

**Precursor to Genocide:
A Study of Physicians in Nazi Germany**

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Abstract

During the rise of Nazi Party, Germany was on the forefront of medical research. There was a founded fascination amongst doctors and scientists with genetics and evolution, which also coincided with the Nazi idea that some lives are unworthy of life. These ideas were developed in order to create a stronger Germany. The mentally and physically disabled were seen as economic burdens and a health risk. The Nazis considered the extermination of this group a service to humanity. At the expense of innocent victims in concentration camps around Europe, German doctors would conduct experiments in order to find answers to their questions about racial superiority. In white lab coats and with the resources to heal, Nazi doctors used their training instead to kill under the rouse of public health. During the Third Reich doctors in Germany disregarded traditional medical ethics codes as a new form of medicine evolved with an emphasis on destruction, which had full support of german doctors as well as there staff. Using historical comparative analysis, my findings in both the research of the children's euthanasia program and the T4 program, as wells as the morality of the euthanasia staff is that the Nazis would do whatever it took to meet their goal of having a pure, homogenized state no matter how many people had to die.

Introduction

The topic of medicine in Nazi Germany has been carefully and thoroughly researched. Many feel that there are lessons to be learned from what happened to the unsuspecting, innocent victims who were killed because of their race, religion or disability. While the literature is expansive, it is also contradictory. With many

perpetrators as well as survivors no longer alive, we are left to decode their lives in order to understand what really happened in those make shift hospitals. Beginning with high-ranking medical physicians such as Karl Brand and Josef Mengele, their life stories can reveal who they were before their experiences with the Nazi party and what happened to them after. The purpose is to understand the “Nazification” of the medical profession. This particular profession is built on trust in physicians and their staff and we expect them to be more compassionate. But during the time of Nazi Germany, doctors realized they could use the party to rise in rank. Doctors like Josef Mengele whose career was built on promotion of the party or Karl Brandt who used euthanasia centers as laboratories. While the policies were accepted, this does not account for the enthusiasm that these two doctors and many others had for their murderous occupations. To understand this, my thesis will look into the early history of Josef Mengele and Karl Brandt as well as their later careers to better understand the impact of Nazi ideology on their lives.

Perspectives of a Leader

In order to understand the focus of medical practices in Nazi Germany, it is important to understand exactly what Adolf Hitler thought about the mentally ill and handicapped as well as his feelings on the importance of medical research. In his book, Mein Kampf, Hitler details the problems with the current German leadership and how it has allowed disease to take over the country (Hitler, 1943). He discusses creating a party system in which broader measures would be taken to rid Germany of disease (Hitler, 1943). He blames the illnesses on the actions of German citizens and believes that the

number of insane asylums has grown because of the growth of cities (Hitler, 248). Hitler believed that a shift back into German rural culture would solve these problems. He also outlines his beliefs on the science of race. He states that mating outside of one's race is unnatural and therefore nature will act against them (Hitler, 1943).

Hitler specifically discusses a group he calls the "incurables". In his book, he states that killing them is a humanitarian effort (Hitler, 1943). He writes in Mein Kampf "the demand that defective people be prevented from propagating equally defective offspring is a demand of the clearest reason and if systematically executed represents the most humane act of mankind. The passing pain of a century can and will redeem millenniums from suffering" (Hitler, 1943). He believes handicapped or mentally ill people are contaminating the healthy, and something should be done (Hitler, 1943).

It seems that Hitler puts much of the blame of the downturn in German society on mentally ill and handicapped people. Because they are causing problems, they must go. He realizes that what he is saying may be shocking, so he adds that he will be sparing millions of people who are undeserving of their life. As a whole, this will lead to improvements in German health and moral overall (Hitler, 1943). Hitler looks to medical research to create a superior society that will flourish and dominate the world.

Medicine and the Nazi Party

From the beginnings of the Nazi party, doctors played a huge role. Doctors joined the Nazi party in greater numbers and earlier than any other professional groups. By 1942, there were more than 38,000 doctors in the Nazi Party (Proctor, 1994). Important institutes in Germany were focusing their resources on human genetics, which was a

popular study in many other countries. This study helped provide “genetic registries” and train SS physicians (Proctor, 1994). The studies and experiments being done coincided with the ideology and future plans of the Nazi party. It seems that both the Nazi officials as well as physicians, scientists and researchers came together because of the benefits. The Nazis wanted to rid Germany of “undesirables” and the doctors used this as an opportunity for research at a terrible cost to many innocent victims.

Euthanasia

Sterilization

Euthanasia in Nazi Germany began with forced sterilization. In 1933 lawmakers passed the Law of Prevention of Offspring with Hereditary disease, which required all handicapped individuals to be identified and allowed doctors to order involuntary sterilization (Baumslag, 2005). Suddenly it was the doctors who became the judges of the law. It was not long before sterilization became euthanasia. German scientist justified this progression by relating it to a functional burden (Baumslag, 2005). Before the war began in 1939, Adolf Hitler explained to his staff his plan for the extermination of those whose life was unworthy of living. Once the war began, so did the children’s euthanasia program.

Philip Bouhler and Karl Brandt started the euthanasia program under the orders of Adolf Hitler. This program, later named Aktion T4, was headquartered in Berlin and was run by 50 volunteer physicians (Braumslag, 2005). Over the course of the World War II, these doctors committed thousands of murders under a shroud of secrecy.

Physicians and Other Killers

Physicians were not the only people involved. Janitors, hospital managers and nurses also played a huge role in the euthanasia programs. The entire staff was forced to sign an oath of silence, but why did they (Friedlander, 235)? Henry Friedlander, author of The Origins of Nazi Genocide, cannot give one clear-cut answer, he seeks to point out several factors that effected the decisions and morality of the staff working in killing wards. It is clear that morally, the physicians saw these patients as threats to their society and a problem they had to rid the nation of (Friedlander 235). Physicians and nurses working in the T4 program perfected the technique of mass murder.

To understand the euthanasia programs you must understand the complete process and the staff in its entirety. Without the staff, these atrocities would not have taken place. For the perpetrators of the T4 program, evidence is plentiful. The managers and supervisors left a vast paper trail behind them (Friedlander, 1955). From letters describing their duties to ordering more toxic gas, their participation in these crimes is obvious.

For the most part, the managers of the eugenics programs were uninteresting and unimaginative. The chief perpetrators left the implementation up to the managers, who were considered day-to-day bureaucrats. These men were not chosen because they had experience, but because they agreed with Nazi ideology and had been members before their rise to power (Friedlander, 1955). They had proved, through their unyielding support for the Nazi party, that they were willing to participate in this killing enterprise. There were some managers who left the T4 program, but there is no proof that they left for moral reasons (Friedlander, 1955).

Paperwork from these managers proves that they knew what was going on and what they were doing. They knew that they were killing people from their desks although; they never saw their victims (Friedlander, 1955). Some believe that these managers were under peer pressure and that is why they committed the crimes. They were clearly not under duress and had not been coerced. Their careers were important to them and they saw this as moving their way up the ladder of Nazi bureaucracy (Friedlander 1955). While it is hard to believe, it seems that these men participated in the eugenics program to advance their careers.

Killing & Killing Centers

The Technology of the killing centers is essential to understanding the euthanasia program as a whole. The killing centers, however, were never used for medical purposes. In fact, the Nazis were the inventors of the gas chamber. Eventually six killing centers with gas chambers were established (Friedlander, 1955).

The gas chambers were equipped to appear as shower rooms with shower heads and benches for patients to sit on. They were also equipped with mobile ovens, which were attached to a chimney (Friedlander, 1955). Every procedure that the operators of the gas chambers went through was made to cover up the killing function of the killing centers. Patients were efficiently processed and lead to their death sometimes within twenty-four hours (Friedlander, 1955). By the end of 1941, at least 70,000 patients had been murdered and the disguise of the killing centers as hospitals had been ripped away. While a public outcry stopped the mass killings in gas chambers (for the most part), the killing continued in the form of injections and starvation (Baumslag, 2005). Euthanasia

was still happening, but the process was made slower as to better conceal the killings from the public.

Dr. Karl Brandt

Born in Mulhäuser, Brandt would play a major role in the implementation of the first mass killing program in Nazi Germany. He would later become the General Commissioner for Health and Sanitation and would be the foremost medical authority in the Third Reich. He was a rational medical scientist and possessed a fascination for racial eugenics, mysticism, ancient civilization and romanticism. He was part of generation that was born between 1900 and 1910, who experienced WWI as children and would later advance to key positions. This group was highly ambitious, yet had little empathy for the suffering of others. According to Ulf Schmidt in Karl Brandt: The Nazi Doctor, in his adolescence, Karl Brandt had experienced not only the First World War but also everything else that came with the defeat of Germany. The Versailles Treaty, Allied reparations, and economic hardship had a huge impact on his life. During his time in medical school in Jena, Berlin, Munich, and Freiburg im Breisgau, his knowledge on medical ethics was shaped by political debates on eugenic, compulsory sterilization, and racial hygiene (Schmidt, 2005). The politics of the time began to change the way physicians perceive life. Generally, we think of physicians wanting to preserve life, but it appears that death had become a part of Brandt's overall belief. He thought that the death of the patient not only delivered them from pain and suffering, but also freed physicians and society from the expense of caring for them (Schmidt, 2005). Throughout his career, Brandt would lose sight of the individual. In his defense, Brandt wanted to portray

himself as believer in mercy killing and otherwise had been ignorant of other crimes of the regime. He wanted the courts to believe he had simply fallen victim to the political movement. At Nuremburg, he portrayed himself as a responsible doctor, emphasizing the quality of the idea of the euthanasia program. However, he would not accept responsibility for those who turned his 'honest idea' into medical atrocities (Schmidt, 2005).

Karl Brandt was born on January 11, 1904 to Karl Julius Brandt and Catherina Brandt. The family was declared in records to be of protestant faith (Schmidt, 2005). He spent his youth in Mulhausen, which is one of the most densely populated areas of Europe. Until the age of nine, Brandt attended the *Volksschulen* before he went to secondary school (Schmidt, 2005). Brandt would describe his relationship with his parents as 'completely balanced' (Schmidt, 2005). He appeared to have a good relationship especially with his father during his youth. In 1913 he joined the *Wandervogel* youth movement. This organization promoted traditional values and a natural lifestyle for young people. He left the organization in 1919 when his family moved to Germany (Schmidt, 2005). After France, as part of the Versailles Treaty, had annexed Alsace; Brandt and his mother moved to Thuringia. Because of the war, like many young men at the time, Karl Brandt felt uprooted by the war and in need of orientation because of WWI. He tried to compensate for these feelings by study of the Bible and attachment to the Lutheran Church (Schmidt, 2005). He was attracted to the charitable works of the Lutherans and hoped to take part.

In 1920, Brandt was enrolled in *Unter-Secunda* at the secondary school (Schmidt, 2005). He struggled with this however, because he had only been taught

French and now had to catch up. During this time, his family moved to Dresden where he eventually passed his *Abitur* (Schmidt, 2005). He was still dealing with the psychological consequences for losing the war, which included the financial instability his parents now faced. His father had served as an officer in the Imperial army and was released from a French prisoner of war camp. He was part of a group of demoralized soldiers, who felt humiliated and betrayed by their country (Schmidt, 2005). Seeing his father in the position would influence Brandt's political attitude in his later career. This also may have influenced his father to send him to a former cadet school. The school was located in the state of Saxony and was meant to instill a certain sense of discipline and loyalty in the young men who attended (Schmidt, 2005). At the age of nineteen, Brandt passed his *Abitur* at the cadet school. It is noted that Brandt was interested in religion, German history, and geography. However, he was less interested in other cultures and languages, and received poor marks in classes such as French and Latin (Schmidt, 2005).

His later years in medical school would prove that he was an ambitious young man who wanted a career as a physician. In fact, his decision to study medicine was obvious. According to Schmidt, his mother's side of the family was made up of doctors and it was assumed that he would continue the tradition (2005). From May 1923 to April 1925, he studied medicine at the University of Jena (Schmidt, 2005). It is well known that Jena was a popular place of anti-Semitic currents during this time, however there is no indication that Karl Brandt was involved in any of these activities. Unlike other Nazi officials, Brandt's rise to power was not preceded by political activity in the 1920s and 1930s. Prior to 1945 there are no statements concerning his political or ideological views

(Schmidt, 2005). Because of this, to truly understand the role he played in killing thousands of mentally ill people, we must look at what he did, not what he said.

In 1925 he completed four terms along with his medical exam and thus, his career began. During his subsequent training he worked with leading experts in the field. It was here that he was introduced to the heated debates over evolution, racial degeneration, and eugenics. Although there was widespread anti-Semitism amongst his colleagues, there is no record of Brandt publicly voicing his opinion (Schmidt, 2005). Perhaps since he was interested in climbing the career ladder, he was less interested in the politics swirling around him and more on his studies.

In Friburg Brandt was introduced to the contentious issue of euthanasia. He finished his studies at the University of Friburg in 1928 and on October 19, 1929 the university conferred the degree of doctor for Brandt (Schmidt, 2005). During his training as a doctor, he gained experience in understanding the suffering of patients with disabilities. This must have strengthened his belief in the justification of euthanasia. During his work as an apprentice for Mangus, the head of the surgical department, Brandt was exposed to seriously ill patients. Some of them even approached him about ending their own lives (Schmidt, 2005). This experience must have convinced Karl Brandt that in the most severe cases it was in the patient's best interest to die. From Friburg, Brandt would move to several more hospitals where he gained more experience. He also made connections with Albert Schweitzer around 1932, which almost convinced Brandt into going to Africa to help those in need (Schmidt, 2005). Many parts of this trip could have influenced Brandt. Perhaps it was the sense of charity or maybe it was an attempt to discover him. However, national pride stopped him from going. He would have been

required to serve in the French army, which was unacceptable for him because his father had been in a French prison of war (Schmidt, 2005). Never the less, if Brandt could not follow Schweitzer, he would follow Hitler.

Brandt claimed to be have joined the Nazi Party as early as 1926, but this cannot be validated. At the beginning, it seems that Brandt was unsure of whether to publicly support the Nazis. He was not certain if or how the Nazi could advance his career which was his biggest concern. Never the less, he agreed to serve as a medical doctor for the SA and SS. He only became a party member after he met his wife, Anna Reborn. She had been in contact with the party and with Adolf Hitler for some time (Schmidt, 2005). Because of this Brandt began to make tactical moves concerning the Nazi party. According to Schmidt, he joined the SA in 1933 (2005). Shortly after, luck struck for Karl Brandt in the form of an automobile crash. Hitler witnessed Brandt provide prompt medical care after a car in Hitler's entourage crashed (Schmidt, 2005). At the time Hitler was looking for loyal servants as his political and personal advisors and Brandt was anxious to become part of Hitler's inner circle. With time, Brandt would indeed become part of the inner circle as well as a personal physician to Hitler.

In 1939 Brandt was entrusted by Hitler to organize and implement the euthanasia program. Karl Brandt would be a cofounder along with Phillip Bouhler, head of the Chancellery of the Führer (Schmidt, 2005). The literature suggests that the program evolved haphazardly without any real guidelines from the state. Brandt took charge of all of the medical aspects of the program while Bouhler handled the administrative side (Schmidt, 2005). Karl Brandt was in charge of selecting medical experts and made the decision about the actual killing method. He realized that he would be killing tens of

thousands of people and that the method would need to be fast and inconspicuous. After an experimental test on patients, Brandt decided that gas would be the most 'humane' way to euthanize the patients. As the euthanasia program continued to gain speed, Karl Brandt began to detach himself from the day-to-day running of the operation. During my research, I have gained the impression that Karl Brandt was a cold man. It was not uncommon for most of the SS men to repress their own feelings in order to detach themselves from reality. The available material made it possible to speculate about Brandt's personality, but not much more. The entire program was run in secrecy and Brandt's only concern was that there was no official law (Schmidt, 2005).

In 1941 the euthanasia program was halted as concerns by the public mounted. Suddenly, Karl Brandt's role switched from head of the euthanasia program to Hitler's representative in asylum matters, which greatly hampered his sphere of influence (Schmidt, 2005). From there, his career would continue to fall apart as the war came to an end. As the Red Army approached, Brandt attempted to leave Berlin with his family but was captured by and imprisoned by the German police. The biggest question is whether Karl Brandt was connected to the extermination of the Jews Eastern Europe. While the evidence is inconclusive, the fact that Brandt was in almost constant communication with Hitler implies that he may have assisted.

A lot can be learned through the testimony of Karl Brandt during the Nuremberg trials. He is immediately identified as a key player in the Nazi eugenics program, although he denies it (Wiendling, 2004). He claims that he is a genuine advocate for mercy killing. He considers the handicapped, deformed and mentally ill as suffering and as burdens to the German war machine (Wiendling, 2004). These people were getting in

the way of an ideal German nation. It is clear that Brandt is a believer of the euthanasia program and that his involvement was key in the design of the Nazi euthanasia program.

The Nazi euthanasia program was labeled a war crime because of a secret decree given by Hitler to implement the program came in 1941, the same year that Poland was invaded by the German army (Wiendling, 2004). The prosecution argued that this program was a precursor of genocide. The strategy of the prosecution was to “attack Nazi medicine as inefficient, unscientific and monumentally destructive”(Wiendling, 2004). The defense argued that Nazi leaders were simply implementing a program that was popular among citizens (Wiending, 2004). Karl Brandt cites a petition that was sent to Hitler by a family who begged that their child, who was considered incurable, be killed (Wiendling, 2004).

The second defense was based on the fact that the doctors performing the killings examined patients on a case-to-case basis (Wiending, 2004). The reality of this is that the doctors made their decisions to kill based on a hastily written, inaccurate document (Wiendling, 2004). They never examined the patient face to face. Karl Brandt is quoted as saying “Every individual doctor was responsible for what he did in the course of those measures which led to Euthanasia. Each doctor was absolutely responsible for his judgment”(Wiendling, 2004). The charge of conspiracy to commit neither euthanasia nor the design could be proven. In the end, the trial failed in its attempt to prove the origins of the program, however Karl Brandt was convicted of war crimes and was sentenced to death by hanging.

Medical Experimentation

Leaders within the Nazi party, especially Hitler, encouraged experimentation among doctors who carried out their plans. Part of Nazi ideology was to purge the nation of any elements that were considered undesirable. Because of this idea, many of the encouraged experiments were based on eliminating elements that could be harmful to society. Doctors of the Nazi regime are infamous for their cruel experiments. Some of the experiments were ordered by Nazi officials for specific ideological purposes, others however were done out of pure interest of the SS doctors. Nevertheless, the interests of both the SS doctors and the state would overlap. Doctors changed their oath of allegiance from their ethical code to Hitler. In Nazi Germany, the attempt by physicians to cure was also a way to kill and injure. Thus, the reason for such an array of experimentation including experiments on the effects of drinking seawater, experiments with the ingestion of poison, experiments with artificially created typhus, experiments with cold water immersion, experiments with mustard gas, experiments with the regeneration of bone, and many others (Lifton, 1986). These are only a few examples of the cruel methods inflicted on unwilling victims in concentration camps. The experimentation, especially at Auschwitz, represents a removal of medical limits. These experiments were done to complete the Nazi medical vision of having a pure, homogenized race.

Auschwitz

Auschwitz is well known as an epicenter for medical research and infamous for cruel experimentation. For example, an infamous experiment was done by Carl Clauberg and Horst Schumann, who were officially directed to take the blood from prisoners with active typhus and directly inject it into healthy prisoners. This was done to find a solution to the outbreak of Typhus among German troops fighting on the eastern front (Lifton,

1986). Experiments such as these were a part of normal everyday life for many of the victims detained in this concentration camp and many others.

It in particular, Auschwitz was open to any type of killing, but this openness led to gruesome experimentation on every level. Many rising doctors, who wished to move up the professional ladder, volunteered to be sent to Auschwitz and were eager to gain surgical experience (Lifton, 1986). As the boxcars rolled in, there was an unlimited source of victims for research of any kind. The SS doctors were able to gain medical files for victims with specific ailments or diseases and would have them report to the hospital (Lifton, 1986). The victims were seen as an unlimited supply of bodies for doctors to practice on. Without any supervision from experienced doctors, they would attempt complex operations on unwilling patients.

Prison Doctors

Soon, prison doctors were pulled into this experimental world. While many of them assisted in experiments of SS doctors willingly or un-willingly, they developed a code in an attempt to save lives. The prison doctors would avoid reporting results that could lead to the death of an inmate (Lifton, 1986). The only healing they were capable was in falsifying documents to save lives. In fact, almost half of concentration camp survivors owe their life to a prison doctor (Baumslag, 2005). The so-called hospitals they worked in were disgusting and lacked any basic equipment. Why there were hospitals at all is unclear. It is clear that the prison doctors serving in concentration camp serve as a small example of ethical practice in dreadful places.

Dr. Josef Mengele

From ambitious student to Angel of Death, Dr. Josef Mengele rose through the ranks of the Nazi party to become one of today's most well known perpetrators of inhumane medicine. In his book *Mengele*, Gerald Posner describes a young boy growing up as the eldest of three sons. His parents, who were devout Catholics, raised their children with strictness and discipline (Posner, 1986). From a young age, Josef was bedded often with several childhood diseases. In *The Last Nazi*, Gerald Astor relates this isolation to an inability for Mengele to truly relate to others (Astor, 1985). He chose not to take up the family business at the foundry, which manufactured farm equipment. Instead, Josef Mengele was interested in other things especially in the subjects of zoology, biology, physics and anthropology (Posner, 1986). From an early age it was clear that he possessed a searing ambition.

Living in the Mengele home meant respect rather than affection. Only 16 months older than his two brothers, Josef felt a constant sense of competition growing up (Posner, 1986). The relationship between his parents did not improve the austerity in the home either. They were known to be a quarrelsome pair. He described both of his parents as cold and unloving. A nanny called Monika fulfilled the maternal role that Josef Mengele longed for. She also encouraged him to hold fast to the Catholic faith (Schmidt, 1986). It was the strictness of the Catholic religion that made him turn away from it in his later life.

In April 1930 he passed his high school *Arbitur* with exceptional grades. Because of his interests, he went on to pursue studies of anthropology and medicine at Munich University in 1930. At this time in his life, he showed no real interest in the vast political

changes that were going on around him. Although, he did join the *Stahlhelm* (Steel helmets) in 1930, he was more focused on his studies (Posner, 1986). It did not take much time, however, for Josef Mengele to realize that joining the ever-popular Nazi party could pay off. It is interesting that Mengele, from the beginning, was more concerned on what the Nazi party could offer him than because of his political ideology. According to Posner, there is no totally clear answer as to why Mengele's mind was corrupted by the Nazi party. His medical research did correspond with the interest in genetics and evolution of the Nazi party (1986). He became very interested in cultural origins of man rather than curing illnesses. During his time in Munich and later at Frankfurt, Mengele would study under the leading advocates for the 'unworthy life' theory (Posner, 1986).

Suddenly in January 1934 a kidney infection had forced him to leave the *Sturmabteilung*, which had been ordered by Hitler to absorb *Stahlhelm* (Posner, 1986). This illness left him weak and frail, but gave him an opportunity to concentrate on his studies alone. Soon, Mengele took and passed his state medical examination. This allowed him to get his first paying job at the university medical clinic. This was also the place where he would meet his future wife, Irene Schoenbein (Posner, 1986). His hard work at the clinic paid off as he was referred to a position as a research assistant at the Third Reich Institute for Heredity, Biology, and Racial Purity at the University of Frankfurt (Posner, 1986). This put him right in the epicenter of Nazi scientific thought. He became indoctrinated with the philosophies and this made formalizing his membership in the Nazi party an obvious next step.

In May 1937 he submitted his application to become a member of the Nazi Party (Posner, 1986). In May 1937 he submitted his application and was issued member

number 5574974 (Posner, 1986). In 1938, Mengele received his medical degree and found the conditions within the Nazi party congenial enough to enlist in the SS. As part of his duty, he served in the army and spent several months in the Tyrol in 1939. While the records are few, Mengele served on the Western front and the conquest of France (Astor, 1985). During all of this, Mengele was seriously injured and taken back to Germany to recover (Astor, 1985). At this point he volunteered for a position as camp doctor in Poland.

In 1943 Josef Mengele arrived at the barbed wire enclosure that was Auschwitz. By May, Auschwitz was packed with approximately 140,000 prisoners and contained five gas chambers (Posner, 1986). During his time there, Mengele tried to live an ordinary life as well as set a standard for radical and ruthless efficiency. The railhead selection, when new arrivals stepped out of the boxcars to meet their fate, is where Mengele got his ruthless reputation. In his view, the Jews posed the biggest threat to the German race, thus he was the biggest contributor to the gas chambers (Posner, 1986). He also had a fascination with twins and would pull them out of the transports for experimentation. Although his experiments covered a range of studies, they seemed to all be linked to creating multiple births with genetically engineered Aryan features (Posner, 1986). He was obsessed with perfecting the features of the mythical Aryan race.

On January 17, 1944 Josef left Auschwitz with the echoes of the Red Army's artillery echoing in the background (Posner, 1986). He fled westward and traded his SS uniform for a *Wehrmacht* officer's uniform. He remained in Czechoslovakia hoping that the tide might turn against the Russians, but they were unstoppable (Posner, 1986). He made a run for freedom, but was caught and detained in an American camp. He had no

way of being identified as part of the SS because he had not had his blood group tattooed on his chest like most members. In April 1945, however, Josef Mengele had been identified as a principal war criminal, however the wanted list did not make it into the detention centers and Mengele was freed after six weeks (Posner, 1986). After leaving this camp, Mengele was constantly on the run. After some time trying to conceal his identity in Europe, he fled to South America. He lived there until his death in 1979.

Results

By comparing their experiences side-by-side, I hope to highlight similarities that may have influenced their involvement in Hitler's atrocities. Table 1 presents those side-by-side experiences, while Table 2 summarizes similarities and differences over time.

Table 1. Comparison of Individual Histories of Nazi Physicians

Variable	Subject		Common Factor?
	Wealthy	Relatively Poor	
<i>Childhood</i>			
Financial status	Wealthy	Relatively Poor	No
Parents present	Yes	Yes	Yes
Raised by parents	No	Yes	No
Illness	Yes	No	No
Father served in WWI	Yes	Yes	Yes
Displaced by WWI	No	Yes	No
Early interest in school	Yes	Yes	Yes
Later interest in school	Yes	Yes	Yes
Academic performance	Excellent	Average	No
Religion	Roman Catholic	Protestant	No
Joined youth organization(s)*	Yes	Yes	Yes
Feeling toward NSDAP*	Disinterested	Skeptical	No
<i>Adulthood</i>			
Higher education	Yes	Yes	Yes
Medical degree	Yes	Yes	Yes
Studied multiple places	Yes	Yes	Yes
Students of Nazi ideologists	Yes	Yes	Yes
Married (at least once)	Yes	Yes	Yes
Children	Yes	Yes	Yes
Divorced (at least once)	Yes	No	No
Remarried (at least once)	Yes	n/a	No

SA Member*	Yes	Yes	Yes
SS Member*	Yes	Yes	Yes
In Hitler's inner circle	No	Yes	No
Military service	Yes	No	No
Captured by Allies*	Yes	Yes	Yes
Tried after war	No	Yes	No
Convicted at trial	No	Yes	No
Defended own actions	Yes	Yes	Yes

NOTES: Youth organizations joined include *Stalhhelm* (Mengele) and *Wandervogel* (Brandt); NSDAP is the *Nationalsozialistische Deutsche Arbeiterpartei* (National Socialist Democratic Workers' Party); SA is *Sturmabteilung* (Storm troopers); SS is *Schutzstaffel* (Special police); Mengele was captured by the Americans in June 1945 and released in September of the same year, while Brandt was arrested by the British in May 1945 and tried at the Doctors' Trials at Nuremberg.

As Table 2 shows, Mengele and Brandt had less in common during childhood than they shared. Across the twelve characteristics I measured, five (42%) were shared while seven (58%) were not. This pattern shifts in adulthood. Across the sixteen characteristics I measured from this time period, ten (62.5%) were shared while only six (37.5%) were not. This suggests that the two had more in common with respect to professional training and adult experiences and choices than with respect to childhood exposures and experiences. I begin by comparing their childhoods, and then go on to look at adulthood.

Table 2. Similarities and Differences Over Time

	Shared characteristics	Characteristics not shared	Row totals
Childhood	5	7	12
Adulthood	10	6	16
Column totals	15	13	28

Childhoods

Many of their shared childhood characteristics—a two-parent household, a continuing interest in school, and average or above-average academic performance—are

unsurprising and likely shared by a large proportion of future physicians across time and space.

Nonetheless, there are two shared childhood characteristics that may be relevant. First, both Mengele and Brandt were affected by growing up in the midst of violence. They saw their fathers enlist and serve during WWI. Perhaps more importantly, they then experienced their parents' shame and dishonor—and feelings of betrayal by the current system—following defeat in that war.

Second, neither Mengele nor Brandt showed much interest in the NSDAP before adulthood.¹ This suggests that their later association with the Party was not based on an inherent ideological affiliation.

Adulthood

As in childhood, many of Mengele and Brandt's shared adult characteristics—higher education, the attainment of medical degrees, studying in multiple locations, etc.—are common to most physicians and largely unsurprising. That said, the experience of being a young physician in Germany in the early 20th century was unique in some ways that may well be consequential.

First, ambition was a driving force in both their lives. Perhaps Brandt and Mengele's motives for joining the SA and the SS were due to their ambitions in career advancement rather than ideological motives. Second, their routine medical training included exposure to doctors who had adopted and ascribed to the Nazi ideology. Thus,

¹ Brandt would later claim interest and activist in the Party as a youth in Berlin; however, biographers' accounts of his childhood suggest otherwise.

both of their careers began under the shadow of the swastika and the idea that some lives are unworthy of life.

Third, Germany's political actions and ambitions, and their continued involvement in combat, raised questions and created needs: How do you stop the spread of typhoid on the battlefield? How do you treat pilots who eject into cold water and save them from hypothermia? To answer these questions, the politicians turned to the doctors. And, the ever-filling concentration camps created an unlimited supply of subjects for the experiments needed to provide the answers. Both Mengele and Brant were susceptible to this recipe for disaster, having been primed by their Nazi mentors, and encouraged by their own academic interests and ambitions.

Conclusion

These doctors joined the Nazis and did what they did *not* for ideological reasons, patriotism, or nationalism. Instead, they did so out of a desire to develop and advance their own careers. Under the influence of mentor doctors who they respected, both men grew to accept the medical practices of the Nazis and did not question it. Because of this, they rose in ranks to become two of the most infamous leaders within the Nazi party.

In future research, I would like to study more physicians within the Nazi party in all ranges of practice. I would also like to incorporate a wider variety of sources for comparative historical research in which I would focus primarily on primary sources. I would also like to expand the types of information I collect to include more on their adult life because based on the results of this preliminary study. A study such as this could present new evidence and produce a clearer picture as to why a physician would participate in Nazi medicine.

The goal of this research is to understand past behavior in order to anticipate and perhaps eventually prevent future events moving forward. It is difficult to comprehend how any person could participate in such heinous crimes- and that was the purpose of identifying commonalities and to explain why they did what they did. It is important to name the perpetrators so that they are no longer anonymous. From the gathered information, it is possible to conclude that aspiration to advance their careers led them to disregard basic moral and ethical codes regarding life. The message encoded in this information is meant for current or future medical professionals to guard human life and its sanctity.

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