that the new breed of physician be “a ‘doctor to the Nation [*Volkarzt*],’ who would ignore individual patients’ interests (and, by implication, even their right to live) in order to improve the life of the *Volk* as a whole,” based on the demand that “[t]he eugenic doctor treats not the individual but the genetic property (*Erbgut*) of the *Volk*.”⁴¹ This new direction for German medicine was radical shift in practice and ideology and is highly representative of the “reactionary modernism” of the Nazi political culture. Coined by historian Jeffery Herf to describe the Nazi’s thinking as being both revolutionary and reactionary, there existed a strong desire to advance medicine (and German culture) parallel to modernity while infusing progress with romanticized and outmoded visions of heritage.

This radical process stands as a defining element of Nazism and the revolutionary new ideology became a focus within the medical community. The Nazis had given the younger generation of physicians a new vision and ethic to work toward. It also signaled the first step toward the actual medical crisis that plagued Germany throughout the Nazi regime. As Germany geared itself for war throughout the 1930’s, the decline in specialized medicine and proper medical education would become blatantly obvious following the opening stages of the Second World War.

⁴⁰ Ibid., 26.

⁴¹ Claudia Koonz, “‘Ethical Dilemmas and Nazi Eugenics: Single-Issue Dissent in Religious Contexts,’” in *Resistance Against the Third Reich: 1933-1990*. Edited by Michael Geyer and John W. Boyer (Chicago: University of Chicago Press, 1994), 25.

The Nazi Bioracy was now capable of advancing its agenda, beginning with the steady dismissal of Jews from the medical profession. Feeding upon its own strength, the medical revolution would create a professional vacuum in which the loss of Jewish medical experience, intellect, and specialization would be replaced by inexperienced, eugenic-centered general practitioners. Subsequently, Jews of all professions faced discrimination which had increased parallel with Nazi political power. Nazi racial ideology, in particular the perception of Jews as a social and cultural disease, keenly affected Jews in the medical profession. Jewish doctors were effectively attacked on two separate fronts using aspects of racial science and political ideology. The first form of persecution focused on the ethical standards of Jewish physicians. Aside from propagating traditional stereotypes, Nazi propaganda also insinuated that Jewish physicians acted in a sexually inappropriate manner, taking advantage of Aryan female patients thus threatening racial purity⁴² The second, and more damning form of persecution was an attack on Jewish racial purity. Kater presents the example of H.H. Meier, a Hamburg physician who believed that “the elimination of Jewry from physiandom and other facets of health leadership’ [w]as a medical precaution for the collective health of the nation.”⁴³ This sort of perception furthered thinking of the Jewish question along medical lines, thus increasing the concept that doctors played a vital role in resolving the issue.

With the passing of the Nuremburg Race Laws on September 15, 1935, the German medical profession moved further along the path of self-inflicted crisis. In keeping with the theme of a Nazi Bioracy, the laws were considered a public health measure⁴⁴ and resulted in Jews being politically reclassified as non-citizens. Jewish physicians were likewise denied the legality

⁴² Kater, *Nazi Doctors*, 192.

⁴³ *Ibid.*, 178.

⁴⁴ Robert N. Proctor. “Racial Hygiene: The Collaboration of Medicine and Nazism,” in *Medical Ethics and the Third Reich: Historical and Contemporary Issues*, ed. John J. Michalczyk (Kansas City: Sheed & Ward, 1994), 37.

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to remain within the medical profession. Kater defines the passing of these laws as follows:

These regulations dealt the most devastating blow to German Jewry to date . . . The most obvious one was that since all Jewish civil servants who had been Hindenburg-exempt (served in the German military during the First World War) had to be forcefully retired, albeit with a – later reducible – pension, the remaining professors of medicine, *Amtsärzte* [public health officials], and other state employed Jewish physicians were finally to be dismissed.⁴⁵

Additionally, the categorization of *Mischling* (individuals classified as being part-Jewish through ancestry) allowed Nazi officials to broaden the spectrum to which they applied these professional dismissals.⁴⁶ The Jews in the medical profession were further persecuted and disenfranchised until their medical licenses were finally revoked in September 1938. The process of forcing Jewish physicians out of the profession, both legally and ideologically, provided upward mobility for the generation of young German doctors whom had been fully indoctrinated into the Nazi biomedical vision. This process of replacement, fueled by the reorganization of the medical profession under the process of *Gleichschaltung*, served to sink Germany deeper into its unforeseen and self-inflicted medical crisis.

The revolutionary reorganization of society under *Gleichschaltung* resulted in the removal of Jews from all levels of professional existence. In medicine, one aspect of the process replaced qualified deans and rectors of medical schools with political ideologues rather than trained physicians served to further damage an already misled academia. The successful melding of eugenics with political ideology resulted in a marked increase in the popularity and enrollment of students in medical academia. Kater describes that although the inclusion of eugenics into the

⁴⁵ Kater, *Nazi Doctors*, 193.

⁴⁶ *Ibid.*

permanent curriculum of medical schools was resisted prior to 1933, the Nazi regime's dedication to providing logistic support and backing to teaching positions in *Rassenkunde* changed the response of the medical community, resulting in a gradual acceptance and institutionalization of racist-eugenics.⁴⁷ However, there existed an inherent flaw in the change of curriculum. With the student body increasingly wishing to pursue medicine along the lines of racial science, there existed an overwhelming need for instructors in *Rassenkunde*, but, as there had not been a previous tradition of training in the discipline, instructors with often only a passing interest in the subject were assigned to teach.⁴⁸ Consequently, Germany faced a situation in which its growing core of doctors focused their studies on pseudo-science under the tutelage of instructors who proved to be "pathetically incompetent."⁴⁹ This lack of substantive qualified instruction in genuine medical science was only one of many glaring hindrances brought about by the Nazi party's process of *Gleichschaltung*. The end result was that as late as the close of the Second World War, despite German medical education's continued focus on *Rassenkunde*, "the Reich ministry of education still had no choice but to concede failure in the area of *Rassenkunde* instruction; certified faculty did not exist and the students' grasp of the subject matter was found to be wanting."⁵⁰

The vacuous *Rassenkunde* by itself was debilitating enough to the legitimacy and competency of German medicine to throw it into crisis. However, there existed a far greater consequence of *Gleichschaltung* as Germany moved closer to war during the mid to late 1930's. In *The Nazi Conscience*, historian Claudia Koonz notes that within the realm of German scholarship, including medicine:

After Hitler declared his "very major reorientation"
in the war against the Jews, a veritable academic

⁴⁷ Ibid., 114.

⁴⁸ Ibid., 115.

⁴⁹ Ibid.

⁵⁰ Ibid., 116.

industry in antisemitic research evolved. News reports, documentary films, exhibitions, and textbooks disseminated the latest scholarly findings that blamed Jews for the existence of “the Jewish question.” Thus, the decrease in physical violence after the Nuremberg laws coincided with an intensified disinformation campaign that rationalized white collar persecution. This strategy established the parameters of a genocidal consensus among the planners of the Final Solution and simultaneously reassured the general public that greater vigilance against “Jewish danger” was justified.⁵¹

The emphasis to legitimize *Rassenkunde* across the intellectual spectrum in Germany posed a two-fold threat to Jews who had already been legally marginalized. The mass proliferation of published works dealing with racial studies, presented as scientifically legitimate by respected institutions like the Kaiser-Wilhelm Institute and the Königsberg Institute, gave an aura of credibility to the “otherness” of the Jews. Additionally, it proceeded “to endow traditional Christian stereotypes about ‘the Jew’ with the cachet of modern scholarship.”⁵² This legitimization of the Nazi racial ideology brought with it professional benefits for scholars in the form of status, funding and increased opportunities to advance their careers. The fallout, however, would be that general populace, already inundated with coarse propaganda the likes of Julius Streicher’s *Der Stürmer*, would be subsequently, and subtly, influenced from above, as the intellectual circles of Germany would scientifically and culturally “prove” the inferiority of Jews.

The infusion of political ideology served as the death knell for the education of doctors under the Nazi Regime. Physicians had already been led astray by the pseudo-science concepts impregnated within nationalist politics, but the manner in which political fervor could outweigh technical and educational

⁵¹ Claudia Koonz, *The Nazi Conscience* (Cambridge: Belknap Press, 2003), 191.

⁵² Koonz, *The Nazi Conscience*, 200.

competence proved to be most undermining. Kater notes, “[In] the Third Reich academic dullness was no impediment to career progress if skillfully paired with Himmler’s political power . . .”⁵³ Additionally, he points out younger physicians gave in to the political pressure of the Nazi movement and that “[at] teaching clinics and university medical departments, assistant physicians and lecturers with an eye on a regular chair after January 30, 1933, would therefore suddenly be seen to flaunt formal Nazi affiliations that might have embarrassed them in prior years.”⁵⁴ Not only was political fanaticism becoming more important than technical skill, the spectre of war looming over Germany soon required a greater demand of politicized physicians to be available for frontline duty in the *Waffen SS* and *Wehrmacht*. In order to meet this increase in demand, substantial changes were made to medical curriculum. Kater explains:

On April 1, 1939, certainly in expectation of an armed conflict . . . [the] final examination was clipped to about six weeks, one of the preclinical semesters was abolished, and the practical year between final examination and licensure was halved and tucked inside the new, streamlined course of studies, with the first three months of internship . . . to be served after the seventh semester and the last three months after the ninth. Two years were saved, but students had less time to spend on their studies . . .⁵⁵

In addition to limited time spent involved in formal education and internship, the *völkisch* movement’s emphasis on *Rassenkunde* and the value of general practitioners over specialists likewise affected the professional capabilities of the new generation of medical professionals.

⁵³ Kater, *Nazi Doctors*, 132.

⁵⁴ *Ibid.*, 133.

⁵⁵ *Ibid.*, 155.

The dearth of medical skill became apparent by the time Germany entered the Second World War. Newly-minted “doctors” were rushed to the frontlines and required to perform life saving operations on their fellow soldiers under deplorable conditions. In the heat of battle with soldier’s lives on the line, truncated coursework, political fervor for racial science and lack of technical surgical expertise “produced ramshackle physicians, whom even the wounded soldiers did not trust.”⁵⁶ Despite these glaring shortcomings of the medical profession and the doctors it produced, the politicization of medicine, in the eyes of Nazi medical functionaries, was deemed a stellar success. As late as 1942, Rudolf Ramm, who was tasked with supervising the successful *Gleichschaltung* of German medical education, felt the expulsion of Jews and other politically “unreliable” elements from the medical profession “would guarantee that the provision of medical care for the population would not be endangered” and that the process had reestablished the ethics and professional standards of the craft⁵⁷. Ironically, in 1941, prior to Ramm’s claims of success, the dire medical situation on the ground in Russia due to a shortage of qualified medical personnel resulted in the government’s “mobilization of a number of Jewish doctors and nurses to assist in the care for the wounded.”⁵⁸ Despite the clear indicators of the medical crisis’ rapidly accelerated growth following the seizure of power in 1933, the Nazi hierarchy was unperturbed in implementing a key tool for furthering the biomedical vision. The politically motivated and racially educated SS physician was, in the eyes of the regime, advancing the Biocracy’s vision and creating a genetically, culturally, and ethnically pure Aryan utopia.

⁵⁶ Kater, *Nazi Doctors*, 173.

⁵⁷ Proctor, *Racial Medicine*, 90.

⁵⁸ *Ibid.*, 154-156

The Healing-Killing Paradox – Sterilization and Euthanasia

Despite the crisis which had been overtaking German medicine in the 1930's, caused by the dismissal of qualified Jewish medical faculty, the infusion of Nazi political ideology and emphasis of racial science, and the reduction in properly trained medical specialists, the Nazi party moved forward with the implementation of its biomedical vision, thus creating the healing-killing process of therapeutic national medicine. The Nazification of medicine, in addition to the establishment of the *völkisch* movement, presented the Nazi regime as one dedicated to healing the genetic and racial ills of the German state. The first step of this “healing” process was the identification and sterilization of those deemed to be a threat to genetic purity. This was done so that the Nazi's might “eliminate the possible hereditary influence of a wide variety of conditions – blindness, deafness, congenital defects, and such ‘crippled’ states as clubfoot, harelip, and cleft palate.”⁵⁹ Already, in July of 1933, the Law for the Prevention of Genetically Diseased Offspring was drafted by members of the National Socialist Physicians' League and allowed doctors to forcibly sterilize those deemed genetically unfit for reproduction.⁶⁰ The subsequent establishment of Genetic Health courts helped to lend state-sponsored legal backing to the practice, creating a more accepting response from German doctors in the early years of the regime. By 1935, with the passing of the Nuremberg Race Laws, Nazi propaganda, *Rassenkunde*, and *Gleichschaltung* within the medical profession greatly expanded the notion of protecting the health of the *Völk*. All that was required was a program designed to facilitate the handling of those deemed unsuitable to exist within the national body.

The genetic profiling and sterilization measures being enacted by the Nazi regime by the mid 1930's did not rise with the regime, however. The National Socialist agenda was simply putting into practice concepts which had been introduced to the

⁵⁹ Lifton, *The Nazi Doctors*, 26.

⁶⁰ Proctor, *Collaboration*, 37.

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medical community almost two decades earlier. In 1920, Karl Binding and Alfred Hoche, both distinguished German university professors, collaborated on what became known as the Binding-Hoche study. The treatise medicalized the concept of therapeutic killing, arguing that “destroying life unworthy of life is ‘purely a healing treatment’ and a ‘healing work’ [in addition to being] compassionate and consistent with medical ethics.”⁶¹ Additionally, the Binding-Hoche study presented this process of killing as being an economically beneficial application of medicine. According to the study, the state would not be required to allocate budgeting to the care of the genetically or mentally ill if there were no such individuals to care for. By 1938, the Nazi’s followed through on this perverse medical conception when the practice of forcible sterilization evolved into the systematic killing of those deemed genetically or mentally inferior under national law. The responsibility of this state-sponsored killing was left to the nations physicians.

The euthanasia program originally targeted genetically inferior children and implemented various methods of facilitating death, either through starvation, exposure, or long-term administration of various lethal medications. By late 1939, starvation as a method of medicalized killing was developed by Dr. Hermann Pfannmüller, director of the Eglfing-Haar institute. Pfannmüller took pride in the method hailing it for its cost-effectiveness and practical image to the foreign press.⁶² Despite personal initiative like that of Pfannmüller, the sterilization and euthanasia programs were initially orchestrated by government offices. The Führer decree of October 1939 changed this by granting authority solely to the medical profession, handing physicians the reins of the program and allowing them to implement it as they deemed necessary.⁶³ Operating under the auspices that German physicians were fully within the fold of the regime’s ideology, the decree expanded the euthanasia program to include adults and resulted in the creation of the T4 program. The change in doctrine was timed to coincide with the invasion of

⁶¹ Lifton, *The Nazi Doctors*, 46-47.

⁶² *Ibid.*, 62.

⁶³ *Ibid.*, 63.

Poland, and was viewed as being “justified as a kind of pre-emptive triage to free up beds”⁶⁴ for soldiers wounded on the frontlines of battle. The increased number of undesirables slated for death, and the speed in which they would require liquidation called for a more systematic method of killing. It was under the T4 program that German physicians first implemented the use of gas as a method for mass extermination, all in assumption of establishing the purity of the German race in a medical manner.

It is important to note Lifton’s observation that the doctor’s selected for the killing application of *Rassenkunde* “came to be chosen apparently for their combination of inexperience and political enthusiasm.”⁶⁵ By the opening salvos of the Second World War, Germany was waist-deep in its self-inflicted medical crisis. Although the process of euthanasia in addition to the later systematic killing of Jewish and political prisoners in the death camps was conducted in a manner that was perceived as outwardly medical, it was anything but. Lifton argues that “the primary – perhaps the only – *medical* function of the killing doctors was to determine the most believable falsification of each patient-victim’s death certificate.”⁶⁶ It is arguable that the moniker of “doctor” should even be granted to the majority of individuals licensed to practice medicine under the Nazi regime. As stated earlier, the Nazification of curriculum, emphasis on political background over academic capability and overwhelming interest in pseudo-scientific racial theory, hardly qualified German doctors as such. Additionally, many doctors with upper-class backgrounds, like Mengele, joined the SS as a way to maintain elitist standing.⁶⁷ This reality leaves questions in the mind of the historian as to whether or not Nazi doctors, particularly SS doctors, truly adhere to the definition of a physician. When doctors begin to act as physicians of the state, in which the community trumps the individual, and act in accordance to political ideology more than legitimized and

⁶⁴ Proctor, *Collaboration*, 38.

⁶⁵ Lifton, *The Nazi Doctors*, 73.

⁶⁶ *Ibid.*, 74.

⁶⁷ Kater, *Nazi Doctors*, 165.

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proven science and research, do they remain doctors or do they simply become ideological tools?

The transformation of the already horribly misguided T4 program stands as the apex of the German medical crisis, representing the ultimate manifestation of the bastardization of medicine under Nazi influence. The program was converted for use in the concentration camps under the codename 14f13 and served, as Lifton argues, as the primary link between medical killing and genocide.⁶⁸ Under the 14f13 protocols, the target pool for industrialized medical killing was widened considerably. The focus on the mentally ill became less and less important than “political prisoners, Jews, Poles, draft evaders or those deemed militarily unsuitable, those guilty of ‘racial’ crimes, [and] habitual criminals.”⁶⁹ Early successes of the German military between 1939 and 1941 placed Poland and other territories under Nazi control. These territories were inundated with populations that did not adhere to the standards of the National Socialist biomedical vision. The personal letters of Nazi doctor Friedrich Mennecke, the physician in charge of the 14f13, are most revealing as to the perception Nazi ideologues had of their non-Aryan Eastern European charges:

You can tell by looking at the Russian people that they are born and raised right in the dirt, so they don't know any better. These people are really only silhouettes in human form that Jewish Bolshevism had an easy time molding in its image. No other people would be better suited to be misused for an idea as absurd and crazy as Bolshevism. This is not a master race, but the most primitive, stubborn, and shabby heap of humanity that we have in Europe.

⁶⁸ Lifton, *The Nazi Doctors*, 134.

⁶⁹ *Ibid.*, 137.

A single human life means as little here as in any lower order of animals.⁷⁰

Mennecke's observation also notes the political animosity which ran parallel racial perceptions. Nazism and Communism were antithetical political ideologies and Nazi propaganda had long paired the image of Jews and Bolsheviks as being synonymous. A new layer of hatred had been cast upon the German mind-set. The war that Germany waged against Russia was a war of racial domination and genocide. In 1941, German Sixth Army Commander Walter von Reichenau, in an address to his troops, stated:

In the East the soldier is not only a fighter according to the rules of warfare, but also a carrier of an inexorable racial conception {*völkischen Idee*} and the avenger of all the bestialities which have been committed against the Germans and related races. Therefore the soldier must have *complete* understanding for the necessity of the harsh, but just atonement of Jewish subhumanity.⁷¹

There existed no differentiation between Jew and Communist as Nazi ideology was successfully mobilized to dehumanize any persons who did not fit into the pseudo-scientific principles of *Rassenkunde* and, while utilizing the war as a cover for "medically necessary" killing. Subsequently, the ultimate in Nazi public health measures was implemented; the creation of Auschwitz and the beginning of mass industrialized slaughter.

⁷⁰ Peter Chroust, "Selected Letters of Doctor Friedrich Mennecke," in *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene*, trans. Belinda Cooper (Baltimore: Johns Hopkins University Press, 1994), 250.

⁷¹ Walter von Reichenau, "The Indoctrination of the German Soldier: For Volk, Führer, and Fatherland," in *Sources of Twentieth-Century Europe*, ed. Marvin Perry, Matthew Berg, and James Krukones (Boston: Houghton Mifflin Company, 2000), 243.

Auschwitz - Anus Mundi and Josef Mengele

Auschwitz-Birkenau represented the culmination of all sociopolitical and scientific factors which had defined the Nazi biomedical vision. It stood as the ultimate expression and implementation of *Rassenkunde* and the addressing of the problem of “life ‘not worthy of life.’”⁷² *Gleichschaltung* within medical academia had successfully provided Heinrich Himmler, head of the SS and concentration camp system, with politically reliable doctors who would be capable of performing the necessary functions of mass murder required within the camps. Lifton defines these selected doctors as being “medically undistinguished, strong in their Nazi ties, and personally self-aggrandizing”⁷³ and it would be these sorts of individuals who would be placed in charge of the medical concerns within the concentration camps. Additionally, Lifton continuously states that all aspects of killing within the camp maintained the deception of legitimate medical practice. From the transportation of *zyklon-B* poison in Red Cross vans, the gas’ administration by SS medical corpsmen, to the selections performed by doctors on the ramps and medical wards “the killing program was led by doctors – from the beginning to the end,”⁷⁴ as one survivor testimony concluded.

Despite the overwhelming amount of indoctrination that Nazi medical professionals underwent prior to the utilization of 14f13 within Auschwitz, the horrifying reality of the extermination camp was so psychologically powerful that its additional influence as a motivational force cannot be denied. Lifton points out it was a Nazi doctor Heinz Thilo who referred to the camp *anus mundi*, or “anus of the world,” and the application of the term was appropriate as it was representative of, as a Polish psychiatrist concluded, “‘the necessity to sweep clean the world’ a vision ‘of the Germanic superman, . . . of a world where there would be no place for sick people, cripples, psychologically immoral people, contaminated by Jewish, Gypsy or other blood.’”⁷⁵ In the Nazi

⁷² Proctor, *Racial Medicine*, 73.

⁷³ Lifton, *The Nazi Doctors*, 154.

⁷⁴ *Ibid.*, 166.

⁷⁵ *Ibid.*, 147.

biomedical vision, Auschwitz was the facility in which the Reich's cultural and genetic waste would be permanently eliminated, a rationalization that lent more weight to the perception that medical, rather than political, functionaries were accountable for the killing. Despite this level of responsibility placed in the hands of doctors, it is of particular interest to recognize which duties assigned to doctors were considered medical and non-medical.

Although there may have existed the conception among prisoners and Nazi physicians that all duties performed by the doctors within the structure of the camp were medical in nature, there was no distinction for the camp Kommandant, Rudolph Höss. In his memoirs, written after his capture by Allied forces at the end of the war, Höss detailed the SS administered rules and regulations under which the camp was operated. Within these detailed lists of operating procedures is a heading titled "The Non-Medical Activities of the SS Doctors in Auschwitz." Following the heading is a list of actions performed in the process of medicalized killing, from the ramp selections and *zyklon-B* application, to medical block selections and abortions. All of these duties given to SS doctors were interpreted and executed with the understanding of being non-medical in nature.⁷⁶ The real medical duty of camp doctors was to see to the health of the German soldiers manning the camp. As far as prisoners were concerned, their medical responsibility did not extend beyond assuring that they (the prisoners) would be healthy enough to remain productive.⁷⁷ This distinction is vital to understanding the breakdown in the biomedical vision of the physicians in question, as they may have been so affected by the German medical crisis that they were unable to perceive delineation between science and politics. The medical bureaucracy had taught them that every act they performed was medical in nature, purifying and strengthening the *Völk*. From the SS perspective, the doctor in the camp performed in more traditional role. While these opposing distinctions may be

⁷⁶ Rudolph Höss, *Death Dealer: The Memoirs of the SS Kommandant at Auschwitz*, ed. Steven Paskuly, trans. Andrew Pollinger (New York: De Capo Press, 1996), 223-225.

⁷⁷ *Ibid.*, 217.

indicative of the power struggle that existed between SS factions, one wishing to preserve prisoners as a labor resource (despite the agenda of higher authority) and the other aiming for maximized extermination, it could arguably be an indicator of not only the SS doctors of Auschwitz being recognizably undertrained in medical science, but they had also fully succumbed to the twisted logic of the ideology.⁷⁸ Nazi physicians ultimately fell into the latter of the two factions, as the responsibility and accountability of their traditional role as medical practitioner was superseded by the influence of Nazi ideology, turning them into party functionaries first, doctors second.

From this perspective Josef Mengele represents an iconic figure of both the German medical crisis and the overwhelming influence of Auschwitz. Mengele, enrolled in the medical program at the University of Munich during the Nazi seizure of power in 1933, was in a most opportunistic place to be influenced by the political ideology of the Nazi party and the misleading concepts of *Rassenkunde*. In 1935, he was awarded his Ph.D. in anthropology and medicine after completing his dissertation on the hereditary abnormalities of human jaws, earning a citation in the *Index Medicus* of 1937.⁷⁹ William Seidelman states that although the influence of party politics could already be seen in Mengele's work, it was not of a sufficient level to deny that Josef Mengele was of "respectable professional origins,"⁸⁰ in the context of medicine in the mid 1930's. It must be noted, however, that in 1931 during his first year at the University of Munich, Mengele joined the *Stahlhelm* (Steel Helm), a paramilitary unit of the Nazi party comprised of university students. His allegiance to the *Völk* and the ideals of the Nazi movement at such an early stage also influenced his interest in racial science and anthropology.⁸¹ The conception of Mengele shifting from a "credible" physician to a

⁷⁸ Lifton, *The Nazi Doctors*, 174.

⁷⁹ William E Seidelman, "Mengele Medicus: Medicine's Nazi Heritage." *The Milbank Quarterly* 66, no.2 (1988): 225. <http://www.jstor.org/stable/3350031> (accessed March 10, 2009).

⁸⁰ *Ibid.*, 221.

⁸¹ Lucette Matalon Lagnado and Shiela Cohn Dekel, *Children of the Flames: Dr. Josef Mengele and the Untold Story of the Twins of Auschwitz* (New York: Penguin Books, 1991), 40-41.

death camp butcher is misleading. The Nazification of medicine and the continuous influence of *Gleichschaltung* increased importance of political reliability for upward mobility. This fact coupled with Mengele's early involvement in the Nazi movement leaves little doubt that he became increasingly receptive to the Nazi biomedical vision during his medical education, for ideological and opportunistic reasons. By the time Mengele reached Auschwitz in April of 1943, he had received his baptism of fire two-fold, both in the Nazified halls of medicine and the racially and politically charged battlefields of the Eastern Front. Undoubtedly, Mengele was exposed to ideological propaganda the likes of von Richenau's speech, mentioned earlier, during his service at the front. Upon assumption of his role as camp physician of Auschwitz, Mengele would have been a fully indoctrinated Nazi ideologue, intent on utilizing his sadistic ambition to exploit "ample opportunities for what passed as scientific research . . . which could be used for academic purposes, such as acquiring the *Habilitation*, or second scholarly book, enabling one to teach in a medical faculty or even become a professor."⁸² He had internalized Nazi racial policy, and represented the culmination of the German medical system in crisis.

Under the influence of *Gleichschaltung* and the medical crisis, the eight year span between the receiving of his PhD and his assignment to Auschwitz resulted in Mengele's embracing the concept of therapeutic healing through killing. One must remember that he, and numerous other German doctors, was a product of a medical system in crisis in addition to a culture subjected to mass indoctrination. By all outward appearances, there existed a duality in the nature of Dr. Josef Mengele while at Auschwitz, a fact which drives Lifton's "doubling" thesis. Survivor testimony has revealed two sides of Mengele, an outward manifestation which earned him his infamous nickname, the

⁸² Michael Kater, "Criminal Physicians in the Third Reich: Toward a Group Portrait," in *Medicine and Medical Ethics in Nazi Germany: Origins, Practices, Legacies*, ed. Francis R. Nicosia and Jonathan Huener (New York: Berghahn Books, 2002), 87-88.

“Angel of Death.” In recalling Josef Mengele, survivor Peter Somogyi, a twin subjected to experimentation by the SS physician, stated, “Mengele related to twins on different levels. With my brother and me, he liked to discuss music. We had long talks with him about culture. Perhaps because of this, we were not afraid of the experiments – or of him . . . I remember thinking Mengele was a rather nice man.”⁸³ These very conversations originated on the selection ramp due to Mengele’s tendency to whistle classical music tunes while sending transport arrivals to the gas chamber. Another survivor, Vera Blau, recalled a young gypsy twin that Mengele used to shower with affection. It was with this imagery of humanity that Blau described Mengele, but in a rather paradoxical way. “I believe Mengele loved children,” Blau observed, “even though he was a murderer and killer. Yes! I remember him as a gentle man.”⁸⁴ Despite the affection showed to the child, Mengele personally walked the boy to the gas chambers when the Gypsy camp of Auschwitz was liquidated.⁸⁵

Because the actions of Mengele seem to be so diametrically opposed, Lifton concludes that he represents the most extreme form of psychological doubling. Lifton maintains that Mengele “had to form a new self in order to become an energetic killer” and that “his prior self could be readily absorbed into the Auschwitz self,” thus enabling him to easily process the healing-killing paradox.⁸⁶ However, it can be argued there was no paradox in the reversal of healing to killing for Josef Mengele. Medicalized killing in the death camps was simply an extension of National Socialist will. National Socialism, as eugenicist Theobald Lang had once stated, was simply applied biology.⁸⁷ For Mengele, the act of killing those deemed scientifically inferior or sub-human was an act of “healing.” The combination of his Nazified medical education and political indoctrination had brought Mengele fully within the fold of the *völkisch* conception of Germany and by acting upon the proscribed precepts necessary to heal both the

⁸³ Lagnado & Dekel, *Children of the Flames*, 77.

⁸⁴ *Ibid.*, 67

⁸⁵ *Ibid.*, 83.

⁸⁶ Lifton, *The Nazi Doctors*, 424.

⁸⁷ Proctor, *Racial Medicine*, 30.

Germany nation and its people, he was acting in a manner which was both appropriate and relevant. The paradox did not apply, because there was no differentiation between the two: killing was an act of healing, and vice versa. It was not the horrifying degradation of Auschwitz which turned Mengele into a murderer and torturer; instead, it was the methodical exposure to and assimilation within Nazi ideology which twisted him, and others, as a doctor and a human.

Dr. Miklos Nyiszli, a prisoner pathologist and Hungarian Jew forced into the employ of Mengele, witnessed much of the extent of Mengele's atrocities. Amidst the demonic experimentation and murder inflicted by Mengele, however, Nyiszli did recall a brief moment of human emotion exhibited by the feared doctor:

During our numerous contacts and talks together, Dr. Mengele had never granted me what I might call a private conversation. But now, seeing him so depressed, I screwed up my courage. "Captain," I said, "when is all this destruction going to cease?" He looked at me and replied: "*Mein Freund! Es geht immer weiter, immer weiter!* My friend, it goes on and on, on and on . . ." His words seemed to betray a note of silent resignation.⁸⁸

This moment of human weakness, however, did not keep Nyiszli from describing Mengele as a "criminal doctor" and describing his "research into the origins of dual births [as] nothing more than pseudo-science."⁸⁹ His observation of the work Mengele pursued while in Auschwitz is particularly revealing. It shows from the professional opinion of a licensed, and legitimate, doctor that Mengele, despite academic and professional recognition at the start of his career, had become no better than other physicians produced by the German medical system in crisis. Additionally, Mengele's

⁸⁸ Dr. Miklos Nyiszli, *Auschwitz: A Doctor's Eyewitness Account*, trans. by Tibère Kremer and Richard Seaver, (New York: Arcade Publishing, 1993), 172.

⁸⁹ *Ibid.*, 97, 109.

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own admission that the killing seemed to be endless may reveal his own doubts over the ability of the Nazi Biocracy to fully realize its agenda, despite his personal level of commitment to the ideology.

Despite any doubts that may or may not have existed for Mengele, the unique environment of Auschwitz, with its availability of human research material in addition to its social, political, and moral isolation became a forum for him to ply his politicized trade; in short, he could play God. Lifton states, “In speaking of him as a doctor ‘playing God’ and then reversing that image to ‘God playing doctor,’ one prisoner doctor touched upon Mengele’s sense of being the embodiment of a larger spiritual principle, the incarnation of a sacred Nazi deity – whether that deity was itself an ideological vision of the future or the Führer himself.”⁹⁰

The Shift in Cultural Axioms

Historian Claudia Koonz believes the motivation for the perpetrators of the Holocaust originates from both the functionalist and intentionalist camps, being composed of a multitude of factors. German cultural anti-Semitism, the eugenics movement, political indoctrination, and the process of psychological “numbing” all play a role in the collaboration and enactment of persecution and genocidal murder of European Jews. She states that, “collaborators in racial persecution were ordinary in a different and more frightening way than the image of banal bureaucrats and obedient soldiers suggests.”⁹¹ The process of “othering” Jews during the Nazi Regime was, according to Koonz, achieved subtly by the ethnocrats of the German government playing upon the fears and concerns of a disillusioned and socio-politically fractured culture. Between the years 1933 (when the Nazis seized power) and 1939 (the German invasion of Poland), Hitler and the Nazi Party went to great lengths to constantly adapt the party program and the government in order to maximize compliance and success

⁹⁰ Lifton, *The Nazi Doctors*, 379.

⁹¹ Koonz, *Conscience*, 273.

with various measures aimed at socially isolating Jews. Koonz points out repeatedly in her text that between 1933 and 1935, prior to the implementation of the Nuremberg Race Laws, Hitler himself scaled back his anti-Semitic rhetoric while party officials attempted to quell SA violence in the streets against Jews, all in an effort to garner stronger support and establish deeper credibility for the National Socialist government. Unlike Goldhagen's analysis, Koonz draws the conclusion that it was not anti-Semitism that made Germans Nazis, rather Nazism that made them anti-Semitic.⁹²

As support for the National Socialist movement grew, so did its influence on every aspect of life within German society. The subtle and methodical process of indoctrination was not only manifesting in verbose political speeches and anachronistic paramilitary rallies, but in facets of popular culture and everyday life. Joseph Goebbels, Hitler's Reich Minister of Propaganda, executed his job with extreme efficiency, increasing the appeal of Hitler's cult of personality while simultaneously promoting ethnic fundamentalism. "A skillfully managed public relations campaign allowed moderate Germans to rationalize their support for Nazi rule. They could become 'yes but' Nazis – welcome ethnic fundamentalism and economic recovery while dismissing Nazi crimes as incidental."⁹³ By focusing on ethnic homogeneity rather than Jewish diversity – "self-love" rather than "other-hate"⁹⁴ – during the formative years of the Regime, Hitler and the Nazi party were successful in changing the axis upon which German morality and ethics spun. This shift in the cultural axioms, the change in what "ordinary" Germans and German physicians perceived as right and wrong as a collective society, was the greatest component in creating complicity to the Holocaust.

Historian John Roth's analysis of ethics during the Holocaust supports Koonz's argument. Roth states:

⁹² Ibid., 10.

⁹³ Ibid., 102.

⁹⁴ Ibid., 10.

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It can be argued that ethical injunctions against needless and wanton killing, for example, obtain normative status because collective experience shows them to have social utility. Such killing is wrong, on such a view, because it threatens individual and social well-being. Over time this lesson is experienced, taught, and driven home so that the ethical norm becomes embedded “in our bones.” But what if individuals or social groups do not understand wanton and needless killing in the same way? Himmler and his followers could agree that wanton and needless killing was wrong, but they did not think that the destruction of the European Jews fit that description.⁹⁵

From a 21st century perspective, the perpetration of the Holocaust by Germans during the Nazi regime, be they the facilitators of genocidal murder or complacent and apathetic bystanders, is without doubt morally and spiritually horrendous and wrong. However, in the context of Germany during the 1930's and 1940's, to the ordinary German, the role they may or may not have played was, collectively, right *in terms of accepted standards of behavior and morality*. This level of acceptance is not the singular result of deep rooted cultural anti-Semitism, as Goldhagen asserts. The German conscience was not one of anti-Semitism poised at the brink, waiting for the words of an ideologue to start it down its eliminationist course. Additionally, the vast majority of German society did not allow itself to be turned against those who were ethnically different, particularly Jews, because of purely external factors and the radicalized pro-activity of mid-level Nazi bureaucracy, as has been argued by Browning. Goldhagen is correct to focus on the ideological drive, but the argument only goes so far. At the same time, Browning's focus is too narrow, and while it helps to explain perpetrator motivation on one level, it falls short of bridging the gap to Goldhagen. Koonz's analysis

⁹⁵ John K. Roth, *Ethics During and After the Holocaust: In the Shadow of Birkenau* (Houndmills:Palgrave Books, 2005), 71.

successfully weaves the two dialectics together, creating a deeper and broader understanding of perpetrator motivation.

As Koonz points out, “[t]he popularizers of antisemitism and the planners of genocide followed a coherent set of severe ethical maxims derived from broad philosophical concepts . . . they denied the existence of universal moral values and instead promoted moral maxims they saw as appropriate to their Aryan community.”⁹⁶ The Nazi party had a racially charged agenda that was blatantly clear, but, unlike Goldhagen’s belief that Germans were on board with the program from day one or Browning’s belief that limited indoctrination played a minor role on the ground in Poland, the German populace, prior to the war, was influenced to such a degree through propaganda, scientific and intellectual legitimization, and government support, they truly believed Jews and other non-Aryans posed a threat to the imagined community of the *Volk*. The difference between right and wrong, ethical or unethical, was perceived through the *völkisch* lenses, and any action (or inaction) that preserved the sanctity of the *Volk*, the state and the Führer was of paramount importance. Roth clarifies this reality succinctly when evaluating Germans under the Third Reich: “They were not mindlessly obedient; they acted in terms of what they came to regard as right and good. To do the latter, they may have had to suppress or override some moral inhibitions, but they could do so without feeling that they were irrational or morally unjustified in doing so.”⁹⁷

The Hippocratic Oath, written sometime in the 4th century B.C., has long served to define the ethical responsibilities and standards expected to be upheld by physicians.⁹⁸ Whereas the original Greek religious aspects of the Oath have fallen by the wayside with the rise of Christianity and modernity in Europe, the core of the oath remains relative and intact:

⁹⁶ Koonz, *Conscience*, 1.

⁹⁷ Roth, *Ethics During and After the Holocaust*, 85.

⁹⁸ Michael North, *Greek Medicine: “I Swear by Apollo Physician...”: Greek Medicine from the Gods to Galen*.
http://www.nlm.nih.gov/hmd/greek/greek_oath.html (accessed April 13, 2009).

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I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them. I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion. In purity and according to divine law will I carry out my life and my art. I will not use the knife, even upon those suffering from stones, but I will leave this to those who are trained in this craft.⁹⁹

The Hippocratic Oath is more than one of healing; it is an oath of trust, responsibility and accountability. By taking this oath, physicians commit themselves morally and professionally to the art of healing and of saving lives. What happens, however, when political influence, scientific legitimacy, and personal ambition overtake the moral and ethical compass? Under the joint influence of social, political, and scientific ideologies during the Nazi Regime, the most important aspects of the oath appear to have disappeared along with the ancient Gods. Adherence to tradition was superseded by science while morality drowned beneath a wave of reactionary modernism. According to Koonz, the movement away from progressive education, believed to be overly subjective and leaving ethnic Germans “defenseless against the ravages of a decadent culture,”¹⁰⁰ culminated in collective education and cultural identification centered on a conglomeration of Social Darwinism, anti-Semitism, and eugenics which paved the way for a horrifying shift in German medical history and introduced the world to the reality of medicalized killing, epitomized by the Holocaust and the medical experimentation performed at death camps like Dachau and Auschwitz.

The lengths to which the Nazi regime went in order to maintain the illusion of healing while industrializing death, on a horrifically grand scale, cannot be discounted as a historical anomaly, nor can the physicians entrusted with the task be

⁹⁹ North, *Greek Medicine*.

¹⁰⁰ Koonz, *Conscience*, 132-33.

analyzed separate from the scholarship on Holocaust perpetration. Doctors represent healing and their ability to cure ills and save lives instills a level of trust and accountability upon the profession. *Gleichschaltung* within German academia, medicine and culture was fundamental in creating not only corrupt physicians, like Mengele, but a society tolerant and/or apathetic to the existence of death camps, like Auschwitz, where the most heinous of crimes in the name of science and social health were conducted. “Like the spirit *Malach Hamavet*, Mengele was a master destroyer, a satanic figure brimming with evil and without regard for human life. But also like his namesake, Mengele was ‘angelic’ in appearance and demeanor, able to charm, to woo, to captivate, to trick and seduce, everyone he met, most especially young children.”¹⁰¹ This image of Mengele is quintessential in representing German medicine under the Nazi regime.

For physicians in the Third Reich, opportunities presented by the professionalization and legitimization of racial science by the Nazi regime helped to create an environment in which German physicians played an integral role in the creation of an ethnically homogenous state. Koonz persuasively suggests that:

Moral catastrophe did not take place only on the killing fields and concentration camps in the distant East. It began at home, in the Reich, during the so-called peace years . . . Bureaucratically sanctioned persecution was presented as a protective measure against Jewry, depicted as an amorphous moral danger. Individual Jews’ evident suffering, however unfortunate, was cast as collateral damage on the crusade for ethnic rebirth.¹⁰²

As cultural and ethical axioms shifted in favor of the *Volk* concept and away from accepted Enlightenment traditions of universal freedoms, German physicians, and the German populace as a whole, found their willingness to conform to the racial policies of

¹⁰¹ Lagnado & Dekel, *Children of the Flames*, 76.

¹⁰² Koonz, *Conscience*, 256.

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the Nazi party to be both acceptable and responsible. As Jews and other undesirable elements of German society found themselves increasingly marginalized, persecuted and “othered,” the response to their plight by their cultural and ethnic superiors was one of apathy, violence and murder. German physicians, increasingly immersed in all forms of influence, from indoctrination to brutalization to opportunism, found themselves existing deeper within the axiomatic shift than their “ordinary” contemporaries. As no single element is capable of fully defining medicalized killing or the politicization of German physicians, it must be understood that numerous ideologies, personal decisions, and shifting standards of ethics all played a role in the reorganization and reimplementation of German medicine. The historiography shows the manifestation of medicalized killing and the motivation for German physicians to circumvent the precepts of their Hippocratic Oath has deep historical roots and derives more from the changes in social, political, and scientific thinking responsible for the Nazification of German medicine than the uniquely amoral and cruel atmosphere of Auschwitz itself. As their stake in the healing-killing paradox and the perpetration of the Holocaust grew ever larger, the reality of physicians performing at the behest of the Third Reich was such: rather than serving as the scalpel in the ideological hand, they were the hand wielding the ideological scalpel for the greater good of National Socialism and the ethnic German state.

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