

THE NAZI DOCTORS

Medical Killing
and the
Psychology of Genocide

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339, 207, 307-8
 343 (Mangoli)
 435 (Lafayette) - Mein Führer
 374 (P. 8) - Christian...
 35-36, 37-38
 333, 334,

Note: there are hiatuses in
 the reading 121-147, 252-306,
 410-434
The Nazi Doctors
 449 to end

5, 15-17, 21, 25-6, 30, 32-3, 35-7,
 45-8, 50-1, 54-5, 57, 61-63, 64-7,
 10-75-78, 80-1, 83-5, 99-96, 115,
 121 HIATUS 132 HIATUS
 147, 152-3, 165-168, 173, 174-183
 186-199, 207, 226, 242, 244-5, 247,
 249, 251
 HIATUS
 307-311, 314, 324, 333-4, 338-46,
 342-45, 348-9, 354-5, 359-63,
 365-8, 370-2, 374-8, 380, 385-6-9
 407-9 HIATUS (Doubling Chapter)
 441-2
 435, 437, 445, 448.

to be. My friend replied, "But it is *demonic* that they were *not* demonic." He could then raise his second question, really the one he had in mind in the first place: "How did they become killers?" That question can be addressed, and this book is in the way of an answer.

What my survivor friend was struggling with—what I have struggled with throughout this study—is the disturbing psychological truth that participation in mass murder need not require emotions as extreme or demonic as would seem appropriate for such a malignant project. Or to put the matter another way, ordinary people can commit demonic acts.

But that did not mean that Nazi doctors were faceless bureaucratic cogs or automatons. As human beings, they were actors and participants who manifested certain kinds of behavior for which they were responsible, and which we can begin to identify.

There are several dimensions, then, to the work. At its heart is the transformation of the physician—of the medical enterprise itself—from healer to killer. That transformation requires us to examine the interaction of Nazi political ideology and biomedical ideology in their effects on individual and collective behavior. That in turn takes us to the significance of medicalized killing for Nazi mass murder in general—and for large-scale killing and genocide on the part of others. Finally, the work has relevance for broad questions of human control over life and death—for physicians everywhere, for science and scientists and other professionals in general, for institutions of various kinds—and also for concepts of human nature and ultimate human values. I can no more than touch on most of these general issues, having made a decision to focus on Nazi doctors and medicalized killing, and then on issues of mass murder. But my hope is that others will find here experience that might help them explore any of the searing moral issues implicit in this study.

That hope raises the important question of specificity and generality. I believe that one must stress the specificity of the Nazi killing project, especially concerning Jews: its unique characteristics, and the particular forces that shaped it. But having done that, one must also search for larger *principles* suggested by that unique project. No other event or institution can or should be equated with Auschwitz; but nor should we deny ourselves the opportunity to explore its general relevance for genocide and for situations of a very different order in which psychological and moral questions may be considerably more ambiguous.

The sequence of this book will be as follows. In the remainder of this introductory section, I say something about my overall psychological approach, interviews, and accompanying moral questions; and then I introduce the general Nazi theory and practice of medicalized killing. Part I examines the sequence from forcible sterilization to direct medical killing—or "euthanasia," as it was falsely named—made possible by the Nazification of the German medical profession, and culminating in an extension of "euthanasia" to the concentration camps. Part II, the longest segment of the book, concerns Auschwitz: its evolution as an institu-

sequent students of the process realized that sadism and viciousness alone could not account for the killing of millions of people. The emphasis then shifted to the bureaucracy of killing: the faceless, detached bureaucratic function originally described by Max Weber, now applied to mass murder.⁷ This focus on numbed violence is enormously important, and is consistent with what we shall observe to be the routinization of all Auschwitz function.

Yet these emphases are not sufficient in themselves. They must be seen in relation to the visionary motivations associated with ideology, along with the specific individual-psychological mechanisms enabling people to kill. What I call "medicalized killing" addresses these motivational principles and psychological mechanisms, and permits us to understand the Auschwitz victimizers—notably Nazi doctors—both as part of a bureaucracy of killing and as individual participants whose attitudes and behavior can be examined.

Medicalized killing can be understood in two wider perspectives. The first is the "surgical" method of killing large numbers of people by means of a controlled technology making use of highly poisonous gas; the method employed became a means of maintaining distance between killers and victims. This distancing had considerable importance for the Nazis in alleviating the psychological problems experienced (as attested over and over by Nazi documents) by the *Einsatzgruppen* troops who carried out face-to-face shooting of Jews in Eastern Europe (see pages 159-60)—problems that did not prevent those troops from murdering 1,400,000 Jews.⁸

I was able to obtain direct evidence on this matter during an interview with a former *Wehrmacht* neuropsychiatrist who had treated large numbers of *Einsatzgruppen* personnel for psychological disorders. He told me that these disorders resembled combat reactions of ordinary troops: severe anxiety, nightmares, tremors, and numerous bodily complaints. But in these "killer troops," as he called them, the symptoms tended to last longer and to be more severe. He estimated that 20 percent of those doing the actual killing experienced these symptoms of psychological decompensation. About half of that 20 percent associated their symptoms mainly with the "unpleasantness" of what they had to do, while the other half seemed to have moral questions about shooting people in that way. The men had greatest psychological difficulty concerning shooting women and children, especially children. Many experienced a sense of guilt in their dreams, which could include various forms of punishment or retribution. Such psychological difficulty led the Nazis to seek a more "surgical" method of killing.

But there is another perspective on medicalized killing that I believe to be insufficiently recognized: *killing as a therapeutic imperative*. That kind of motivation was revealed in the words of a Nazi doctor quoted by the distinguished survivor physician Dr. Ella Lingens-Reiner. Pointing to the chimneys in the distance, she asked a Nazi doctor, Fritz Klein, "How can

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you reconcile that with your [Hippocratic] oath as a doctor?" His answer was, "Of course I am a doctor and I want to preserve life. And out of respect for human life, I would remove a gangrenous appendix from a diseased body. The Jew is the gangrenous appendix in the body of mankind."⁹

The medical imagery was still broader. Just as Turkey during the nineteenth century (because of the extreme decline of the Ottoman empire) was known as the "sick man of Europe," so did pre-Hitler ideologues and Hitler himself interpret Germany's post-First World War chaos and demoralization as an "illness," especially of the Aryan race. Hitler wrote in *Mein Kampf*, in the mid-1920s, that "anyone who wants to cure this era, which is inwardly sick and rotten, must first of all summon up the courage to make clear the causes of this disease."¹⁰ The diagnosis was racial. The only genuine "culture-creating" race, the Aryans, had permitted themselves to be weakened to the point of endangered survival by the "destroyers of culture," characterized as "the Jew." The Jews were agents of "racial pollution" and "racial tuberculosis," as well as parasites and bacteria causing sickness, deterioration, and death in the host peoples they infested. They were the "eternal bloodsucker," "vampire," "germ carrier," "peoples' parasite," and "maggot in a rotting corpse."¹¹ The cure had to be radical: that is (as one scholar put it), by "cutting out the 'canker of decay,' propagating the worthwhile elements and letting the less valuable wither away, . . . [and] 'the extirpation of all those categories of people considered to be worthless or dangerous.'"¹²

Medical metaphor blended with concrete biomedical ideology in the Nazi sequence from coercive sterilization to direct medical killing to the death camps. The unifying principle of the biomedical ideology was that of a deadly racial disease, the sickness of the Aryan race; the cure, the killing of all Jews.

Thus, for Hans Frank, jurist and General Governor of Poland during the Nazi occupation, "the Jews were a lower species of life, a kind of vermin, which upon contact infected the German people with deadly diseases." When the Jews in the area he ruled had been killed, he declared that "now a sick Europe would become healthy again."¹³ It was a religion of the will—the will as "an all-encompassing metaphysical principle";¹⁴ and what the Nazis "willed" was nothing less than total control over life and death. While this view is often referred to as "social Darwinism," the term applies only loosely, mostly to the Nazi stress on natural "struggle" and on "survival of the fittest." The regime actually rejected much of Darwinism; since evolutionary theory is more or less democratic in its assumption of a common beginning for all races, it is therefore at odds with the Nazi principle of inherent Aryan racial virtue.¹⁵

Even more specific to the biomedical vision was the crude genetic imagery, combined with still cruder eugenic visions (see pages 23–24). Here Heinrich Himmler, as high priest, spoke of the leadership's task as being "like the plant-breeding specialist who, when he wants to breed a pure

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In these vision mystical anti-Semitism claim to "science be linked with all of racism" former thought."¹⁷ The forms of anti-Semitism and women.

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new strain from a well-tryed species that has been exhausted by too much cross-breeding, first goes over the field to cull the unwanted plants."¹⁶

The Nazi project, then, was not so much Darwinian or social Darwinist as a vision of absolute control over the evolutionary process, over the biological human future. Making widespread use of the Darwinian term "selection," the Nazis sought to take over the functions of nature (natural selection) and God (the Lord giveth and the Lord taketh away) in orchestrating their own "selections," their own version of human evolution.

In these visions the Nazis embraced not only versions of medieval mystical anti-Semitism but also a newer (nineteenth- and twentieth-century) claim to "scientific racism." Dangerous Jewish characteristics could be linked with alleged data of scientific disciplines, so that a "mainstream of racism" formed from "the fusion of anthropology, eugenics, and social thought."¹⁷ The resulting "racial and social biology" could make vicious forms of anti-Semitism seem intellectually respectable to learned men and women.

One can speak of the Nazi state as a "biocracy." The model here is a theocracy, a system of rule by priests of a sacred order under the claim of divine prerogative. In the case of the Nazi biocracy, the divine prerogative was that of cure through purification and revitalization of the Aryan race: "From a dead mechanism which only lays claim to existence for its own sake, there must be formed a living organism with the exclusive aim of serving a higher idea." Just as in a theocracy, the state itself is no more than a vehicle for the divine purpose, so in the Nazi biocracy was the state no more than a means to achieve "a mission of the German people on earth": that of "assembling and preserving the most valuable stocks of basic racial elements in this [Aryan] people . . . [and] . . . raising them to a dominant position."¹⁸ The Nazi biocracy differed from a classical theocracy in that the biological priests did not actually rule. The clear rulers were Adolf Hitler and his circle, not biological theorists and certainly not the doctors. (The difference, however, is far from absolute: even in a theocracy, highly politicized rulers may make varying claims to priestly authority.) In any case, Nazi ruling authority was maintained in the name of the higher biological principle.

Among 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. It is they who work at the border of life and death, who are most associated with the awesome, death-defying, and sometimes death-dealing aura of the primitive shaman and medicine man. As bearers of this shamanistic legacy and contemporary practitioners of mysterious healing arts, it is they who are likely to be called upon to become biological activists.

I have mentioned my primary interest in Nazi doctors' participation in medicalized or biologized killing. We shall view their human experiments as related to the killing process and to the overall Nazi biomedical vision.

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Lawyer

Introduction to Part I

Prior to Auschwitz and the other death camps, the Nazis established a policy of direct medical killing: that is, killing arranged within medical channels, by means of medical decisions, and carried out by doctors and their assistants. The Nazis called this program "euthanasia." Since, for them, this term camouflaged mass murder, I have throughout this book enclosed it within quotation marks when referring to that program.

The Nazis based their justification for direct medical killing on the simple concept of "life unworthy of life" (*lebensunwertes Leben*). While the Nazis did not originate this concept, they carried it to its ultimate biological, racial, and "therapeutic" extreme.

Of the five identifiable steps by which the Nazis carried out the principle of "life unworthy of life," coercive sterilization was the first. There followed the killing of "impaired" children in hospitals; and then the killing of "impaired" adults, mostly collected from mental hospitals, in centers especially equipped with carbon monoxide gas. This project was extended (in the same killing centers) to "impaired" inmates of concentration and extermination camps and, finally, to mass killings, mostly of Jews, in the extermination camps themselves. In part I, I discuss the first four steps, in relation to the Nazis' overall biomedical vision and as a prelude to Auschwitz and the other death camps.

Once in power—Hitler took the oath of office as Chancellor of the Third Reich on 30 January 1933—the Nazi regime made sterilization the first application of the biomedical imagination to this issue of collective life or death. On 22 June, Wilhelm Frick, the minister of the interior, introduced the early sterilization law with a declaration that Germany was in grave danger of *Volkstod* ("death of the people" [or "nation" or "race"]) and that harsh and sweeping measures were therefore imperative. The law was implemented three weeks later, less than six months after Hitler had become chancellor, and was extended by amendment later that year. It became basic sterilization doctrine and set the tone for the regime's medicalized approach to "life unworthy of life." Included among the "hereditarily sick" who were to be surgically sterilized were the categories of congenital feeble-mindedness (now called mental deficiency), an estimated 200,000; schizophrenia, 80,000; manic depressive insanity, 20,000; epilepsy, 60,000; Huntington's chorea (a hereditary brain disorder), 600; hereditary blindness, 4,000; hereditary deafness, 16,000; grave bodily malformation, 20,000; and hereditary alcoholism, 10,000. The projected total of 410,000 was considered only preliminary, drawn mostly from people already in institutions; it was assumed that much greater numbers of people would eventually be identified and sterilized.

Special "Hereditary Health Courts" were set up to make decisions on sterilization, their composition reflecting the desired combination of medicalization and Nazi Party influence. Of the three members, two were physicians—one an administrative health officer likely to have close Party ties and the other ostensibly knowledgeable about issues of hereditary health; the third was a district judge, also likely to be close to the regime, who served as chairman and coordinator. There were also appeals courts, which made final decisions in contested cases and on which some of the regime's most recognized medical leaders served. All physicians were legally required to report to health officers anyone they encountered in their practice or elsewhere who fell into any of the preceding categories for sterilization, and also to give testimony on such matters unrestricted by the principle of patient-doctor confidentiality. Physicians also performed the surgical procedures. The entire process was backed up by law and police power.¹⁰

On 18 October 1935, a major ordinance regulating sterilization and the issuing of marriage licenses followed directly upon the notorious Nuremberg Laws (15 September), which prohibited marriage or any sexual contact between Jews and non-Jews. The Nuremberg lawmakers described themselves as "permeated with the knowledge that the purity of the German blood is a precondition for the continued existence of the German people, and filled with the inflexible determination to make the German nation secure for all future time."¹¹

There were revealing discussions of method. The favored surgical

procedures were ligation of the vas deferens in men and of the ovarian tubes in women. Professor G. A. Wagner, director of the University of Berlin's Women's Clinic, advocated that the law provide an option for removing the entire uterus in mentally deficient women. His convoluted argument was based on the principle of "hereditary health": mentally deficient women, after being sterilized, were especially likely to attract the opposite sex (who need not worry about impregnating them) and therefore to develop gonorrhea, which is most resistant to treatment when it affects the uterine cervix; the men who would then contract gonorrhea from these women would, in turn, infect other women with desirable hereditary traits and render them sterile. Other medical commentators, making a less genetic and more specifically moralistic argument, favored removal of the uterus in those candidates for sterilization who showed tendencies to promiscuity.* Still more foreboding was an official edict permitting sterilization by irradiation (X rays or radium) in certain specified cases "on the basis of scientific experiments."¹³ These experiments, ostensibly in the service of improving medical procedures for specific cases, were a preliminary step toward later X-ray sterilization experiments conducted extensively, harmfully, and sometimes fatally on Jewish men and women in Auschwitz and elsewhere.

Directors of institutions of various kinds had a strong impulse to sterilize in order to 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.¹⁴ The genetically dominated worldview demanded of physicians led to discussions of the advisability of sterilizing not only the weak and impaired but their relatives, anyone who might be a "carrier" of these defects. Not surprisingly, Fritz Lenz carried the concept farthest in suggesting the advisability of sterilizing people with only slight signs of mental disease, though he recognized that a radical application of this principle would lead to the sterilization of 20 percent of the total German population—something on the order of twenty million people!¹⁵

In that atmosphere, humane efforts were likely to take the form of pleas for restriction and exemption: for example, the recommendation by the distinguished anti-Nazi Berlin psychiatrist Karl Bonhoeffer that people who combined hereditary defects with unusual qualities or talents should not be sterilized; and the Munich psychiatrist Dr. Oswald Bumke's recommendation against sterilizing people who were schizoid rather than schizophrenic, along with his cautionary statement that schizophrenia itself could not be eliminated by sterilization because of the complexity of hereditary influences.¹⁶ (The eugenics courts sometimes did make exceptions for the artistically gifted.)

But the regime discouraged qualifications and employed a rhetoric of

*There was, indeed, concern that degenerate individuals might seek sterilization to pursue "unrestrained sexual gratification."¹²

Sterilization

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The legal standards for sterilization resulted in the hereditary factors and decisions. Hitler's moral and political diagnosis of the people was quick to label but that one should enthusiastically participate in the project in various ways. Doubtless people really know how to handle generally.

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The Nazification of Medicine

Nazification of the medical profession—a key aspect of the transition from sterilization to direct medical killing—was achieved by a combination of ideological enthusiasm and systematic terror. An influential manual by Rudolf Ramm of the medical faculty of the University of Berlin proposed that each doctor was to be no longer merely a caretaker of the sick but was to become a "cultivator of the genes," a "physician to the *Volk*," and a "biological soldier." While Ramm harked back to traditional forms of medical idealism ("inner calling, high ethics, profound knowledge . . . sacrifice and dedication"), he favored abandoning the old "liberal-materialistic spirit" (associated especially with the harmful influence of Jews in the profession) and acquiring instead "the idealistic *Weltanschauung* of National Socialism." Thus, the physician could carry out what Gerhard Wagner identified as the task of his Public Health Office: the "promotion and perfection of the health of the German people . . . to ensure that the people realize the full potential of their racial and genetic endowment."²⁴ Ramm went on to speak of "breakthroughs in biological thinking" under National Socialism that enabled medical leaders to take an important part in projects to reverse racial decay such as the Nuremberg Laws and the sterilization program. To carry these programs out properly, the individual physician must become a "genetics doctor" (*Erbarzt*). He could then become a "caretaker of the race" and a "politician of population." By following "public care" functions of preventing "bastardization through the propagation of unworthy and racially alien elements . . . and maintaining and increasing those of sound heredity," he could attain the national goal of "keeping our blood pure."²⁵

Ramm also discussed the virtues of sterilization and labeled "erroneous" the widespread belief that a doctor should under no circumstances take a patient's life, since for the incurably sick and insane, "euthanasia" was the most "merciful treatment" and "an obligation to the *Volk*." That obligation was always central. The physician was to be concerned with the health of the *Volk* even more than with individual disease and was to teach them to overcome the old individualistic principle of "the right to one's own body" and to embrace instead the "duty to be healthy."²⁶ Thus, Johann S. spoke to me with pride about the principle of being "doctor to the *Volkskörper* ['national body' or 'people's body']" and of "our duty . . . to the collectivity."

Ramm's manual also specified that a doctor was to be a biological militant, "an alert biological soldier" living under "the great idea of the National Socialist biological state structure" (see also page 130). For it claimed that "National Socialism, unlike any other political philosophy or Party program, is in accord with the natural history and biology of man."²⁷

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tributing the Zyklon-B gas used at Auschwitz. Mrugowsky was put to death at Nuremberg in 1948 for his extensive involvement in fatal medical experiments. The book he introduced had been written a hundred years earlier by Christoph Wilhelm Hufeland, one of Germany's great modern physician-humanists. In his introduction, Mrugowsky focused upon the doctor's function as "the priest of the holy flame of life" (in Hufeland's words), and on the "art of healing" as the doctor's "divine mission." Partially anticipating his own future, he spoke of the National Socialist breakdown of the distinction between research and healing, since the results of the work of the researcher are for the benefit of the *Volk*.²⁹

Inevitably, the Nazi medical ideal went back to Hippocrates and related itself to the Hippocratic oath. The claim was that medicine had been "despiritualized" mainly by what Gerhard Wagner identified as the "mechanically oriented spirit" of Jewish teachers. There was thus a need to "return to the ethics and high moral status of an earlier generation . . . which stood on [the] solid philosophical ground" of the Hippocratic oath.³⁰ Finally, the *Reichsführer* of the SS and overall head of the Nazi police system, Heinrich Himmler himself embraced Hippocrates as a model for SS physicians. In a brief introduction to a series of short books for SS doctors under the overall title "Eternal Doctors," Himmler spoke of "the great Greek doctor Hippocrates," of the "unity of character and accomplishment" of his life, which "proclaims a morality, the strengths of which are still undiminished today and shall continue to determine medical action and thought in the future." The series was edited by Grawitz and possessed the ultimate imprimatur in being "authorized" by none other than Hitler himself.³¹ In testimony at the Nuremberg Medical Trial, a witness referred to the Nazi embrace of Hippocratic principles as "an ironical joke of world history."³² But this ultimate absurdity had an internal logic: the sense of recasting the medical profession—and the entire German nation—in the service of larger healing.

There was one area in which the Nazis did insist upon a clear break with medical tradition. They mounted a consistent attack upon what they viewed as exaggerated Christian compassion for the weak individual instead of tending to the health of the group, of the *Volk*. This partly Nietzschean position, as articulated by Ramm, included a rejection of the Christian principle of *caritas* or charity, and of the Church's "commandment to attend to the incurably ill person and render him medical aid unto his death."³³ The same position was expressed in the Nazi Party medical outlet *Ziel und Weg* (Aim and Road) from the time of its founding in 1931. The matter was put strongly by Dr. Arthur Guett, a high-ranking health official, who declared that "the ill-conceived 'love of thy neighbor' has to disappear. . . . It is the supreme duty of the . . . state to grant life and livelihood only to the healthy and hereditarily sound portion of the population in order to secure . . . a hereditarily sound and racially pure folk [Volk] for all eternity." He added the visionary-idealistic principle

Sterilization

that "the life ultimate aim, directed to be ice-cold logic. The keynote change in mental regeneration, moreover, rather must be form the central laws."³⁵ Dr.

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that "the life of the individual has meaning only in the light of that ultimate aim."³⁴ The doctor, like everyone in Nazi Germany, was expected to become "hardened," to adopt what Hitler himself called the "ice-cold logic" of the necessary.

The keynote of the Nazi policy was transformation, in Ramm's words: "a change in the attitude of each and every doctor, and a spiritual and mental regeneration of the entire medical profession." The true physician, moreover, "must not only be a Party member on the outside, but rather must be convinced in his heart of hearts of the biological laws that form the center of his life." He was also to be a "preacher for these laws."³⁵ Dr. S. believed that Nazi medicine had achieved some of this transformation: that is, it had overcome the exaggerated stress on "technical things," reversed the prior tendency to "know only cases and not people," and "put in the foreground the questions of the psyche that had been neglected."

But the Nazis sought something more than mere psychosomatic inclusiveness or "holistic" medicine: their quest had the quality of *biological and medical mysticism*. Mrugowsky, for instance, wrote, in the introduction mentioned earlier, that "today the [German] *Volk* is holy to us." Of the physician's relationship to the *Volk*, or "community of fate," Mrugowsky added that "only in the art of healing does he find the myth of life."³⁶ Other writers had viewed the Third Reich as "immanent in all German history, which strives toward that moment when the *Volk* becomes the vessel of God."³⁷ But in the vision I am describing, the physician-biologists saw themselves as the core of the mystical body of the *Volk*.

There had to develop, as one Nazi doctor put it, "a totality of the physicians' community, with physicians having total dedication to the *Volk*." This doctor's term for his biological mysticism was "biological socialism." The Nazis, he insisted, had been able to bring together nationalism and socialism because of their "recognition of the natural phenomena of life." Thus, "for the first time, the mind begins to understand that there are powerful forces over it which it must acknowledge"; that "the human being becomes . . . a working member in the kingdom of the living; and that his powers will be fulfilled when working within the balanced interplay of natural forces." We may say that mysticism, especially communal mysticism, was given a biological and medical face. (In chapter 5, I discuss this kind of biological romanticism at greater length.)

Medical Gleichschaltung

This Nazi medical ethos, though embraced by most doctors only in part, became the basis for reorganizing the profession. The reorganization process was known as *Gleichschaltung*, which means "coordination" or "synchronization" and also connotes the mechanical idea of shifting gears. Hitler had anticipated the principle of *Gleichschaltung* when he declared in *Mein Kampf* that "all future institutions of this state must grow

Much of the spirit of Nazi medicine emerged from the politicized doctors of the Party's original Physicians' League, whose leading figure was Dr. Gerhard Wagner. As chief physician of the Reich, Wagner headed both the Reich Physicians' Chamber and the Party medical structures and favored a visionary ideological medicine that was highly racist, socially and clinically oriented (the Nazi version of a "people's medicine"), and distrustful of academic medicine and pure science. Wagner was active in formulating and explaining the sterilization program, and it was to him that Hitler first (in 1935) told his plans for extensive "euthanasia" killings; indeed, Wagner was considered by some Germans to have been the "godfather of the euthanasia programme."⁴³ When he died in 1939, he was replaced by Leonardo Conti, a more bureaucratic figure who held a health post in the Interior Ministry, though also possessing the credentials of an "old medical fighter." Eventually, Karl Brandt, who like Conti was an ardent second-generation Nazi, emerged from more distinguished university connections to become the dominant medical figure.

"The Jews Are Our Misfortune"

Systematic persecution of Jewish doctors was bound up with the Nazi biomedical vision. Through victimization of their Jewish colleagues, German doctors could combine their own "scientific racism" and anti-Semitism with their professional and economic incentive of ridding themselves of formidable rivals. In their part in this solution to what was called the "Jewish problem," those German doctors were the heirs to a long-standing intellectual-professional anti-Semitism having to do with extraordinary German anxiety over the perceived threat of Jewish otherness to German society and to the German race and state.

A key image here is that of the leading late-nineteenth-century historian Heinrich von Treitschke: "The Jews are our misfortune." Expressed in 1879, that image reverberated over generations; a few decades later, a leading anti-Semite could write that it "became a part of my body and soul when I was twenty years old."⁴⁴ Indeed, several of the doctors I interviewed referred uneasily, and usually somewhat noncommittally, to Treitschke's famous phrase. For that image of Jewish-caused German "misfortune" encouraged every level of anti-Semitism from the medieval-mystical kind to modern "scientific racism" to the seemingly milder, even "reflective" approach favored by educated Germans: namely, that there was indeed a serious "Jewish problem" which Germans had to engage.

*Although Treitschke was originally a liberal sympathetic to John Stuart Mill and the American Declaration of Independence, his fierce nationalism went even beyond that customary for the "National Liberals" among whom he initially belonged. Treitschke gave intellectual legitimation to the anti-Semitic movement of his time, and insisted (probably correctly) that his belief in the Jews as Germany's misfortune would be shared by "men who would scornfully reject every notion of clerical intolerance or national arrogance."⁴⁵

Treitschke's stress was on the "intrusion" of Judaism into what had to be a "Christian-German state," and on the danger that the children of these alien people from the East (that is, eastern Europe) "would one day dominate" Germany's institutions, especially the economy and the press.⁴⁶ That fear of Jewish "domination" seemed to many German doctors to have been borne out in their profession. In large cities, Jewish doctors could constitute as much as 50 percent of all physicians. And although they made up about 13 percent of physicians in Germany in general, even that far exceeded their general percentage of the population.⁴⁷ Beyond their numbers, many German-Jewish physicians had achieved great prominence and worldwide fame as a result of their scientific accomplishments. The situation was especially intolerable to the Nazis, who were relying on the profession to articulate and carry out their bold and malignant biomedical vision. That expectation of "racial leadership" was what led Hitler to lay particular stress on "the cleansing of the medical profession."⁴⁸

The essential violence in hard-core Nazi doctors' attitudes toward Jewish colleagues in the new Third Reich was expressed, within two months of Hitler's becoming chancellor, during an anti-Jewish boycott campaign. In Berlin, on 1 April 1933, they used such tactics as contacting Jewish colleagues for ostensible consultations and having them picked up by car (sometimes supplied by the same German doctors), in which they were taken to remote places and beaten and left bleeding—or else threatened and humiliated them by making them run the gauntlet, hitting them with sticks, and exposing them to the sound of rifle fire.⁴⁹ At early professional conferences, there were indications of what was to come, as doctors in the chair spoke of "a foreign invasion . . . from the East [that] constitutes a menace to the German race," and of the "imperative necessity that this menace be . . . suppressed and eliminated."⁵⁰

Official measures against Jews also began in early 1933: prohibition—at first with exceptions, which were gradually eliminated—of Jewish doctors from joining (and eventually from continuing earlier association with) the important national health insurance panels; step-by-step limitations on Jewish medical practice—early prohibition of all Jewish medical practice would have decimated German medical care—until, on 3 August 1939, as a "fourth amendment" to the Nuremberg Laws, the medical licenses of all Jewish doctors were nullified. There were characteristically legalistic definitions of who was a "non-Aryan" or Jew; and prohibitions, during periods when Jewish doctors were allowed to practice or to see non-Jewish patients, and parallel discouragement and subsequent prohibition of Aryan doctors from seeing Jewish patients. Eventually, Jewish doctors were not permitted to be referred to as physicians but only as "treaters of the sick," and Jewish surgeons as "specialized treaters in surgery." Before being forced to leave, or being incarcerated or killed, Jews had to be divested of their membership in the anointed fraternity of physician-healers.⁵¹

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In addition, German doctors were discouraged from making reference in their scientific papers to work by Jewish doctors. When necessary to refer to such work, they were required to prepare a separate reference list for Jewish sources—as if to “keep the races separate” and thereby protect Aryan medicine from the Jewish taint in this ultimate form of scientific-literary segregation. In all these ways, given the German shortage of doctors over much of this period, pragmatic need was overruled by ideological requirement. Indeed, Nazi medical leaders conveyed the sense that only after this purification of their profession could they begin to call upon that profession for the realization of the biomedical vision.

Academic Medicine

Academic medicine, as part of the overall university structure, was an important focus for Nazi organizational therapy. The “disease” to be cured was what Josef Goebbels, Hitler’s propaganda minister, called “flabby intellectualism,” and what the education and culture minister, Bernhard Rust, called “disastrous concepts of liberty and equality,” or what one educational reformer identified as “any autonomy and freedom of the teacher.” Even before the Nazis, German universities had been bastions of conservative or reactionary political thought which tended to deify the concept of the state. But the Nazis made clear that they wanted something more. As Bavarian professors were told by their new minister of culture: “From now on, it will not be your job to determine whether something is true, but whether it is in the spirit of National Socialist revolution.” Universities were to become (in the words of one historian) “intellectual frontier fortresses” and “bodies of troops”; professors were to develop “trooplike cooperation.”⁵²

Again, with their combination of visionary idealism and terror, the Nazis attracted considerable support from leading German professors: for example, 960 prominent German educators signed a public vow to support Adolf Hitler and the Nazi regime, which was published in the fall of 1933. Among the notable figures in that list were the philosopher Martin Heidegger and the world-famous Berlin University-Charité Hospital surgeon Ferdinand Sauerbruch.*

The coercive side of *Gleichschaltung* from above stressed what was called the “Führer principle” (*Führer* meaning “leader” in general), appointing reliable Nazis of dubious professional attainment as rectors and deans, so that they became in effect extensions of the regime’s similarly directed Education Ministry. The ministry set overall policies concerning subjects taught (for example, more stress on racial biology and ideologized Ger-

*Sauerbruch’s ardor for the regime subsequently diminished, and he was ultimately relatively even-handed in making use of his power within medical circles. Eventually, through contacts with Karl Bonhoeffer and Hans von Dohnanyi, he became tangentially involved in resistance to Hitler (see page 91).

Chapter 2

"Euthanasia": Direct Medical Killing

The state organism . . . [is] a whole with its own laws and rights, much like one self-contained human organism . . . which, in the interest of the welfare of the whole, also—as we doctors know—abandons and rejects parts or particles that have become worthless or dangerous.

—ALFRED HOCHER

Either one is a doctor or one is not.

—A former Nazi doctor

For a doctor, there is a large step from ligating spermatic cords or ovarian tubes, or even removing uteri, to killing or designating for death one's own patients. Medical *Gleichschaltung* made that step possible. The Nazis could combine active participation by a broad spectrum of German physicians, especially psychiatrists, with a secret plan emanating from the highest Party authority. The characteristic mixture of terror and idealism could now concretize the principle of "life unworthy of life" and authorize the killing of both children and adults.

The Background

There was considerable advocacy elsewhere of "mercy killing," including its recommendation in the United States by the same Foster Kennedy who was honored at the Heidelberg jubilee.¹ And anyone trained in American medicine has personal experience of doctors, nurses, and med-

* D.T. alpha & Omega. - appeal to the best and highest in a human simultaneously

ical attendants colluding in the death of patients, usually children, who have been extremely impaired physically and mentally. But those practices have been restrained by legal limits and strong public reaction, and have not developed into a systematic program of killing those designated as unworthy of living.

In Germany, however, such a project had been discussed from the time of the impact of "scientific racism" in intellectual circles during the last decade of the nineteenth century. Central to that development was the stress upon the integrity of the organic *body* of the *Volk*—the collectivity, people, or nation as embodiment of racial-cultural substance. That kind of focus, as with any intense nationalism, takes on a biological cast. One views one's group as an "organism" whose "life" one must preserve, and whose "death" one must combat, in ways that transcend individual fate.

One such theorist, Adolf Jost, issued an early call for direct medical killing in a book published in 1895 and significantly entitled "The Right to Death" (*Das Recht auf den Tod*). Jost argued that control over the death of the individual must ultimately belong to the social organism, the state. This concept is in direct opposition to the Anglo-American tradition of euthanasia, which emphasizes the *individual's* "right to die" or "right to death" or "right to his or her own death," as the ultimate human claim. In contrast, Jost was pointing to the state's right to kill. While he spoke of compassion and relief of suffering of the incurably ill, his focus was mainly on the health of the *Volk* and the state. He pointed out that the state already exercises those "rights" in war, where thousands of individuals are sacrificed for the good of the state. Ultimately the argument was biological: "The rights to death [are] the key to the fitness of life." The state must own death—must kill—in order to keep the social organism alive and healthy.^{2*}

The crucial work—"The Permission to Destroy Life Unworthy of Life" (*Die Freigabe der Vernichtung lebensunwerten Lebens*)—was published in 1920 and written jointly by two distinguished German professors: the jurist Karl Binding, retired after forty years at the University of Leipzig, and Alfred Hoche, professor of psychiatry at the University of Freiburg. Carefully argued in the numbered-paragraph form of the traditional philosophical treatise, the book included as "unworthy life" not only the incurably ill but large segments of the mentally ill, the feeble-minded, and retarded and deformed children. More than that, the authors professionalized and medicalized the entire concept. And they stressed the *therapeutic* goal of that concept: destroying life unworthy of life is "purely a healing treatment" and a "healing work."³

*The principle was disseminated by several influential writers. Implicit in some of Nietzsche's works, it was embraced by a circle of early "scientific" racists in Munich, led by the anthropologist Alfred Ploetz and including the publisher J. F. Lehmann, whose press brought out most of the group's pamphlets and books.

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Binding's section explored the doctor's legal responsibility in "death assistance" (*Sterbehilfe*) and the "killing of the consenting participant," and in the killing of "incurable idiots" unable to consent. He advocated a carefully controlled juridical process, with applications for killing evaluated by a three-person panel (a general physician, a psychiatrist, and a lawyer). A patient who had given his consent to be killed would have the right to withdraw that consent at any time, but there was also an emphasis on the legal protection of physicians involved in the killing process.⁴

Hoche, in his section, insisted that such a policy of killing was compassionate and consistent with medical ethics; he pointed to situations in which doctors were obliged to destroy life (such as killing a live baby at the moment of birth, or interrupting a pregnancy to save the mother). He went on to invoke a concept of "mental death" in various forms of psychiatric disturbance, brain damage, and retardation. He characterized these people as "human ballast" (*Ballastexistenzen*) and "empty shells of human beings"—terms that were to reverberate in Nazi Germany. Putting such people to death, Hoche wrote, "is *not* to be equated with other types of killing . . . but [is] an *allowable, useful act*." He was saying that these people are *already* dead.⁵

Hoche referred to the tremendous economic burden such people cause society to bear; especially those who are young, mentally deficient, and otherwise healthy and who would require a lifetime of institutionalization. He specifically medicalized the organic concept of the state by his insistence that "single less valuable members have to be abandoned and pushed out." He added a striking note of medical hubris in insisting that "the physician has no doubt about the hundred-percent certainty of correct selection" and "proven scientific criteria" to establish the "*impossibility of improvement* of a mentally dead person." But he ultimately revealed himself to be a biological visionary: "A new age will come which, from the standpoint of a higher morality, will no longer heed the demands of an inflated concept of humanity and an overestimation of the value of life as such."⁶

The Binding-Hoche study reflects the general German mood during the period following the First World War. Hoche was considered a leading humanitarian and, in a 1917 article, had rejected medical killing. Shortly afterward, his son was killed in the war, and he was said to have been deeply affected by both his personal loss and the German defeat. Like many Germans then, he felt himself experiencing the darkest of times, and the book was an expression of personal mission and a call to national revitalization. Indeed, from the time of Jost, war had been invoked by advocates of direct medical killing. The argument went that the best young men died in war, causing a loss to the *Volks* (or to any society) of the best available genes. The genes of those who did not fight (the worst genes) then proliferated freely, accelerating biological and cultural degeneration.

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D.T. - This argument I agree to D. 4.

"Euthanasia" Consciousness

Binding and Hoche turned out to be the prophets of direct medical killing. While there were subsequent papers and discussions by German psychiatrists of the Hoche-Binding thesis, it is probably fair to say that, during the years prior to the Nazi assumption of power, their thesis was by no means a majority view in German psychiatry and medicine.⁷ Under the Nazis, there was increasing discussion of the possibility of mercy killings, of the Hoche concept of the "mentally dead," and of the enormous economic drain on German society caused by the large number of these impaired people. A mathematics text asked the student to calculate how many government loans to newly married couples could be granted for the amount of money it cost the state to care for "the crippled, the criminal, and the insane."⁸

Moreover, the extensive public and medical discussion of the sterilization project tended always to suggest that more radical measures were necessary. In an August 1933 speech at the opening ceremony for a state medical academy in Munich, the Bavarian commissioner of health, Professor Walter Schultze, declared that sterilization was insufficient: psychopaths, the mentally retarded, and other inferior persons must be isolated and killed. He noted, "This policy has already been initiated in our concentration camps."⁹ On all sides there took shape the principle that the practice of extermination was part of the legitimate business of government.

Mental hospitals became an important center for the developing "euthanasia" consciousness. From 1934, these hospitals were encouraged to neglect their patients; each year funds were reduced and state inspections of standards were either made perfunctory or suspended altogether. Especially important were courses held in psychiatric institutions for leading government officials and functionaries—courses featuring grotesque "demonstrations" orchestrated to display the most repulsive behavior of regressed patients—of "life unworthy of life." After 1938, these courses were systematically extended to include members of the SS, political leaders of the Party, the police, prison officials, and the press. In the process, the medical profession itself was made ready for the extraordinary tasks it was to be assigned.¹⁰

The Nazis exploited film for the same purpose, and doctors played a large role here as well. Early films, such as "The Inheritance" (*Das Erbe*, 1935), were mainly didactic and ostensibly scientific in depicting medical and social consequences of hereditary impairment. A subsequent film, "The Victim of the Past" (*Opfer der Vergangenheit*, 1937), covered the same ground and went much further: it not only contrasted "healthy German citizens" (girls doing gymnastics, etc.) with regressed occupants of back wards, but spoke of Jewish mental patients and of the "frightening transgression" of the law of natural selection, which must be reinstated "by humane methods." "The Victim of the Past" was ceremonially intro-

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knew that a very different kind of killing had long been under way and had in fact already ended, at least officially, by the time the film was shown.

Hitler's Involvement—The First "Mercy Killing"

Hitler had an intense interest in direct medical killing. His first known expression of intention to eliminate the "incurably ill" was made to Dr. Gerhard Wagner at the Nuremberg Party rally of 1935. Karl Brandt, who overheard that remark, later testified that Hitler thought that the demands and upheavals of war would mute expected religious opposition and enable such a project to be implemented smoothly. Hitler was also said to have stated that a war effort requires a very healthy people, and that the generally diminished sense of the value of human life during war made it "the best time for the elimination of the incurably ill." And he was reportedly affected by the burden imposed by the mentally ill not only on relatives and the general population but on the medical profession. In 1936, Wagner held discussions with "a small circle of friends" (specifically, high-ranking officials, some of them doctors) about killing "idiotic children" and "mentally ill" people, and making films in "asylums and idiot homes" to demonstrate the misery of their lives. This theoretical and tactical linking of war to direct medical killing was maintained throughout.¹³

By 1938, the process had gone much further. Discussions moved beyond high-level political circles; and at a national meeting of leading government psychiatrists and administrators, an SS officer gave a talk in which he stated that "the solution of the problem of the mentally ill becomes easy if one eliminates these people."¹⁴

Toward the end of 1938, the Nazi regime was receiving requests from relatives of newborns or very young infants with severe deformities and brain damage for the granting of a mercy killing.¹⁵ These requests had obviously been encouraged, and were channeled directly to the Chancellery—that is, to Hitler's personal office. Whatever the plans for using war as a cover, the program for killing children was well under way by the time the war began. And from the beginning, this program circumvented ordinary administrative channels and was associated directly with Hitler himself.

The occasion for initiating the actual killing of children, and of the entire "euthanasia" project, was the petition for the "mercy killing" (*Gnadentod*, really "mercy death") of an infant named Knauer, born blind, with one leg and part of one arm missing, and apparently an "idiot." Subsequent recollections varied concerning who had made the petition and the extent of the deformity, as the case quickly became mythologized.*

*Hans Hefelmann, chief of the responsible Chancellery office, remembered that the child lacked three limbs and that its grandmother made the request. Brandt made the father the petitioner.

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In late 1938 or early 1939, a physician and close friend of Hitler in Leipzig, where the child was born, provided the information submitted there: "If the facts given by the physicians in [Hitler's] presence were also employed in proceedings against the child, it would be a justification for the child's death." Brandt reported that there was no justification for the child's death in his testimony at the Nuremberg Trials [presumably by the child's father]. In such circumstances it is clear that euthanasia in such a case is justified. The doctor with whom the child was the head of the Leipzig hospital played a leading role in the medical process, so that the parents should not be responsible for the death. The father's recollection of the child's death was authorized by Hitler, and the project, to proceed with a program with the child's father as chief of Hitler's Chancellery killing programs—only.

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In late 1938 or early 1939, Hitler ordered Karl Brandt, his personal physician and close confidant, to go to the clinic at the University of Leipzig, where the child was hospitalized, in order to determine whether the information submitted was accurate and to consult with physicians there: "If the facts given by the father were correct, I was to inform the physicians in [Hitler's] name that they could carry out euthanasia." Brandt was also empowered to tell those physicians that any legal proceedings against them would be quashed by order of Hitler.¹⁶

Brandt reported that the doctors were of the opinion "that there was no justification for keeping [such a child] alive"; and he added (in his testimony at the Nuremberg Medical Trial) that "it was pointed out [presumably by the doctors he spoke to] that in maternity wards in some circumstances it is quite natural for the doctors themselves to perform euthanasia in such a case without anything further being said about it." The doctor with whom he mainly consulted was Professor Werner Catel, head of the Leipzig pediatrics clinic and a man who was soon to assume a leading role in the project. All was to be understood as a responsible medical process, so that—as Brandt claimed was Hitler's concern—"the parents should not have the impression that they themselves were responsible for the death of this child."¹⁷ (See pages 115-16 for the child's father's recollection of Brandt.) On returning to Berlin, Brandt was authorized by Hitler, who did not want to be publicly identified with the project, to proceed in the same way in similar cases: that is, to formalize a program with the help of the high-ranking Reich leader Philip Bouhler, chief of Hitler's Chancellery. This "test case" was pivotal for the two killing programs—of children and of adults.

The two programs were conducted separately, though they overlapped considerably in personnel and in other ways.

The Killing of Children

It seemed easier—perhaps more "natural" and at least less "unnatural"—to begin with the very young: first, newborns; then, children up to three and four; then, older ones. Similarly, the authorization—at first, oral and secret and to be "kept in a very narrow scope, and cover only the most serious cases"—was later to become loose, extensive, and increasingly known. A small group of doctors and Chancellery officials held discussions in which they laid out some of the ground rules for the project. Then a group of medical consultants known to have a "positive" attitude to the project was assembled, including administrators, pediatricians, and psychiatrists.¹⁸

The sequence was typical: the order to implement the biomedical vision came from the political leadership (in this case Hitler himself); the order was conveyed to a leading doctor within the regime, who combined

D.T. How good and kind is the Fuehrer!

ric Youth Department." Görden and a few other centers were exceptional in their degree of specialization. Since Görden was considered to be scientifically advanced and its psychiatrist head Dr. Heinze had special credentials in that area, a grotesque half-truth reinforced the deception in the announcement by the minister of the interior on 1 July 1940 that at Görden "under the direction of specialists, all therapeutic possibilities will be administered according to the latest scientific knowledge."²⁵ Eventually a network of some thirty killing areas within existing institutions was set up throughout Germany and in Austria and Poland. They could thus handle the volume of children designated for killing and at the same time provide the service close to the homes of the families involved—a saving in money and transportation and a means of rendering parents more amenable to accepting the necessary transfers. The heads of all these institutions were fully informed and worked closely with the Reich Committee. In various correspondence concerning transfers, it was announced that "the child would receive the best and most modern therapy available."²⁶

Medical "As If"

All of this falsification, then, was in the service of medical claim. Everyone proceeded *as if* these children were to receive the blessings of medical science, were to be healed rather than killed. The falsification was clearly intended to deceive—the children's families, the children themselves when old enough, and the general public. But it also served psychological needs of the killers in literally expressing the Nazi reversal of healing and killing. For example, a doctor could tell a parent that "it might be necessary to perform a surgical operation that could possibly have an unfavorable result," or explain that "the ordinary therapy employed until now could no longer help their child so that extraordinary therapeutic measures have to be taken." Dr. Heinze, who used such phrases with parents, explained in court testimony that there had been truth to what he said: "A very excitable child . . . completely idiotic . . . could not be kept quiet with the normal dose of sedatives," so that "an overdose . . . had to be used in order to . . . avoid endangering itself through its own restlessness." At the same time, "we physicians know that such an overdose of a sedative, for children usually luminal . . . could cause pneumonia, . . . and that this is virtually incurable."²⁷ It is quite possible that Dr. Heinze not *only* was consciously lying, but was enabled by the medicalization of the murders partly to deceive himself: to come to believe, at least at moments, that the children were being given some form of therapy, and that their deaths were due to their own abnormality.

In the same spirit, the policy was to gain "consent" from the parents for the transfer. Those who showed reluctance to give that consent received letters emphasizing the seriousness and permanence of their child's disability, telling them that they "should be grateful" that there

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were available for children thus affected by fate facilities where "the best and most efficacious treatment is available," and then declaring that "neither a delay nor a cancellation of the transfer is possible." Should the parents continue to oppose it, "further steps, such as withdrawal of your guardianship, will have to be taken."²⁸ This threat to take away legal guardianship usually sufficed, but if it did not there could be the further threat of calling a parent up for special labor duty. The coercion here was in the service not only of the killing policy itself but also of maintaining its medical structure.

That structure served to diffuse individual responsibility. In the entire sequence—from the reporting of cases by midwives or doctors, to the supervision of such reporting by institutional heads, to expert opinions rendered by central consultants, to coordination of the marked forms by Health Ministry officials, to the appearance of the child at the Reich Committee institution for killing—there was at no point a sense of personal responsibility for, or even involvement in, the murder of another human being. Each participant could feel like no more than a small cog in a vast, officially sanctioned, medical machine.

Before being killed, children were generally kept for a few weeks in the institution in order to convey the impression that they were being given some form of medical therapy. The killing was usually arranged by the director of the institution or by another doctor working under him, frequently by innuendo rather than specific order. It was generally done by means of luminal tablets dissolved in liquid, such as tea, given to the child to drink. This sedative was given repeatedly—often in the morning and at night—over two or three days, until the child lapsed into continuous sleep. The luminal dose could be increased until the child went into coma and died. For children who had difficulty drinking, luminal was sometimes injected. If the luminal did not kill the child quickly enough—as happened with excitable children who developed considerable tolerance for the drug because of having been given so much of it—a fatal morphine-scopolamine injection was given. The cause of death was listed as a more or less ordinary disease such as pneumonia, which could even have the kind of kernel of truth we have noted.²⁹

The institutional doctor, then, was at the killing edge of the medical structure, whatever the regime's assurance that the state took full responsibility. Yet he developed—in fact, cultivated—the sense that, as an agent of the state, he was powerless: from his vantage point, as one such doctor reported, "these children were already marked for killing on their transfer reports," so that "I did not even bother to examine them." Indeed, whatever examination he performed was no more than a formality, since he did not have the authority to question the definitive judgment of the three-man panel of experts.

Yet later, program administrators countered with the insistence that "the if, when, and how of carrying out a mercy death is up to the judgment of the doctor in charge, who voluntarily and out of conviction

and nursing institution is not the right place for such measures." And there is a report of a nurse who refused to take part in killings of children because she felt herself becoming "hysterical" from the "mental strain."³² In general, there was probably considerably less medical resistance to the killing of children than to the killing of adults.

"Not Murder [but] a Putting-to-Sleep"

Precisely that impression was vividly conveyed to me by a doctor I interviewed who had been immediately involved in the killing project: "According to the thinking of that time, in the case of children killing seemed somehow justifiable . . . whereas in the case of the adult mentally ill, that was definitely pure murder." Hans F. went on to tell how severely impaired the children were when they arrived ("My God . . . such high-grade imbeciles!"), that they had been insufficiently fed and were "in terrible condition," and how events were arranged so that the killing was not *quite* killing. The head of the institution told one of the two or three nurses colluding in the program to give the designated children luminal in their food—an order that, if not examined closely, could seem routine for impaired restless children:

Those who were cleared for killing had prescribed for them much higher doses of luminal. . . . Those were children who were spastic, . . . had cerebral polio, . . . were idiots, . . . were unable to speak or to walk. And as one says today, all right, give them a sedative because they have been screaming. And with these sedatives . . . the child sleeps. If one does not know what is going on, he [the child] is sleeping. One really has to be let in on it to know that . . . he really is being killed and not sedated.

While Dr. F. admitted that one might wonder about a child, "Why is he sleeping so much?," he insisted (quite erroneously) that one could ignore that inner question because "the death rate [of those killed] wasn't much above the regular death rate with such children." He stressed the absence of either a direct command ("If I get the order to kill . . . I don't know but I [think I] would refuse . . . but certainly there was no such order . . . for us") or of manifest homicide ("I mean if you had directed a nurse to go from bed to bed shooting these children . . . that would not have worked"). As a result, "there was no killing, strictly speaking. . . . People felt this is not murder, it is a putting-to-sleep."

Of course Dr. F. sought by this kind of emphasis to justify and exonerate himself. Indeed, the exact extent of his culpability is not clear. He had been imprisoned for some years while awaiting trial, had been convicted partly on testimony that he had ordered that a child be given a fatal dose, but his case had been appealed and eventually dismissed, apparently for political reasons, at a time of considerable laxity in trying former Nazis.

In other words, he and other doctors could follow a pattern that recurs throughout this study: the immersion of themselves in "medical science" as a means of avoiding awareness of, and guilt over, their participation in a murderous project.

Moreover, some years after the war Hans F. returned to the same institutional complex and began to make more systematic studies of this "pathological material." As he explained to me, all brains of autopsied children, whether they were killed in the "euthanasia" project or not, were kept at the institute, and "among them were some of scientific interest." He compared his decision to study those brains to that of any contemporary medical scientist: "So just like today, when a patient dies, where I say, 'Yes, this is an interesting illness,' . . . I should like to know what was going on there and then I have the brain kept and I receive it for examination. Just like it was back then, right."

When I asked him whether, when doing these later dissections, he had any thoughts about what had happened to children during that earlier time, his answer was equivocal. He admitted "some . . . thoughts . . . about individual cases one remembered—that was this or that child." While he denied that one could tell whether the brain came from a child who had been killed, he did acknowledge that "one could assume that with severe cases that were, let's say, diagnostically and prognostically in the range of the [euthanasia] program, that some of these cases of course did suffer a forcible death."

Dr. F.'s political and biomedical ideology, together with his relationship to specific political and medical authority, contributed crucially to his psychological responses and, ultimately, to his participation in the killing program. Contributing also to his behavior was the prevailing stance of German—and not only German—psychiatry of that time toward mental patients in general and radically impaired children in particular, a stance of great distance and a limited perception of these patients as human beings. More than distance, former child patients later described a cruel, even sadistic institutional environment, including corporal punishment for misbehavior and electric shocks for bed wetting, all of which was undoubtedly intensified by the institution's killing function. Dr. F. was especially susceptible to this ultimate medical corruption because of the intensity of his relationship to the regime, but other doctors less involved with Nazi ideology did similar things within a structure that maximized whatever psychological potential one possessed for joining in the reversal of healing and killing.

"The Most Simple Method": Hermann Pfannmüller

Finally, there were the extremes in the killing of children. The following is a description by a nonmedical visitor, in the fall of 1939, to an important Reich Committee institution at Eglfing-Haar, where the direc-

tor, Dr. Hermann Pfannmüller, developed a policy of starving the designated children to death rather than wasting medication on them:

I remember the gist of the following general remarks by Pfannmüller: These creatures (he meant the children) naturally represent for me as a National Socialist only a burden for the healthy body of our Volk. We do not kill (he could have here used a euphemistic expression for this word kill) with poison, injections, etc.; then the foreign press and certain gentlemen in Switzerland would only have new inflammatory material. No, our method is much simpler and more natural, as you see. With these words, he pulled, with the help of a . . . nurse, a child from its little bed. While he then exhibited the child like a dead rabbit, he asserted with a knowing expression and a cynical grin: For this one it will take two to three more days. The picture of this fat, grinning man, in his fleshy hand the whimpering skeleton, surrounded by other starving children, is still vivid in my mind. The murderer explained further then, that sudden withdrawal of food was not employed, rather gradual decrease of the rations. A lady who was also part of the tour asked—her outrage suppressed with difficulty—whether a quicker death with injections, etc., would not at least be more merciful. Pfannmüller then praised his methods again as more practical in view of the foreign press. The openness with which Pfannmüller announced the above-mentioned method of treatment is explicable to me only as a result of cynicism or clumsiness [*Tölpelhaftigkeit*]. Pfannmüller also did not hide the fact that among the children to be murdered . . . were also children who were not mentally ill, namely children of Jewish parents.³³

The Killing of Adults

Extending the project from children to adults meant rendering medical killing an official overall policy—a policy Hitler enunciated in his "Führer decree" of October 1939. A few months earlier, he had called in Leonardo Conti, secretary for health in the Interior Ministry, as well as the head of the Reich Chancellery, Hans Lammers, and told them (as recalled by the latter) that "he considered it to be proper that the 'life unworthy of life' of severely mentally ill persons be eliminated by actions [*Eingriffe*] that bring about death." Hitler went on to cite "as examples . . . cases in which the mentally ill could only be bedded on sand or sawdust because they continually befouled themselves," and in which "patients put their own excrement into their mouths, eating it and so on." Hitler pointed out that in this way "a certain saving in hospitals, doctors, and nursing personnel could be brought about."³⁴ The caricatured mentally ill would come to symbolize all that threatened the purity of the Volk.

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"escort physician and close confidant." Probably similar personal reasons determined his selection of Philip Bouhler, chief of Hitler's Chancellery and considered absolutely loyal to him, to run the program with Brandt. An additional reason for this arrangement was said to be the fear that radical district leaders (*Gauleiter*) might otherwise, "ruthlessly and without medical consultation," take over much of the control of the project—as they indeed eventually did.³⁹ For Hitler, this was a conscious choice of "party discipline" over a state apparatus that still made some demands for legal procedure and fiscal accountability; it was also a choice of procedure most protective of secrecy. Above all, these arrangements suggest how far the impulse toward killing mental patients had already taken hold among Nazi leaders, and their determination to keep the project in medical channels.

Not only Brandt and Bouhler, but also Dr. Herbert Linden of the health ministry and Dr. Grawitz, chief physician of the SS, were active in choosing doctors for leadership roles. Their criteria included the closeness of these doctors to the regime, high recognition in the profession, and known sympathy for "euthanasia" or at least a radical approach to eugenics, probably in about that order. Included were several doctors who had been associated with the children's program (Unger, Heinze, and Pfannmüller), but also a group of psychiatrists of some prominence in academic circles, notably Professor Werner Heyde of Würzburg, Professor Carl Schneider of Heidelberg, Professor Max de Crinis of Berlin, and Professor Paul Nitsche from the Sonnenstein state institution. Others, like Friedrich Mennecke, were primarily Nazified psychiatrists. Heyde became Brandt's representative and directed the program, with Nitsche his assistant and eventual replacement.⁴⁰

At these early meetings, Brandt was introduced as the medical leader of the project, and Hitler's decree was read and sometimes displayed ("I believe I saw Adolf Hitler's signature on it," Mennecke later testified). It was carefully explained that there was no official law, because Hitler thought such a law could only feed enemy propaganda; that the authorization to Bouhler and Brandt in the Hitler decree was the equivalent of a law; and that doctors participating would be immune from legal consequences.* One participant later insisted that the emphasis was on killing

*Because of various forms of resistance, along with pressure from legal authorities, a law to legitimate the program was seriously considered, and at least two elaborate drafts were written. Those drafts, combined with the original Hitler decree, contributed to a legal "as if" situation—the assumption that such a law had actually been implemented. It was an assumption easily made because of the authority of the original decree. Hitler was thought to fear that an official "euthanasia" law would give a propaganda advantage to Germany's enemies, and also that it would increase German (especially Catholic) resistance, as well as psychiatric patients' resistance to entering hospitals (as several "euthanasia" leaders pointed out). From this experience, it is thought that the Nazis learned that, as a later authority explained, "illegal mass killing could not be carried through in the Reich (or Germany proper), where the net of normal working justice and administrative machinery was much too tight, but rather had to be transferred to the occupied areas [Ostgebiete] where the executive apparatus of the SS could work with less encumbrance and less trouble."⁴¹

"Euthanasia"

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Organizing for It

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1. Patients who are employed with schizophrenia, other syphilitic Huntington's disease nature.

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only hopeless mental patients: "Those cases . . . we in psychiatry know as burned-out ruins (*ausgebrannte Ruinen*)."⁴² But many of those present knew of Hitler's views on eliminating genetically inferior people in general. Although the phrase "life unworthy of life" was liberally invoked, another doctor could feel "not quite clear on where the line was to be drawn."⁴³ There was stress on constructing a careful medical sequence of evaluation before any patient would be put to death. And the entire project was to be "unconditionally kept secret." In those important early meetings, just one doctor—Max de Crinis—refused (and only for tactical reasons [see pages 120–22]) to participate fully. The general response was that "nobody mentioned any misgivings."⁴⁴

What was secret was the actual killing project, not the idea. Some months earlier (April 1939), an article had appeared in a semi-official Nazi magazine, estimating that it would probably be desirable to exterminate one million people.⁴⁵

Organizing for Killing

Unlike the children's "euthanasia" program, the T4 program, with its focus on adult chronic patients, involved virtually the entire German psychiatric community and related portions of the general medical community. The camouflage organization created for the medical killing was the Reich Work Group of Sanatoriums and Nursing Homes (*Reichsarbeitsgemeinschaft Heil- und Pflegeanstalten*, or RAG) operating from the Berlin Chancellery at its Tiergarten 4 address—hence, the overall code name "T4" for the adult project. Questionnaires were worked out by the leadership group of psychiatrists and administrators and distributed, with the help of the Health Ministry, not only to psychiatric institutions but to all hospitals and homes for chronic patients. The limited space provided for biographical and symptomatic categories, as well as the covering letter, gave the impression that a statistical survey was being undertaken for administrative and possibly scientific purposes. All the more so because the questionnaire for patients was accompanied by an institutional questionnaire, which focused on such matters as annual budget, number of beds, and number of doctors and nurses. But the sinister truth was suggested by the great stress put on a "precise description" of the working ability of the patients, as well as by the juxtaposition of the following four categories:

1. Patients suffering from specified diseases who are not employable or are employable only in simple mechanical work. The diseases were schizophrenia, epilepsy, senile diseases, therapy-resistant paralysis and other syphilitic sequelae, feeble-mindedness from any cause, encephalitis, Huntington's chorea, and other neurological conditions of a terminal nature.
2. Patients who have been continually institutionalized for at least five years.

scene

3. Patients who are in custody as criminally insane.
4. Patients who are not German citizens, or are not of German or kindred blood, giving race and nationality.

There are added instructions about filling in the section on work, including that of noting "patients in the higher diet categories [who] perform no work though they might be able to do so." (The original questionnaire, translated, is reproduced on pages 68–69.) By mid-1940, these report forms were required not only on patients who came under the four categories but on all inmates of these institutions.⁴⁶

The process was haphazard from the start. It was required that forms be returned quickly, and one institutional doctor had to fill out fifteen hundred questionnaires in two weeks. Early confusion about the purpose of the form led some doctors to exaggerate the severity of patients' conditions, as a way of protecting them from what was assumed to be a plan to release them from institutions in order to send them to work. The extent to which psychiatrists could continue to disbelieve what was happening—especially when they did not *want* to believe it—is suggested by a leading professor of psychiatry's later description of his response to a rumor he had heard that patients were being "euthanized":

I considered the rumor completely unbelievable. . . . Thinking that the questionnaire did not give the slightest cause to suppose such an action, . . . I imagined the intended action was a way of separating the curable patients, or those able to work, from those who were incurable, in order to provide better food for the first group and to provide the second group . . . only the amount of food necessary to keep them alive. . . . [My staff] was persuaded by my argument, and we all worked innocently on the questionnaire project.^{47*}

The "expert evaluation" differed from the children's program in that the three medical (usually psychiatric) authorities, drawn from among the leaders of the project, did their reviewing independently. Of every questionnaire collected, four or five photocopies were made in the Reich Interior Ministry, one for each of these three "experts" (*Gutachter*), the other one or two for the later death procedure, with the original usually kept in the central files. Each of the experts wrote in a special thick black frame at the lower left-hand corner of the form, "+" in red pencil, meaning death; "—" in blue pencil, meaning life; or "?," sometimes with a comment, which was most often "worker." He then initialed the mark. If anything, their work was even more mercurial and superficial than the initial filling out of the forms. Each doctor was sent at least 100 photocopied questionnaires at a time; during one seventeen-

*This statement is especially significant as having been made by Dr. Gottfried Ewald who, as I discuss in chapter 3, became one of the very few significant psychiatric voices of dissent. His initial disbelief could have been due partly to his then ardent Nazi sympathies.

"Euthanasia":

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day period, Pfannmüller was required to complete 2,109 such evaluations. And once more they did no examinations, had no access to medical histories, and made their decision solely on the basis of the questionnaire. Their occasional disagreements had only to do with definitions and policy principles, and the pressure was always toward death. One expert remembered the general principle that "in doubtful or borderline cases . . . action should be requested," and recalled that official injunctions "exceeded the . . . medically defensible standpoint." Another expert recalled the similar principle that "one should not be petty . . . but instead, liberal in the sense of a positive [killing] judgment."⁴⁸ These same "experts" served at times on special Physicians' Commissions, which had the ostensible purpose of providing further medical control but tended to be a medical cover for pressing ahead with the legal machinery of the project, especially where there had been any suggestion of recalcitrance or resistance or even pleas of insufficient time and personnel for the paperwork.

For example, there was the case of the Neuendettelsauer Nursing Homes in Bavaria, a scattered group of institutions asked to fill out fifteen hundred forms in four weeks. After the denial of a request for a delay to permit the chief doctor of the hospital to return from a trip, the commission appeared on less than a day's notice; it consisted of one expert and sixteen young men and women, about half of whom were medical students and the other half typists. The medical students filled in the forms, making use of material from the files to dig out damning information, even when no longer applicable, and working entirely independently of the institutional doctors. These students sometimes questioned nurses about patients in a perfunctory way, ignoring answers that conveyed favorable information and sometimes reversing in their report what was actually told them by the nurses. When it was pointed out to the "commissioner" (the expert) that the students had assumed that all cases of mental impairment were equally severe because all were listed in the files as "idiocy" (according to an earlier terminology), he agreed to take account of the fact in the future—but several hundred questionnaires had already been filled out in accordance with the students' misconception. It is estimated that during the week the commission members spent at the hospital, they brought about the death of more than a thousand patients.⁴⁹

The marked questionnaires were then sent for a final review by a "senior expert" (*Obergutachter*), a function served at first only by Heyde but later by Nitsche and possibly Linden as well. At this level, there was no "?"; nor was this ultimate expert bound in any way by the earlier judgments. While this signature was *pro forma*, it carried with it the full authority not only of the project but usually of German academic psychiatry as well, since the signatory tended to be a distinguished professor. As far as is known, no formal written guidelines were provided for either level of these "expert reviews."⁵⁰

Psychiatric Transfer: "White Coats and SS Boots"

Transportation arrangements were a caricature of psychiatric transfer. The organization created for this function, the Common Welfare Ambulance Service Ltd. (*Gemeinnützige Krankentransport*; or *Gekrat*),* sent out "transport lists" to the hospitals from which it was to collect patients; issued instructions that patients were to be accompanied by their case histories and personal possessions as well as lists of valuables held for them; and specified that those patients for whom lengthy transport could be dangerous to their lives should not be transferred (a show of medical propriety and an actual means of avoiding the awkward situation of a patient dying en route).

SS personnel manned the buses, frequently wearing white uniforms or white coats in order to appear to be doctors, nurses, or medical attendants. There were reports of "men with white coats and SS boots," the combination that epitomized much of the "euthanasia" project in general.⁵¹

To hide patients from the public, bus windows were covered with dark paint or fixed curtains or blinds. The destination of the buses was specifically kept secret from the medical staff of the institution from which they were loaded, and of course from the patients themselves. SS guards on the buses carried special documents enabling them to pass unchallenged through all checkpoints. The initial practice of taking patients directly to the killing centers was after some time discontinued in favor of "observation institutions" or "transit institutions"—often large state hospitals near killing centers—where patients spent brief periods before being sent to their deaths. These observation institutions, which were suggested by Heyde and may have enhanced scheduling arrangements, provided an aura of medical check against mistakes, while in fact no real examination or observation was made.⁵² In addition, they seemed to have been part of an impulse toward bureaucratic mystification that further impaired the autonomous existence and the traceability of a patient and, to a considerable extent, of his or her family as well.

The bureaucratic mystification was furthered by letters sent to the family: first, notification of transfer "because of important war-related measures"; and then a second letter upon the patient's reaching the killing center announcing his or her "safe" arrival, and adding that "at this time . . . Reich defense reasons" and "the shortage of personnel brought about by the war" made visits or inquiries of any kind impossible, although the family would "immediately" be informed of changes in a patient's condition or in the visiting policy. The second letter was signed, with a false name, by either the killing doctor or the chief of the killing center. The third letter, sent—under a false name by the Condolence-Letter Department—just days or perhaps weeks later, was a notification of the patient's death.⁵³

*A related Common Welfare Foundation for Institutional Care handled financial arrangements.

*"Euthanasia":**"The Syringe Below"*

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"The Syringe Belongs in the Hand of a Physician"

That death generally occurred within twenty-four hours of the patient's arrival at the killing center. Under T₄ policy, a doctor had to do the actual killing, in accordance with the motto enunciated by Dr. Viktor Brack, head of the Chancellery's "Euthanasia" Department II: "The syringe belongs in the hand of a physician."⁵⁴ Rather than a syringe, however, it was usually a matter of opening a gas cock.

There were six main killing centers—Hartheim, Sonnenstein, Grafeneck, Bernburg, Brandenburg, and Hadamar. Typically they were converted mental hospitals or nursing homes; at least one had been a prison. They were in isolated areas and had high walls—some had originally been old castles—so that what happened within could not be readily observed from without. "The unloading of the buses could be done in a way [so that] neither the screams of the patients nor any other occurrences could penetrate to the outside world."⁵⁵

Hitler himself is said to have decided upon the use of carbon monoxide gas as the killing method, on the so-called medical advice of Dr. Heyde. The decision followed upon an experiment conducted in early 1940 at Brandenburg, then being converted from a prison into a killing center. Killing by injection (using various combinations of morphine, scopolamine, curare, and prussic acid [cyanide]) was directly compared with killing by means of carbon monoxide gas. Karl Brandt, "a very conscientious man [who] took his responsibility very seriously," requested the experiment; and he and Conti administered the injections themselves "as a symbolic action in which the most responsible physicians in the Reich subjected themselves to the practical carrying through of the Führer's order."⁵⁶

The four or six injected patients ("six at the most") "died only slowly," and some had to be injected again. In contrast, the gas worked perfectly. The first Nazi gas chamber had been constructed under the supervision of Christian Wirth, of the SS Criminal Police, lent to the T₄ staff. The arrangement included a fake shower room with benches, the gas being inserted from the outside into water pipes with small holes through which the carbon monoxide could escape. Present were two SS chemists with doctoral degrees, one of whom operated the gas. The other, August Becker, told how eighteen to twenty people were led naked into the "shower room": through a peephole he observed that very quickly "people toppled over, or lay on the benches"—all without "scenes or commotion." The room was ventilated within five minutes; SS men then used special stretchers which mechanically shoved the corpses into crematory ovens without contact. The technical demonstration was performed before a select audience of the inner circle of physicians and administrators of the medical killing project. Having been shown the technique, Dr. Irmfried Eberl, newly appointed head of the Brandenburg institution, took over "by himself and on his own responsibility." Both Brack and

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Brandt expressed their satisfaction with the experiment, the latter stressing that "only doctors should carry out the gassings."⁵⁷

I have referred to those initial gassings as both experiments and demonstrations, since later testimony—for instance, Brandt's remarkable statements at the Nuremberg Medical Trial—make clear that they were both. Brandt said that the original plan was to kill people by injecting narcotics, until it was realized that these would cause loss of consciousness but that death would not occur for some time. An alternative suggestion was made by a psychiatrist (presumably Heyde) to use carbon monoxide gas (which, in turn, led to the demonstration just described). Brandt recalled not liking the idea because he felt that "this whole question can only be looked at from a medical point of view," and that "in my medical imagination carbon monoxide had never played a part." Killing by gas, that is, made it much more difficult to maintain a medical aura. Brandt was able to change his mind when he recalled a personal experience of carbon monoxide poisoning in which he lost consciousness "without feeling anything," and realized that carbon monoxide "would be the most humane form of death." Yet he remained troubled because that method required "a whole change in medical conception," and gave the matter extensive thought "in order to put my own conscience right." He brought up to Hitler the difference of opinion about the two methods, and later remembered the Führer asking, "Which is the more humane way?" "My answer was clear," Brandt testified—and other leading physicians in the program agreed. Brandt concluded this segment of testimony with a meditation on medical breakthrough:

This is just one example of [what happens] when major advances in medical history are being made. There are cases of an operation being looked on at first with contempt, but then later on one learned it and carried it out. Here the task required by state authority was added to the medical conception of this problem, and it was necessary to find with good conscience a basic method that could do justice to both of these elements.⁵⁸

Allowing for self-serving elements and for retrospective father-son mythology in his early relationship to Hitler, Brandt's description takes us to the heart of the doctors' embrace of medicalized killing.

The Bureaucracy of Medical Deception

Throughout the "euthanasia" project, the pattern was for senior doctors to make policy and render decisions, to serve as high consultants and experts, while younger doctors did the actual killing. That was the message from Dr. Hans F. in connection with the killing of children, even if somewhat older chief doctors provided either orders or deadly innuendos. The pattern was still more true in regard to adult patients. Where

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senior doctors were involved in killing, they soon gave way to younger men, and some of the young doctors were quickly elevated to senior status. Killing doctors came to be chosen apparently for their combination of inexperience and political enthusiasm.⁵⁹

At Brandenburg, for instance, Dr. Eberl was twenty-nine years old when he learned to operate the gassing mechanism. The man later assigned to assist him, Dr. Aquilin Ullrich, was only twenty-six. Ullrich testified that his duties hardly required medical knowledge. He and Eberl did no more than make a "superficial inspection" of the naked patients in the anteroom of the gas chamber, which at the time he found "inexplicable"; subsequently he came to realize that "the presence of the physician at that moment was used to calm the mentally ill and camouflage the killing process."⁶⁰

Another doctor, who first worked as an assistant at a killing center, was informed by his immediate superior that "a physician, according to the law, had the last say, and he therefore had to re-examine the arrivals." Later he was informed by Dr. Nitsche, one of the "senior experts," that these *pro forma* "examinations" before the death chamber served mainly to calm the conscience of the doctor who has to carry out the killing.⁶¹ The Nazis were clearly aware of the psychological importance of the medical "as if" situation to the doctors involved.

For the most part, the "examination" consisted of the doctor simply checking on the fact that patient and chart coincided—the right person was being killed—and using the occasion to help decide which false diagnosis would be appropriate (consistent with the patient's record and appearance) for the death certificates soon to be issued. Reversing a decision about a patient's death at that point was extremely rare, probably limited only to a few discovered to have been war casualties of some kind.^{62*} The fundamental significance of that pseudo examination was medical legitimization of murder.

Many of these patients were apparently deceived. A man who worked at the Hadamar killing center told how a patient he had known for many years said to him on the way to the gas chamber, "We will have a real bath now and get other clothes."⁶³ When patients were not deceived and did resist, they were quickly subdued by physical force, though even this could resemble ordinary treatment of psychiatric patients. What happened next makes clear the doctor's responsibility for the entire killing sequence:

After doors were closed, the air was sucked out of the gas chamber through a ventilator by the same doctor who carried out the earlier "examination." Then for about ten minutes, carbon monoxide was let in [by that doctor] and its effect observed through a small window. As soon as he thought that those shut in had died, he had the gas chamber

*In Württemberg, only twenty-nine patients, mostly war veterans, were saved.

emptied. First fresh air was introduced through the ventilator, and the gas was forced out. From the beginning of the gassing until the reopening of the gas chamber took about one hour. The corpses that were to be dissected were removed to a special room. However the great majority of corpses were immediately taken to the ovens and burned there.^{64*}

Concerning the "humanity" of this form of killing claimed by Brandt, another man who worked at Hadamar and looked into the gas chamber through a side window spoke of "a horrible sight when the patients gradually collapsed and fell over one another," and added, "I shall never get this picture out of my mind."⁶⁶

We shall find this sequence, including the doctor's central role in it, to be strikingly similar to the killing sequence in Auschwitz.

Given the medical cover-up of killing, every death certificate had to be falsified. The key principle employed in choosing the false cause of death was medical credibility: assigning a disease consistent with a patient's prior physical and mental state, a disease that he or she could have contracted. Designated causes of death could include almost anything—infectious diseases, pneumonia, diseases of the heart, lung, brain, or other major organs. Skill at this falsification process was an important part of the "medical experience" of the killing doctors, and younger ones learned it during their "training" with their medical superiors and predecessors. To help them, they were given written guides specifying important details necessary for consistency.

One such guide, for instance, focused upon septicemia (bacteria in the bloodstream) as a cause of death, referred to bacterial infection of the skin as a possible source, and listed the sequence of symptoms and therapy to be mentioned. The document included additional useful tips: unclean mental patients often have boils which they scratch; and, "It is most expedient to figure four days for the basic illness [bacterial infection of skin] and five days for the resultant sepsis"; and, this diagnosis "should not be used with patients who are meticulously clean" but "is preferable for young strong patients who smear readily," but in that case "seven to eight days have to be allowed for the illness to take effect, since their circulation is relatively more resistant."⁶⁷

It is no exaggeration to say 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.

Maintaining these medical illusions required an extensive bureaucracy of deception. Every falsification in this "bloated apparatus" had to be

*In addition, as part of the scientific orientation of the program, "euthanasia" victims were photographed nude before they were killed. Dr. Friedrich Mennecke (see pages 139-42) had special training in "the photographic representation of types" during his T4 education in Heidelberg.⁶⁵ In some centers, the brain was removed for later study before the corpse was cremated.

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"covered by two more." For instance, at each killing center, there was a "Special Registry Office," which had a subdivision whose specific task it was to determine a suitable death date for each patient. On the death certificate prepared by the doctor, the date of death was always omitted, to be provided by this department. On the basis of its "timecards" and "death files," it could prevent the recording of large numbers of deaths at a particular place during a particular time sequence.⁶⁸

The bureaucracy of deception extended—logically, one might say—to the ashes of cremated patients, which were haphazardly mixed together so that the urn received by the family of a dead patient contained ashes that were not their relative's. (Families were told that quick cremation was necessary, especially during wartime, for public health reasons.) One of the program's leaders later said that he objected vehemently "for reasons of piety" when the policy had to be implemented because of a directive that corpses no longer be cremated individually. He claimed to have said to the administrator responsible for the order: "Even if the German people forgive you everything, they will never forgive you this."⁶⁹ While one must be skeptical about any such remembered conversation, it could suggest the existence, even then, of a glimmer of awareness of the desecration in this final medical falsification.

Inevitably, there were slip-ups in the bureaucracy of deception: a family receiving two urns; or being told that a patient, whose appendix had been removed earlier, had died of appendicitis; or being notified of the death of a patient who had not actually been killed and was alive and physically well. Or people learned (especially as church groups with national contacts began to look into the matter) of the suspicious deaths of a group of patients sent out together from the same mental hospital; or of letters received by families, at the same time in various parts of Germany, announcing the deaths of patients who were known to be physically healthy shortly after their arrival at a particular institution.

In addition, people working at killing centers would drink heavily at nearby bars and sometimes reveal aspects of what they were doing. Local people employed in "euthanasia" station kitchens and laundries also spread the word. Sometimes transfer procedures were conducted where they could be seen—even on occasion in a town marketplace—so that many people witnessed the force used on some recalcitrant victims.

And there was direct sensory evidence of the killing that no bureaucratic deception could eliminate: "The heavy smoke from the crematory building is said to be visible over Hadamar every day." And: "At full capacity . . . [the chimneys at Hartheim] smoked day and night. Locks of hair went up through the chimneys and landed in the street." These bureaucratic oversights were mentioned in Nazi documents critical of the way the program was run and urging that "more sensitivity be exercised in carrying out these activities."⁷⁰ But the "mistakes" were partly a product of the regime's own conflicts and contradictions about its principle of secrecy. In spite of the elaborate cover-up at every level and the pledge

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no eternal secrecy taken by all involved in the killing, at several of the killing centers outsiders—for example, the local *Gauleiter* (district leader) and other prominent Nazi personages at Hartheim—were received and, on some occasions, permitted to witness the killing of patients.

There were inconsistencies concerning who was permitted to know everything and who was not. While the nature of the medical killing project was not openly discussed, it was not completely withheld either. Courses consistent with the "euthanasia" program were given at large mental hospitals such as Eglfing-Haar, not an official killing center but a place where mental patients were nonetheless killed. An estimated twenty thousand Nazi military and civilian leaders and SS men were thus exposed to films* and "case demonstrations" of highly regressed patients, especially Jewish patients, as "life unworthy of life": recall Dr. Pfannmüller's demonstration of the "most simple method" of starving a child to death.⁷²

These and other bureaucratic contradictions had to do with uncertainty concerning the official view of the program as necessary but difficult for the population to accept—that view accompanied by the sense that the program was on the one hand dirty, ugly, and unacceptable (to be hidden at all costs) and on the other a liberating therapy for the race (and therefore openly demonstrable). It is quite possible that the Nazi doctors and their companions in the bureaucracy of deception held all three images at once.

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New Technology and the Killing of Jews: T4 in Poland and the Final Solution

From the beginning of the T4 operation, Jewish patients were viewed as a group apart. They were, before long, caught up in broader Nazi extermination policies. That was the time (late 1939 to early 1940) when the doctrine of "elimination [in the sense of removal] of Judaism as a whole" was being developed. Soon after Poland was overrun by German armies (September 1939), Heydrich formulated a plan to build a "Jewish reservation" in Lublin. Although this plan never materialized, deportation trains left for Poland during the winter of 1939-40, carrying Jews (who were not mental patients) from Austria, Bohemia, and Moravia.^{73†}

Though the Madagascar Plan (for the use of that island as a "reservation" for Jews) was still being given some consideration, there was in Party circles increasing talk of a "radical solution" (*Radikallösung*) for

*One such film was "Existence without Life" (*Dasein ohne Leben*), which was intended not for the general public but rather for the education of T4 personnel and trusted circles.⁷¹

†In all talk of resettlement, whether of Jewish inmates or of Jews in general, the anti-Semitic attitude of the Polish population—the possibility of stimulating Poles to pogroms or the like—was frequently mentioned.

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the "Jewish problem" which developed into the so-called Final Solution (*Endlösung*).⁷⁴

Under T4, Jewish inmates of institutions in Germany did not have to meet the ordinary criteria for medical killing (mental deficiency or schizophrenia, length of hospitalization, capacity to work, etc.). For them, "no special consultations or discussions . . . were necessary": "The total extermination of this group of asylum inmates was the logical consequence of the 'radical solution' of the Jewish problem being embarked upon."⁷⁵

Only at this point does direct medical killing provide an *exact* prefiguring of the Final Solution: Jews were to be killed—to the last man, woman, and child—simply because they were Jews. For the Nazis, Jewish mental patients were unique among all Nazi victims in that they could embody both "dangerous genes" in an individual medical sense, and "racial poison" in a collective ethnic sense.

Systematic T4 treatment of German Jews began in April 1940, with a proclamation from the Reich Interior Ministry that, within three weeks, all Jewish patients were to be inventoried. In June, the first gassings of Jews took place, as two hundred men, women, and children died in the Brandenburg facility, having been transported there in six *Gekrat* buses from the Berlin-Buch mental institution. There were more killings in July. On 30 August, another directive from the Interior Ministry ordered that Jews were to be transferred to various centers, depending on their geographic location. It was explained that employees and relatives of Aryan patients had complained about being treated and housed with Jews.⁷⁶

The Bavarian collection center was Egling-Haar, where Dr. Pfannmüller had once declared proudly: "No Jews are allowed in my institution!"⁷⁷ Now the Jews transferred in were placed in two special houses (where they were separated by sex rather than degree of illness) and thrust into propaganda-film roles depicting them as "typical Jews" and "the scum of humanity." This segregation reflected the general policy that, in Schmidt's ironic words, "'Aryan' mental patients could not be expected to die together with Jewish patients, much less live together."⁷⁸

In the fall of 1940, Jewish patients began to be transported to Nazi-occupied Poland as part of the policy of removing all Jews from Germany. In December, it was announced that henceforth Jewish patients would be transferred to a facility for mentally impaired children in Bendorf near Neuwied in the Rhineland. This was a privately owned Jewish institution going back to 1869. Beginning in the spring of 1942, Bendorf patients were sent to Poland, in trains with sixty to seventy patients sealed in each freight car, trains that carried ordinary Jewish citizens as well. The Bendorf hospital was supposed to be used for soldiers, but never was. The director, a "privileged Jew" (married to an Aryan), stayed on to act as caretaker in the empty facility.⁷⁹

Once the Jewish patients were herded into trains, the pretense of

medicalized treatment ended. The trains arrived in Lublin, an area where Polish Jews were being concentrated and where Jewish confiscated goods were processed with slave labor. The precise fate of these patients is unknown and probably varied, except for the final outcome—their extermination in such camps as Sobibór and Belzec.⁸⁰

The T4 office set up a Jewish camouflage operation: on "Cholm Insane Asylum" letterheads, statements of condolence and death certificates were sent out. Couriers took the mail to Chelm (the Polish spelling), near Lublin, where they were mailed with the proper postmark. As far as can be determined, the "Cholm Insane Asylum" was a fiction.⁸¹

From September 1939, when the war began, with German troops pushing eastward, the SS began to shoot inmates (of whatever race or nationality) of mental hospitals to empty them for the use of soldiers. For example, a hospital in Stralsund, an eastern German city on the Baltic Sea, was emptied by December 1939, and its patients were taken to Danzig to be shot. Their bodies were buried by Polish prisoners, who themselves were then shot. In Chelm-Lubielski, in the General Government of Poland, patients were shot *en masse* by SS troops, sometimes after having been chased through the asylum, and then buried in mass graves. Once Germany invaded Russia, in June 1941, Einsatzgruppen under Heydrich liquidated hospital patients as well as Jews, Gypsies, and Communist functionaries. Reports from the field mentioned the need for beds for injured soldiers, as well as "the German view" that these were lives unworthy of life.⁸²

More closely related to T4, the Germans set up two psychiatric extermination facilities at Meseritz-Obrawalde and Tiegenhof, both in the old Prussian territory of Pomerania. The policy was first to massacre Polish patients, then bring German patients into the emptied facility, and finally to kill them as well by such methods as shooting, gassing, injection, starvation, or drugs given with food. Standard T4 letters of condolence were sent to families. There is some evidence that physically or mentally impaired German soldiers were also given "euthanasia" in both institutions.⁸³

Concerning the technology of murder, there was diminished reliance on shooting because of psychological trauma to *Einsatzgruppen* troops. Explosives were tried—as in Russia, in September 1941, when mental patients were blown up. This method proved ineffective in that too much cleaning up was required and more than one charge was sometimes necessary. Gas was clearly preferable.

Carbon monoxide gas was increasingly resorted to—first in canisters (which became ever more expensive to bring from Germany as the troops moved east), and then, after further technological innovation, from the exhaust of vans. During two weeks in May and June of 1940, 1,558 mental patients from East Prussia were gassed in vans at a transit camp in Soldau. The killings were carried out by "the itinerant euthanasia squad known

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Chapter 3

Resistance to Direct Medical Killing

There is strange talk in Munich about the fate of mental patients.

How come he died so fast? I enclose a stamp so that you will tell me about his last hours.

Why was my brother's body burned? I would like to have buried him in a grave.

We have to reproach you about not having given us a chance to say goodbye. . . . We are really bitter and do not understand your measures. I expect you will tell me your reasons for such behavior.

—Excerpts from letters of family members of patients killed in the "euthanasia" program

Resistance within Psychiatry

Some psychiatrists resisted medical killing—but mostly in limited, isolated, and indirect ways. Though insufficient, that resistance was not without significance.

What was undoubtedly the most widespread form of resistance is the most difficult to evaluate: the "silent resistance" in the form of actions taken by individual psychiatrists to enable patients to evade the lethal bureaucracy.¹ These measures included diagnosing patients as severely neurotic rather than schizophrenic, or minimizing mentally deficient patients' inability to work; releasing patients to their families or keeping them in university clinics or on general medical services, rather than transferring them to state hospitals; and generally emphasizing patients'

Resistance

potential capacity of society. There were maneuvers, so-called medical administration. Psychiatrists' attitudes from and their evasion of necessary cooperation.

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potential capacity for improvement, work, and eventual contribution to society. There could be unspoken cooperation among colleagues in these maneuvers, sometimes with the help of medical, psychiatric, and non-medical administrators who were not fully enthusiastic about the program. Psychiatrists engaging in these attempts at evasion varied in their attitudes from ambivalence toward the program to strong condemnation, and their evasions tended to be accompanied by what they considered necessary cooperation with the project.

Nurses and ward workers could also contribute to evasive maneuvers, either by warning patients to leave the hospital before it was too late, or even on occasion helping them to hide. A former patient in a church-run institution told of how fearful she and other patients were upon hearing that cars were coming to take them to their deaths:

We went through the forest, ran around, because we did not know where to go. . . . When the sisters [nurses] came to fetch them, many [patients] started to run again. . . . We hid in barns a few times. . . . One was safe nowhere. . . . As soon as a car came, the head nurse called: "Get up, march, hide yourself. If someone comes, don't stand still."²

These nurses and hospital workers could, like the doctors, express such resistance at one moment and carry out their part in the killing at another.

Expressions of discomfort could come from psychiatrists who wanted things to be more forthright and more legal. "If the government actually wishes to carry out the extermination of these patients . . . should not a clearly formulated law be proclaimed— . . . as in the case of the [Sterilization] Law," was the way the head of a mental hospital expressed his view to the Ministry of Justice.³

Crucial to whatever psychiatric resistance existed was the influence of a few leading psychiatric humanists of the older generation, such as Karl Bonhoeffer. These men became known as opponents of medical killing and, in varying degree, of the Nazi regime in general. In 1939, the politically suspect Bonhoeffer was replaced in the prestigious psychiatric position of the chair of Berlin University and Charité Hospital by Max de Crinis, Party and SS member. Bonhoeffer then became more active in helping his two sons and his son-in-law, all of whom were eventually killed by the regime for their opposition to it. He involved himself specifically in the struggle against medical killing by helping his son Dietrich, later a celebrated Protestant martyr, in the latter's contacts with church groups seeking authoritative psychiatric grounds for refusing to turn over their patients to the project.⁴

The unusual degree of respect accorded Bonhoeffer in the profession, together with his well-known opposition to medical killing, provided at

Ewald felt so immediately preoccupied with formulating his objections that he could not recall what else Heyde said. When given an opportunity to speak, Ewald stated, "On principle I would not lend my hand to exterminate in this way patients entrusted to me." He pointed out that schizophrenics, the largest patient group concerned, were not as "empty and hopeless" as claimed, and could well benefit from new forms of therapy just then being developed. After giving additional arguments and making clear his refusal to become an expert, he was joined by two other psychiatrists. But those two reversed themselves, Ewald testified, when Paul Nitsche, Heyde's next in command and a man with considerable professional standing, spoke passionately of having personally lived through the tragedy of coping with a mentally ill brother-in-law and urged the group not to oppose the extermination of the mentally ill.* As Ewald said nothing more and clearly had not changed his position, Heyde "dismissed" him, in a firm but "very polite and collegial fashion," even expressing "respect for my point of view."⁸

Immediately after the meeting, Ewald made notes of what had happened at it, and these became the basis for a memorandum he sent to the dean of his faculty at the University of Göttingen, as well as to Heyde, Conti, a regional official in Hanover, and the psychotherapist Dr. Matthias Göring with a request that he pass it along to his cousin Hermann, the powerful air marshal.† Written essentially from a Nazi framework, the memorandum began by raising questions, not about the rights of patients, but about whether so "far-reaching" an action would be sufficiently beneficial to the *Volk* to justify it. Ewald conceded that, if a people were absolutely besieged, and "needed every grain (of food) for its healthy members, then . . . those unfortunate sick members would be the first to give their life in favor of the healthy population." But without that extremity, doctors should not "interfere with fate."

*One of those two doctors, Arthur Kuhn (of Reichenau), disputed this and testified that he met the other man, a Dr. Meusberger (of Klagenfurt), at the train station, having left early while the rest of the group stayed late to drink and celebrate; but their overall roles remain obscure. Neither Kuhn nor Meusberger appears on lists of experts in Nazi documents. (I am grateful to Ernst Klee for a personal communication [November 1985] on this matter.)

†Matthias Göring was a psychiatrist and Adlerian psychotherapist who, largely because of his family connections, was made director of what came to be known as the Göring Institute in Berlin. Although an ardent Nazi who kept in constant touch with his eminent cousin and did not hesitate to exploit his name, Matthias Göring was generally perceived as being relatively benign (he was known within the institute as "Papi") and managed to maintain under one professional roof, with certain restrictions, Adlerian, Jungian, and Freudian psychotherapists and psychoanalysts, as well as those who were strongly pro-Nazi, anti-Nazi, or somewhere in between. Because he and his institute enabled psychotherapy to survive as a profession in Nazi Germany, and because he offered some protection to individual psychotherapists, he has been somewhat romanticized. Although he never achieved his goal of a "new German psychotherapy," he did press German psychotherapy into service to the regime and maintained active links with the military and the SS. The Göring Institute is a fascinating story on many levels, but I believe that Göring is best understood as a prototypical "decent Nazi"—a genre I shall have much more to say about later; and that he and his institute served the primary function of *Gleichschaltung* for German psychoanalysis, psychotherapy, and a small portion of psychiatry (the minority of the discipline concerned with a psychotherapeutic approach).⁹

He went on to argue that all people, not just the sick, should be willing to put their own lives and those of close family members "at the disposal of the State," especially during wartime, since "the goal for which we strive . . . [is] the greatest that we know . . . freedom, greatness and happiness of the people." He acknowledged the "higher medical and general goal" of ending life unworthy of life as compared with nursing it, but wanted to limit that concept to such situations as that in which a doctor would hasten the death of a terminal cancer patient who longed for it "for healthy [*gesund*] reasons." In that sense, Ewald sought to return to the true meaning of euthanasia. And he stressed the "*biological bond of blood*" that exists "even between a mother and her idiotic child—and demands respect." Should a family, because of the economic burden created by such a child, consent to its elimination, the state would do better to offer aid to the family, "in order . . . not to differentiate between our countrymen who are in a better or worse economic position."¹⁰

Only then did Ewald raise "certain medical objections." He asked with italicized emphasis: "*Do we really know that all the patients who fall under this law are incurable?*" Here, focusing on *schizophrenia*, he pointed out that it contains no clearly recognized histopathology (tissue change) and that new therapies have resulted in "astonishing" recoveries. Going on to explore the psychological consequences for relatives and the general population, he noted that many will be "tortured" by self-blame, whether or not they actually gave consent; that there will be terrible conflict and reproaches within families; and that fear and distrust will be rampant, especially toward doctors, "because one knows that admission to a mental clinic or institution can lead to death." Not only would medical care for the entire population suffer, but the medical profession would lose its general standing, and people would associate it with everything that is "sinister, monstrous, and terrible." He boldly invoked the finality of killing: "One can live and even enjoy life without Fallopian tubes or a vas deferens (although most have suffered bitterly under the sterilization procedure), but death puts an end to everything."¹¹

Ewald was at his most eloquent in affirming the integrity of the medical profession—but again within a Nazi context:

Physicianship is built on the urge to *help* another, and comfort and not harm him. The psychiatrist in particular has learned to promote a higher good . . . the good of all. . . . Every sensible doctor will also approve euthanasia. Who, however, aspiring to become a doctor, will want to be put in the position of eliminating hopeless cases against the wish of their relatives, and, *without the most compelling need*, taking upon oneself the odium of killing? . . . I can certainly kill any time if it is a matter of saving the *Volk*; . . . I would also . . . approve the elimination of serious criminals and common vermin. But I cannot choose a profession whose daily business it is to eliminate a sick person because of his sickness after he or his relatives have come to me, trusting and looking for help.

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And Ewald stressed that he spoke from many years of close professional observation, as a man who has had the opportunity "to really look into the psyche of his patients and of the people" to a much greater extent than "the best theorist . . . [or] statistician" concerned with hereditary research.^{12*}

Ewald had been initially sympathetic to the Nazis, according to his widow, whom I interviewed in a nursing home: "He said his *Heil* Hitler enthusiastically like everyone else." Nazi Party documents confirmed this attitude, describing him, in 1939, as politically "reliable" and as having a "positive political attitude toward the Third Reich."¹³ Yet Ewald's persistent attempts to gain Party membership during the 1930s were repeatedly refused for what were always described as merely "formal" reasons. Those formal reasons turned out to be related to Ewald's First World War injury, which had led to amputation of one of his forearms. As a "militarily disabled one-armed person" (as one investigation put it),¹⁴ he was prevented from serving actively in the SA or an equivalent organization; he joined the SA Reserve so as to engage in their military maneuvers despite his handicap, as he had earlier those of the since-dissolved *völkisch Freikorps* "Oberland" which he joined in 1923. In being approved for renewal of his Göttingen professorship, Ewald was described in 1939 by a local Nazi personnel officer as "completely sympathetic to the aspirations of the NSDAP [the National Socialist German Workers', or Nazi, Party]."¹⁵

The Party documents further explained that an exception to formal requirements could be made for certain outstanding people considered "particularly desirable and regarded as a particular prize for the work of the Party," but that Ewald did not meet this criterion. The possible implication is that his professional standing, though certainly solid, was not outstanding; or that his Nazi identification, though strong, was not absolute. The latter "shortcoming" is suggested by his having placed (in late 1938, when he was director of the Göttingen State Hospital and after these judgments had been made) a Jewish patient eligible for work rehabilitation with a German farm family—an incident that outraged Party officials.^{16†}

Yet he had what his widow called a "kind of connection" with Hermann Göring through having treated, and kept in the Ewald home, one of the

*Ewald received replies to the letter from his dean, Dr. Stich (cautious agreement and return of documents), from Conti (friendly disagreement), and from the state official, but apparently none from Heyde or Matthias Göring.

†The local Nazi leader in Mengershausen reported to the district leader in Göttingen that this Jewish patient had been observed at church festivals dancing with "German girls." This official then wrote to Ewald: "The understanding of the Third Reich of agrarian estate does not allow under any circumstances the presence of Jews on German farm land." Moreover this Jew's appearance in public had caused offense. Ewald returned the patient to the state hospital immediately, after explaining that he had been pressured by the government of Hanover to put as many patients as possible in home care because it reduced the burden to the state. Also, farmers were short of help and competed for such patients. However, no more Jews would be sent to farms.¹⁷

same

be expressed, as he put it, "precisely as a National Socialist doctor [for whom] these measures go directly and decisively against every conception of a physician's profession." He expressed these views to Martin Bormann, with whom he had a long-standing tie, and spoke of his concern that the absence of legal basis for the killings would impair "the ethical concepts of our *Volk*." Bormann defended the program by contrasting the Christian view of wishing to keep alive "even those creatures least worthy of life" with the National Socialist position that keeping such people alive was "completely against nature."²⁶

The People's Resistance

What eventually persuaded Nazi leaders to cancel the project officially was not psychiatric resistance but rather general resistance among the German people, articulated and heightened by a few courageous Protestant and Catholic religious leaders. Family members of patients wrote letters to institution heads (as excerpted in the epigraph to this chapter) expressing confusion and pain but also at times accurate knowledge and anger: references to "strange talk" about the fate of patients, questions about their dying "so fast," and resentment about relatives not being permitted a proper burial and not having a "chance to say goodbye."²⁷

The unrest could reach high places. A provincial probate judge wrote to Franz Gürtner, the minister of justice, stating that he (the judge) had received formal charges from the guardians of patients and the personnel of institutions from which patients had been taken to their deaths at Hartheim. He went on to say to his judicial colleague, "Man commits an act of . . . extraordinary arrogance when he takes it upon himself to put an end to a human life because, with his limited understanding, he can no longer grasp the entire meaning of that life." In the same letter he also declared, "Everyone knows as well as I do" that "the murder of the mentally ill is as well known a daily reality as, say, the concentration camps."²⁸

And Else von Löwis, a leader in the Nazi women's organization and a woman of the highest social standing who mixed regularly with regime leaders, wrote to a friend, the wife of the presiding judge of the Party Chancellery Court and a close friend of Himmler, of her horror at the regime's attempt to deceive the people in killing mental patients ("When the farmers of Württemberg see the cars go by, they too know what is going on—just as when they see the smoke pouring from the crematory chimneys day and night"); and at the policy of killing mental patients indiscriminately, including some only slightly ill or those sane for long periods of time, rather than only those "without the slightest glimmer of human consciousness" (which, she thought, would be accepted by the

people if there were a proper law). She admitted that until then she had had "steadfast confidence in our Führer," but now she could feel "the ground . . . give way beneath our feet," though "people are still clinging to the hope that the Führer does not yet know of these things." The judge forwarded the letter to Himmler, who informed him "confidentially" that there was such a program, "on the authority of the Führer," being carried out by "medical experts . . . conscious of their responsibilities"; and that, if the project had become well known, "the manner of operating [was] at fault."²⁹

Indeed, angry crowd reactions came close at times to public demonstrations against the killing of mental patients. One report to the SS Security Service from Absberg on 1 March 1941 states that "the removal of residents from the Ottilien Home has caused a great deal of unpleasantness," tells of a priest offering communion to patients forced into a bus before large crowds of Catholic townspeople, complains of the visibility of the whole operation, describes how deeply troubled people were, and adds that "among those upset and crying are Party members."³⁰ This was one of the few issues on which sentiment against a regime policy was so openly and bitterly expressed.

Resistance from the Churches

Much of Protestant religious resistance centered on mental institutions; two leaders were pastors who served as nonmedical administrators of such institutions. These were Paul-Gerhard Braune, director of the Hoffnungstal Institution in Berlin and vice president of the central board of the Home Mission; and the Reverend Fritz von Bodelschwingh, director of the legendary Bethel Institution, mainly for epileptics, at Bielefeld. Both were active leaders of the Confessional Church, as opposed to "German Christians" who had allied themselves to the National Socialist regime. Both pastors also belonged to the group within the Confessional Church who believed that "where an institution was threatened by the killing, one should fight for the lives of the patients [against] those who were to take them away to have them killed"—rather than speaking out from the pulpit about the evil of the "euthanasia" project and its violation of God's commandments. The latter course, they feared, might harm the cause of actual patients.³¹

Bodelschwingh's institution at Bethel, initiated by his father, was renowned for creating a dedicated and harmonious Christian community. In that atmosphere Bodelschwingh could command the loyalty of his psychiatric physicians—including Jasperson—to join him in resistance to questionnaires, in expressing objections to Nazi officials, and in various maneuvers to keep patients from being drawn into the killing machin-

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ery.* Bodelschwingh also visited Matthias Göring in May 1940 to ask for help, and was told by Professor Göring "not to undertake anything [in the way of opposition], but only to do this when we have definite evidence" (though there surely was already evidence). Early in the next year, Bodelschwingh asked Professor Göring to deliver a letter addressed to the latter's cousin Hermann, pleading that his epileptic patients not be subjected to "economic planning" measures. Although Hermann Göring did see fit to answer, he claimed that Bodelschwingh's assertions were "in part inexact and in large measure false," and added that he would have Karl Brandt clarify things further. Bodelschwingh, in fact, negotiated endlessly with high Nazi officials and developed a close and friendly relationship with Brandt (see pages 115-16), partially cooperating while managing to stall the process despite a visit from a doctors' commission. Bodelschwingh succeeded in protecting most of his patients.⁵³

Braune, described as a man of formidable "Prussian military bearing," had opposed the sterilization program⁵⁴† and had taken the initiative in approaching Bodelschwingh concerning opposition to medical killing. Braune then worked closely with Bodelschwingh on gathering and exchanging information and paying visits together to high officials. In one, along with the surgeon Ferdinand Sauerbruch, they confronted Minister of Justice Gürtner, in the latter's apartment, with facts that apparently surprised him and caused him to be "genuinely horrified."⁵⁶‡ Braune also produced a truly remarkable document, which combined passionate protest with detailed and systematic evidence, and was submitted to an official at the Chancellery and addressed to Adolf Hitler.

The document begins with general observations made in "various parts of the Reich" which "preclude any doubt that this is a large-scale plan to exterminate . . . thousands of 'human beings unworthy of life.' " These measures, he insists, "gravely undermine the moral foundations of the whole *Volk*" and were "intolerable." He then presents a chronology of directives, institutional experiences, questionnaire details, and methods of deception—even making statistical estimates of the number of people killed on the basis of the numbers on the urns of ashes received by families. He considers these events "shocking" and "simply unworthy" of therapeutic institutions.⁵⁷

*Bodelschwingh was originally a supporter of the regime and even an advocate of eugenics, who spoke of his "deep reverence" for research in that area and accepted the sterilization program. But in his Christian view he looked upon the physically and mentally impaired as "God's admonition to man and reminders . . . of the connection between guilt and atonement."⁵² He brought that Christian fervor to his protection of patients entrusted to him.

†Even he seemed to waiver a bit on sterilization. He apparently detested the wandering beggars he encountered as business manager of the German Hostel Association, and advocated that they be removed from society into work camps and even undergo "medical measures that would make these people no longer dangerous to the *Volk*."⁵⁵

‡After that meeting, Gürtner asked the Chancellery chief Lammers whether the program should not either be stopped or else made legal.

He speaks also of the systematic creation of confusion: of patients "so completely mixed up in huge institutions [that] no one knows the other's fate." He tells how people "pine away in loneliness and die in total desolation" and offers as evidence the death of a jurist and son of a high government official.³⁸ In this way, Braune goes back and forth between carefully observed details and ringing ethical assertions.

He concludes, "We are dealing here with a conscious, systematic process of eliminating all those who are mentally ill or otherwise incapable of functioning in a community"—a process that "severely undermines the faith placed in . . . physicians and [health] authorities." He notes Germany's superior history in regard to providing well-run institutions and well-trained personnel with "unselfish readiness to serve," and asks whether these constructive inclinations will be forced "to die out slowly in our people?" He asks also how far the extermination of "life unworthy of life" can go, having already been extended to people who were "lucid and responsible"; and who the next target will be. Then he touches a particularly raw nerve: "What will happen to the soldiers who contract incurable afflictions while fighting for their fatherland?" He adds, "Such questions have already arisen among them."³⁹

He then returns to moral questions concerning the sanctity of human life, and how violation of that sanctity "without legal basis" endangers "the ethics of the people as a whole. Whom if not the helpless should the law protect?" He points out that, after careful calculation, even if one hundred thousand people were to be killed (the actual estimate of the number who were eventually killed in the project),⁴⁰ it would be of no significant help to the economic well-being of the rest of the population. Braune concludes with a ringing declaration of the dimension of the danger and an intense plea for relief:

We are confronted here with an emergency that deeply shocks everyone who knows about it, that destroys the inner peace of many families, and that above all threatens to grow into a danger whose consequences cannot even be predicted at this point. May the responsible authorities make sure that these disastrous measures are abolished, and that the entire problem is first examined from a legal and medical, from the ethical and political point of view, before the fate of thousands and tens of thousands is decided. *Videant consules, ne quid detrimenti res publica capiat!* ("Let the consuls see to it that the state suffers no harm!")⁴¹

Of all recorded expressions of resistance to Nazi medical killing, the Braune memorandum is unique in combining insistent documentation, compassionate identification with victims, concern for healing and healers, focus on the moral integrity of an entire people as well as on the broad ethical principle of the sanctity of life, exposure of the regime's

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vulnerability to general fear of "euthanasia" among the military, and passionate personal protest grounded in a spiritual tradition.

The Nazi leaders must have recognized the power of his statement, since Lammers, Chief of the Reich Chancellery, was said to have informed Hitler of it, then told Braune that the program could not be stopped. And about one month later, Braune was arrested under a warrant signed by Heydrich charging him with having "sabotaged measures of the regime and the Party in an irresponsible manner." Braune was held at the Gestapo jail on Prinz Albrecht Strasse for about ten weeks and then released (probably through Bodelschwingh's intervention) on the promise that he would undertake no further actions against policies of the government or the Party.⁴²

While Bodelschwingh and Braune expressed their resistance essentially through official channels, certain local ministers spoke out directly from their churches, and could be sent to a concentration camp as a result. Ernst Wilm did so from a Westphalian village, and was denounced and sent to Dachau where he spent three years.⁴³

The most ringing Catholic protest against "euthanasia" was the famous sermon of Clemens Count von Galen, then bishop of Münster.* It was given on 3 August 1941, just four Sundays after the highly significant pastoral letter of German bishops had been read from every Catholic pulpit in the country; the letter reaffirmed "obligations of conscience" at opposing the taking of "innocent" life, "even if it were to cost us our [own] lives."⁴⁴ The first part of Galen's sermon explored the Biblical theme of how "Jesus, the Son of God, wept," how even God wept "because of stupidity, injustice . . . and because of the disaster which came about as a result." Then, after declaring, "It is a terrible, unjust and catastrophic thing when man opposes his will to the will of God," Galen quoted the pastoral letter of 6 July and made clear that the "catastrophic thing" he had in mind was the killing of innocent mental patients and "a doctrine which authorizes the violent death of invalids and elderly people."⁴⁵

He further declared that he himself had "filed formal charges" with police and legal authorities in Münster over deportations from a nearby institution. He went on in words that every farmer and laborer could understand:

It is said of these patients: They are like an old machine which no longer runs, like an old horse which is hopelessly paralyzed, like a cow which no longer gives milk.

What do we do with a machine of this kind? We put it in the junkyard. What do we do with a paralyzed horse? No, I do not wish to push the

*The Catholic Church as a whole was traditionally less identified with the German state than were the Protestant churches. Although Catholics were a majority in some areas of Germany, German Catholics still bore traces of "outsider" status.

comparison to the end. . . . We are not talking here about a machine, a horse, nor a cow. . . . No, we are talking about men and women, our compatriots, our brothers and sisters. Poor unproductive people if you wish, but does this mean that they have lost their right to live?

He pointed out that, should such a principle be maintained, "then think of the horrible state we shall all be in when we are weak and sick!" The danger extended not only to "invalids" who, when healthy, had been hard and productive workers and "brave soldiers, when they come back seriously wounded," but "none of us here will be certain of his life."⁴⁶

And after a couple of poignant examples of specific people killed, the bishop concluded, as he had begun, with Biblical imagery, this time not of Jesus weeping but of "divine justice"—ultimate punishment—for those "making a blasphemy of our faith" by persecuting clergy and "sending innocent people to their death." He asked that such people (who could only be the Nazi authorities) be ostracized and left to their divine retribution:

We wish to withdraw ourselves and our faithful from their influence, so that we may not be contaminated by their thinking and their ungodly behavior, so that we may not participate and share with them in the punishment which a just God should and will pronounce upon all those who—like ungrateful Jerusalem*—do not wish what God wishes!⁴⁷

With the authority of his office, a Catholic bishop invoked the wrath of God on those who were killing the innocent. This powerful, populist sermon was immediately reproduced and distributed throughout Germany—indeed, it was dropped among German troops by British Royal Air Force flyers. Galen's sermon probably had a greater impact than any other one statement in consolidating anti-"euthanasia" sentiment; hence, Bormann's judgment that the bishop deserved the death penalty.^{48†}

Perhaps still more threatening to Nazi leaders was the protest of Werner Mölders, a Catholic *Luftwaffe* pilot and famous war hero who had

*Galen's image of "ungrateful Jerusalem" contains a troubling irony in its apparent reference to the Jews (as having violated God's wishes in rejecting Jesus). The image could well refer more broadly to any tendency to stray from God's wishes throughout Judeo-Christian experience; it nonetheless suggests the kind of sentiment within German-Christian doctrine and expression that enabled that clergy to virtually ignore Nazi persecution of Jews.

†Bormann was responding to a Nazi propaganda leader who suggested Galen be hanged. However, Bormann added that "under the circumstances of war the Führer will hardly order this measure." The propagandist responded the same day with a report of a conversation with Josef Goebbels, who had no answer on how to combat Galen; the propaganda chief feared that, if something were done to the bishop, the population of Münster could be "written off" for the duration, and that "one could easily add to that all of Westphalia." A memorandum within the Propaganda Ministry on 12 August warned that taking measures against Galen would create a martyr, and other bishops and priests would take up the charges. Father Bernard Lichtenberg, however, unique in his condemnation of Nazi persecution of Jews, was taken into custody and badly beaten; he died in transit to Dachau.⁴⁹

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received Nazi Germany's highest military decoration from Hitler himself. In a letter to superior officers, Mölders expressed his chagrin over the "euthanasia" program and threatened to return his decoration.⁵⁰

Perhaps we could not have expected from the medical or the psychiatric profession as impassioned an ethical condemnation as Bishop Galen's. But we could have hoped for a statement as comprehensive and morally clear as Pastor Braune's or a commitment to patients as dedicated and tenacious as Pastor Bodelschwingh's. Dr. Ewald's actions and memorandum come closest. But he was constrained—other physicians more so—by Nazi affiliations, by the German tradition of psychiatric and medical subservience to governmental authority, and, more broadly, by ethical gaps in twentieth-century medical professionalism: I say this not to render the churches as a whole heroic: most Protestant and Catholic leaders either went along with the Nazis or did nothing. Rather my point is that the Nazi attempt at medical mystification of killing was given the lie not primarily by psychiatrists or other physicians, many of whom were directly involved in carrying out the program, but by a few church leaders, who gave voice to the grief and rage of victimized families with ethical passions stemming from their own religious traditions.

Nazi leaders faced the prospect of either having to imprison prominent, highly admired clergymen and other protesters—a course with consequences in terms of adverse public reaction they greatly feared—or else end the program. The latter was essentially the recommendation of Himmler, who noted that the secret was no longer a secret, though added, "If operation T₄ had been entrusted to the SS, things would have happened differently," because "when the Führer entrusts us with a job, we know how to deal with it correctly, without causing useless uproar among the people."⁵¹ Hitler apparently gave Brandt a verbal order on or about 24 August 1941 to end or at least to "stall" operation T₄.^{52*} But the killing of mental patients did not end: mass murder was just beginning.

*Dr. Friedrich Mennecke (see pages 139–42) told a postwar German court an anecdote that he thought explained the end of the program on which he had served as expert. One day, Hitler was traveling between Munich and Berlin on a special train when it suddenly stopped at a station. Looking out the window to see what the problem was, he saw a crowd watching the loading of a group of retarded patients into a train. Seeing Hitler at the window, the crowd became threatening.⁵³ Whether true or apocryphal, the story says something about perceptions of degree of opposition.

Although the "halt" was accompanied by a "whispering campaign" to the effect that Hitler had on his own initiative stopped a program about which he had previously known nothing,⁵⁴ many of the protests I have discussed came after 24 August and in reference to a program that the protesters clearly thought had not stopped. The halt was not only partial but apparently allowed for the possibility of resumption.

Chapter 4

"Wild Euthanasia": The Doctors Take Over

For quite a number of doctors . . . Hitler not only had the power of a commander in chief in a political sense, but was also the highest ranking physician.

—VICTOR VON WEIZSÄCKER

What was discontinued was only the visible dimension of the project: the large-scale gassing of patients. T4 officially ceased as a program, but that turned out to be still another deception. Widespread killing continued in a second phase, sometimes referred to in Nazi documents as "wild euthanasia" because doctors—encouraged, if not directed, by the regime—could now act on their own initiative concerning who would live or die.¹

While the regime ordered most of the gas chambers dismantled (to be reassembled, as it turned out, in the East), it did nothing to stop the ideological and institutional momentum of medical killing. The regime's clear message, in fact, was that the killings were to go on, but more quietly. And more quiet killing meant more isolated, individual procedures. Doctors acted on their personal and ideological inclinations, along with their sense of the regime's pulse. That pulse emanated no longer from the Chancellery, which bowed out along with T4 itself, but from the Reich Interior Ministry and its national medical subdivision. There were changes in geographical location, but the regime continued to make transportation arrangements, required that patients' deaths be recorded centrally, and in some cases maintained T4 experts in a partially supervisory role. Patients were now killed not by gas but by starvation and drugs, the latter method in particular rendering the killing still more "medical."

The children's program was not included under the T4 "halt." Killing

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ever met during my career." Albert Speer,* also a good friend of Brandt's, described him to me as a person who was widely appreciated and "very conscientious about his life—whatever he was doing." Speer was puzzled when he learned after the war of his friend's involvement in "euthanasia," and said that Brandt's integrity was such that "he must have believed in it."

Perhaps Brandt's most glowing testimony was that given a visiting writer in 1973 by the father of the child whose case Hitler used to initiate the entire killing project (see pages 50–51):

It was right here. Karl Brandt was standing there near the window. He was tall and impressive. He seemed to fill up the whole room. . . . He explained to me that the Führer had personally sent him, and that my son's case interested the Führer very, very much. The Führer wanted to explore the problem of people who had no future—whose life was worthless. . . . From then on, we wouldn't have to suffer from this terrible misfortune, because the Führer had granted us the mercy killing of our son. Later, we could have other children, handsome and healthy, of whom the Reich could be proud. . . . Germany had to be built and every bit of energy would be required. That's what Herr Brandt explained to me. He was a proud man—intelligent, very convincing. He was like a savior to us—the man who could deliver us from a heavy burden. We thanked him and told him how very grateful we were.⁹

Brandt's near-mythic aura of elegance and purity made him the perfect advocate of "euthanasia" and the ideal delegate of the Führer. This aura even somewhat captivated the man most associated with protecting his patients *against* the medical killing project, the Reverend Fritz von Bodelschwingh (see pages 90–91). On a BBC radio broadcast during the summer of 1945, Bodelschwingh was said to have commented, "You must not picture Professor Brandt as a criminal, but rather as an idealist." Brandt had apparently been instrumental in sparing Bodelschwingh's patients.¹⁰ After Bodelschwingh's death, his successor represented his views in an affidavit on behalf of Brandt to save him from the death penalty in Nuremberg. Bodelschwingh had been impressed by Brandt's willingness to listen to opposing views, and felt that he had greater restraint than others in the project in limiting its scope to "completely

*I use Speer's name because, during our interviews, he gave me explicit permission to do so. He and Brandt were not only close friends but acted to save each other's lives. In 1944, Brandt called in his own doctor allies to save an already ill Speer from an attempt at medical murder initiated by Himmler, who was disturbed by Speer's influence with Hitler. At the war's end, Speer tried to mobilize support to keep Brandt alive when Hitler sentenced him to death for "betrayal": for having arranged to send his wife and child to the American zone rather than having them perish in the mass suicide of loyal Nazis that Hitler intended.⁸

(see pages 126–27) activities since late 1918, joined the Nazi Party in 1931, and fled to Germany in 1934 following the failed putsch against the Dollfuss regime, in which he may have been involved. By 1936, he was active not only in the SS but in the SD; later it was officially understood that he should publicly camouflage these affiliations.* Similarly, while attending an early organizational meeting of the “euthanasia” program in 1939, de Crinis was said to have “demonstrated a positive attitude” toward all that was worked out, but was permitted to decline to serve as an expert “for personal reasons.” He was, however, active in the SS Race and Settlement Office and, in 1941, became medical director of the Ministry of Education. He also took part in at least one bizarre intelligence mission to Holland as the impersonator of a military officer involved in a plot against Hitler.²²

At his university and hospital in Berlin, de Crinis was reputed to have been “charming” and professorial in style. While his close Nazi connections were well known, he went to great pains to keep secret his “euthanasia” involvement, even to the point of appearing to be an opponent of medical killing. For instance, there was an incident, related to me by a doctor I interviewed, of a severely hydrocephalic child being brought to de Crinis for examination by him and his assistant. But when the question arose whether the child should be transferred into a channel leading to “euthanasia,” de Crinis spoke sharply in the negative: “He has to go somewhere else.” (After examining Hitler and diagnosing his Parkinson’s disease, de Crinis also became involved in high-level, medically centered intrigue with Schellenberg, Himmler, and Conti concerning an armistice in the West.²³)

Word eventually got around the university and hospital about de Crinis’s activities, and it is said that Bonhoeffer confronted him on some of these matters. Yet de Crinis did protect Charité patients from medical killing. And he actively pursued scientific work on the somatic basis for psychiatric disorders and for the emotions in general. De Crinis was a spokesman for the psychiatric establishment in attacking psychogenic assumptions and resisting nonmedical psychotherapy. Indeed, psychotherapy as such was suspect as a “Jewish” pursuit.

Aside from any reasons de Crinis may have had to hide the extent of his “euthanasia” and SS involvements, his pattern reveals a manifest “doubling” process (see chapters 19 and 20). It is possible that de Crinis, to a significant degree, inwardly maintained his sense of being a proper academic psychiatrist—an “older self” that coexisted somewhat autonomously with his Nazified “euthanasia” and SS-intelligence self. This latter self, constructed from Nazi ideological fervor and grandiosity, enabled him to carry out his important role in direct medical killing. De Crinis killed himself on 1 May 1945 in the prescribed Nazi manner by swallowing cyanide.²⁴ A historian of the Charité Hospital claimed in 1963 that,

*There is evidence of an official policy of “euthanasia” physicians obscuring their SS connections, but de Crinis seemed to carry this out to an extreme degree.



of a special group of "disinfectors," or *Desinfektoren*, from within the *Sanitätsdienstgrade* or SDG) and the gas pellets, to a gas chamber adjoining one of the crematoria. As *Führer*, or "leader," of the team, the doctor had supervisory responsibility for the correct carrying out of the killing process, though the medical technician actually inserted the gas pellets, and the entire sequence became so routine that little intervention was required. The doctor also had the task of declaring those inside the gas chamber dead and sometimes looked through a peephole to observe them. This, too, became routine, a matter of permitting twenty minutes or so to pass before the doors of the gas chamber could be opened and the bodies removed.

SS doctors also carried out two additional forms of selections (chapter 9). In one, Jewish inmates were lined up on very short notice at various places in the camp and their ranks thinned in order to allow room for presumably healthier replacements from new transports. The other type of selections took place directly in the medical blocks in a caricature of triage. Rather than simply permitting those closest to death to die—in order to use limited medical resources to treat those who might be saved—as in traditional medical triage (the meaning given the term as originally used by the French military), the Nazis combined triage with murder by sending to the gas chamber those judged to be significantly ill or debilitated, or who required more than two or three weeks for recovery.

Medical triage-murder became a standard SS policy, influenced both by the vision of the Final Solution and by I. G. Farben's economic arrangements. But an additional factor also of great importance was the residual influence of the 14f13 "euthanasia" action in the camps. In other words, the principle of killing the weak, the sick, and the generally undesirable had been established in medical circles, extended specifically to concentration camps, and then institutionalized (still within medical circles) in Auschwitz, and Auschwitz alone, on a phenomenal scale. That 14f13 influence involved both the mentality and the legality of a medical form of a triage murder, so much so that the Frankfurt court could view medical-triage killings as probably derived from 14f13 policies. In other words, the Nazi versions of "euthanasia" and the Final Solution converged on Auschwitz medical blocks, thereby rendering them an important agency of the Auschwitz ecology of murder.⁴

SS doctors also conducted murderous forms of "epidemiology": prisoners with a contagious disease, usually typhus but also scarlet fever or other conditions, would be sent to the gas chambers, sometimes together with the rest of the patients on that medical block (many of whom might have been free of the contagious disease) so that the empty block could then be completely "disinfected." (Nazi doctors played a similar role in Jewish ghettos in Poland, where they contributed to oppressive policies in the name of controlling epidemics, especially typhus.)⁵

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Introduction to Part II

Had the Nazis named their "euthanasia" institutions according to their concepts, they might well have referred to the "Hartheim [or Grafeneck] Center for Therapeutic Genetic Killing" and, correspondingly, to the "Auschwitz Center for Therapeutic Racial Killing."

It was a Nazi doctor, Heinz Thilo, who gave Auschwitz a much more appropriate name—*anus mundi*, "anus of the world"—a term meant to characterize what another Nazi doctor, Johann Paul Kremer, described as "the most horrible of all horrors": "the particularly unpleasant . . . action of gassing emaciated women."¹

An astute Polish psychiatrist has suggested that the term *anus mundi* accurately reflects the Nazi vision of "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."² All these, he is saying, were for the Nazis biomedical waste material. In Auschwitz, that especially meant Jews.

While Auschwitz genocide came to encompass Gypsies, Poles, and Russians, only Jews underwent systematic selections.* For the primary function of Auschwitz, once it had been reconstituted, was the murder of every single Jew the Nazis could (in Himmler's words) lay their hands on anywhere.

The SS doctor did no direct medical work. His primary function was to carry out Auschwitz's institutional program of medicalized genocide.³ Consider the SS doctor's activities in Auschwitz. He performed initial large-scale selections of arriving Jewish prisoners at the Birkenau camp (chapter 8). These selections were usually conducted according to formula: old and debilitated people, children, and women with children all selected for the gas chamber; while relatively intact young adults were permitted to survive, at least temporarily. The victim's experience, with which we begin, gives the truest picture.

After the selection, the presiding doctor was driven in an SS vehicle, usually marked with a red cross, together with a medical technician (one

*Poles and others underwent limited selections, conducted within the camp, early in Auschwitz history. And the Gypsy camp was selected *en masse* for death in 1944 (see pages 185-86). But institutionalized selections for the gas chambers involved only Jews.

*D.T. One avoid emaciated women the swelling of their legs & suffers a horror-vision oneself which is

new made worse by the fact that one must know at the worst, literally, how they suffer, or that other to do so.

Chapter 7

The Auschwitz Institution

Sure, there are peoples who have hated each other for centuries. But that one kills people so systematically, with the help of physicians, only because they belong to another race, that is new in the world.

—Brother of chief SS Auschwitz doctor

Auschwitz can be understood only in relation to its three historical identities: as a Nazi concentration camp, or *Konzentrationslager*; as a work camp, or *Arbeitslager*, with a special connection to I. G. Farben Industries; and as an annihilation camp, or *Vernichtungslager*.

Auschwitz as Concentration Camp

Concentration camps were instituted almost from the moment the Nazis seized power. Dachau, the first, was created by Himmler on 20 March 1933, as a place where Communists, Social Democrats, and other alleged political enemies were to be "concentrated" and held. These political prisoners had been arrested in considerable numbers following the emergency "protective custody" decree of 28 February, which was implemented immediately after the Reichstag fire.* Dachau, after a brief phase of quixotic brutality by the SS administration, became the model for the concentration camp. Now Himmler established the camps as "legally independent administrative units outside the penal code and the ordinary processes of law."²

Under Theodor Eicke—first as commandant of Dachau after mid-1934, and as inspector of concentration camps and SS brigadier general in

*This fire occurred on 27 February. Although there is some historical debate whether the Nazis arranged it as a provocation, they clearly used it as an occasion to round up political opponents and to begin consolidation of their dictatorship.¹

The Auschwitz

charge of the policy of implicit acts, Eicke transferred but as we have seen Eicke was as between physician Heyde concentration-camp into what Rudolf of Auschwitz according to guards were (or "hardness" was endemic

During the extended to elements" (Idlers, idlers, p offenders, a Jehovah's Witnesses absolute power November 1944 ing to which his or her political prisoners example, p Jews wore a was sewn on "Star" was a classification

The legal authority, i "ideological and declared different political an illness organism, the disease still larger

*The Death Eicke's command name from the At issue removed the

charge of the Death's Head Units*—quixotic brutality was replaced by a policy of impersonal, systematic terror. Earlier, because of his own violent acts, Eicke had been imprisoned on orders from Himmler and then transferred briefly to the Würzburg University Psychiatric Clinic where, as we have noted, he was Heyde's patient; it was upon his release that Eicke was assigned by Himmler to run Dachau. Whatever happened between psychiatrist and patient, this sequence suggests that very early Heyde contributed significantly both professionally and medically to concentration-camp policies. In any case, those policies under Eicke grew into what Rudolf Höss, who trained at Dachau for his post as commandant of Auschwitz, later called a "cult of severity" and a "Dachau spirit" according to which *all* inmates were enemies of the state; and camp guards were to be trained in cruelty and to dispense it with pitilessness (or "hardness"), detachment, and incorruptibility.³ In fact, corruption was endemic to such a system.

During the middle and late 1930s, categories of camp inmates were extended to include people considered "habitual criminals"; "antisocial elements" (beggars, vagabonds, Gypsies, vagrants, "workshy" individuals, idlers, prostitutes, grumblers, habitual drunkards, hooligans, traffic offenders, and so-called psychopaths and mental cases); homosexuals; Jehovah's Witnesses (whose organization was outlawed because of its absolute pacifism); and—especially from the time of *Kristallnacht* (9–10 November 1938)—Jews. A system of identification was instituted, according to which each prisoner had a rectangular piece of material sewn onto his or her uniform, upon which was imprinted a colored triangle: red for political prisoners, purple for Jehovah's Witnesses, black for asocials (for example, prostitutes), green for criminals, and pink for homosexuals. Jews wore a triangle (usually red), under which an added yellow triangle was sewn on to form a hexagram (Star of David). Late in 1944 this "Jewish Star" was abolished and replaced by a horizontal yellow bar above the classification triangle.⁴

The legal and social theory of the camps, as articulated in 1936, had a distinctly biological and therapeutic hue. Werner Best, Himmler's legal authority, identified the "political principle of totalitarianism" with the "ideological principle of the organically indivisible national community," and declared that "any attempt to gain recognition for or even to uphold different political ideas will be ruthlessly dealt with, as the symptom of an illness which threatens the healthy unity of the indivisible national organism, regardless of the subjective wishes of its supporters."⁵ Thus, the disease-cure imagery was extended to the concentration camps—a still larger reversal of healing and killing. That reversal dominated the

*The Death's Head Units (*Totenkopfverbände*) were created by Himmler at Dachau under Eicke's command and became the general concentration-camp guards. They took their name from their skull-and-crossbones insignia.

†At issue was the Prussian law on the State Secret Police of February 1936, which removed the Gestapo, particularly its use of protective custody, from judicial restraint.

tors did at times conduct something on the order of a sick call for inmates, but usually only grudgingly or even brutally.

The doctors' manner tended to be military: from the start, their medical function was subsumed to requirements of the camps and the legitimization of brutality and killing. For instance, doctors signed forms attesting to prisoners' capacity to withstand corporal punishment or to undergo transfer to another camp. While the doctors also had the actual medical function of controlling and preventing epidemics, their concern tended to be solely with the health of SS personnel.

Auschwitz was created, in June 1940, on the model of the traditional concentration camp, and was apparently intended then mainly for Polish prisoners and as a quarantine and transit camp from which prisoners were sent to camps in Germany. The medical arrangements at Auschwitz were originally the same as those in traditional concentration camps.

Auschwitz as Work Camp

In concentration camps, work was always required of prisoners, was generally part of a systematic program of terror and humiliation, and was often a means of gradual but intentional killing—of Poles as well as Jews. From 1937, the work force in camps became sufficiently organized to be considered an important national source of forced labor, and increasing arrests were motivated by the need for such labor. As with T4 inmates, prisoners came to be judged as worthy of life only to the extent that their ability to work contributed to the power of the Third Reich—which made them, as has been pointed out, "less than slaves."¹¹

But underneath that pragmatism was the Nazis' worship of work, and their mythology that prisoners could earn their freedom by means of work. This mythology was especially promulgated by Eicke, who probably was responsible—without irony—for the notorious *Arbeit macht frei* ("Work brings freedom") sign first put up at Dachau and then at the entrance to Auschwitz.*

From at least late 1941, the work function began to take on central importance in the camps and that led eventually to relative improvement in conditions for prisoners concerning such things as confinement arrangements and food, and in some cases monetary awards, cigarettes, and access to camp brothels. The focus on work coincided with the camps' becoming subordinated, in March 1941, to the SS Economic and Administrative Department (*Wirtschaftsverwaltungshauptamt*, or WVHA)

*In Höss's words, "It was Eicke's firm intention that no matter what category, those prisoners whose steady and zealous work marked them out from the other should in due course be released, regardless of what the Gestapo and the Criminal Police Office might think to the contrary. Indeed this occasionally happened, until the war put an end to all such good intentions."¹²

which, headed by Oswald Pohl, was concerned with economic issues in the use of inmates. In contrast, the Central Security Department of the Reich (*Reichssicherheitshauptamt*, or RSHA), as the political and police unit, was preoccupied with the brutal detention of prisoners and the mass murder of Jews (see pages 174-75).¹³

Auschwitz was to become a major source of slave labor serving an enormous I. G. Farben enterprise for the manufacture of synthetic oil and rubber. Indeed the factory site was chosen in early 1941 largely because of its accessibility to the camp and to resources of coal and water. The overall operation became known as I. G. Auschwitz. Auschwitz inmates were working on the construction of that factory, known as I. G. Buna,* even before the establishment of the subsidiary camp at Birkenau where most of the killing was done. During 1942, I. G. Farben set up its own outer camp at Monowitz, still part of the overall Auschwitz constellation. This facility was meant to increase Farben's control over labor, to lower expenses, and to reduce the loss of time and energy in marching to the work site. In the Monowitz economy, Farben was responsible for food, housing, and medical care; the SS, for security and punishment. There was always close liaison between camp authorities and I. G. Farben officials in the brutal exploitation of inmates, who generally worked from three or four in the morning until evening darkness on close to a starvation diet (see pages 187-88). But whatever measures they took either to abuse the prisoners further or slightly improve their lot, work efficiency was always poor.^{14†}

From early 1943, other big firms joined I. G. Farben in exploiting Auschwitz labor. These included Krupp, which moved a bombed-out fuse plant to Auschwitz; the Hermann Göring Works (coal mines); Siemens-Schuckert (electrical parts); and the *Jägerstab* (Pursuit Planes Staff) from the Speer ministry, whose attempts in 1944 to recruit inmates for the construction of underground aircraft factories were hampered by the increasing shortage of prisoners capable of working. These and other firms drew mostly upon inmates of Monowitz (known as Auschwitz III) and set up a network of satellite camps for miles around.¹⁵

Höss has made the point that, because of the official policy of keeping significant numbers of prisoners alive in order to work, "Auschwitz became a Jewish camp . . . a collecting place for Jews, exceeding in scale anything previously known."¹⁶ But in actuality, since most Jews were killed on arrival, they probably did not begin to constitute a majority of camp inmates until 1944, and even then remained dominated in the prisoner hierarchy by smaller groups of Germans (political prisoners and ordinary criminals) and Poles.

The work function required not only large-scale selections to deter-

*Buna, a synthetic rubber developed by I. G. Farben, was made experimentally first from coal and later from oil.

†In initial discussions between the SS and Farben, it was estimated that efficiency of no more than 75 percent (compared with German workers) could be expected from slave laborers; in practice, they were less than one-third as efficient.

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mine which prisoners would be killed immediately and which permitted to work and thus live a while longer, but also a functioning medical block where prisoners could be treated by prisoner doctors. Indeed, Auschwitz, more than any other camp, reflected the inner Nazi struggle between pragmatic strengthening (through forced labor on war work) and visionary murder. But however elaborate the work arrangements became, they remained secondary to the camp's killing function.

Auschwitz as Annihilation Camp

The annihilation camp emerged in late 1941 and early 1942. There were six such camps in Poland: Chelmno (Kulmhof), Belzec, Sobibór, Treblinka, Majdanek, and Auschwitz. The first four devoted themselves exclusively to the killing function, though sometimes only Chelmno and Belzec are viewed as "pure killing camps," since minor industrial activity with forced labor was conducted at Treblinka and at least planned at Sobibór. But only Auschwitz and Majdanek combined a significant amount of forced labor with the systematic killing function. The four exclusively death camps were run by SS police units, not by the economic and administrative division of the SS that ran Auschwitz. And unlike Auschwitz, much of their killing equipment and personnel (with the added exception of Chelmno) came directly from the "euthanasia" program, including the carbon monoxide gas chambers and the killing-center staff. A great deal of the early installation and function of their killing apparatus was in fact supervised by Christian Wirth, who had done the same for the T4 killing centers (see page 71).¹⁸

Auschwitz marked a radical escalation in both the vision and the technology of mass murder. The biological image was intricately involved in the Auschwitz vision as revealed by Höss's recollection of Himmler's description of the purpose of the camp:

Jews are the eternal enemies of the German people and must be exterminated. All Jews within our grasp are to be destroyed without exception, now, during the war. If we do not succeed in destroying the biological substance of the Jews, the Jews will some day destroy the German people.¹⁹

As Höss recalled, he had been "suddenly summoned" by Himmler in the summer of 1941 and told, "The Führer has ordered that the Jewish question be solved once and for all and that we, the SS, are to implement that order." Himmler explained that existing extermination centers in the East could not carry out "the large actions which are anticipated."

*The life expectancy of Jewish workers at the Farben works was three or four months; in the outlying mines, about one month.¹⁷

* a scene?

Auschwitz had been "earmarked" for the task because its location was favorable for communications and transportation as well as isolation and camouflage. Himmler impressed upon Höss the gravity of the undertaking, the "difficult and onerous work," requiring "complete devotion notwithstanding the difficulties that may arise." Höss was to "treat this order as absolutely secret."²⁰

Auschwitz took on a special status as the primary institution for carrying out the soon-to-be clarified policy of mass murder of the Jews. The task required Höss to explore—together with Adolf Eichmann, who held the Jewish desk at the RSHA—"the ways and means of effecting the extermination."²¹

Despite earlier remarks by Hitler regarding annihilation of Jews, the Nazis considered a variety of plans for expulsion, voluntary immigration, resettlement in Madagascar, etc. Only after these plans had been abandoned—found unfeasible for various reasons, including the reluctance of other nations to accept large numbers of Jews—was the definite decision made to implement the "Final Solution." In 1938, there were still 350,000 or so Jews in Germany (reduced from 515,000), and the Nazis' invasions and annexations kept acquiring more Jews. In March 1941, Keitel signed an order for the operation of Himmler's killing units in Russia, once that invasion took place. Then, on 31 July, after the invasion, Göring signed an order for Heydrich authorizing him to make "all necessary preparation" in respect to organizational and financial matters for the "complete solution of the Jewish question in the German sphere of influence in Europe."²² Other agencies had been ordered to cooperate as needed.

The power of organizing deportations was now given Eichmann, the RSHA expert on Jewish affairs. Höss's remembered interview with Himmler may have followed this order. On 21 November, Heydrich ordered various state secretaries and SS chiefs to a meeting to discuss the Final Solution. The resulting so-called Wannsee Conference, after the RSHA address, was held on 20 January 1942. The Führer's authority was cited for a discussion of evacuation to the East, where the survivors of their labor utilization would be "treated accordingly" (*entsprechend behandelt*). While there was some discussion of side issues, such as mixed marriages and old Jews and war veterans—who, it was said, would go to the model camps at Theresienstadt—the point of the conference was clear, if largely unspoken. As Hilberg puts it, "Gradually, the news of the 'Final Solution' seeped into the ranks of the bureaucracy. . . . How much a man knew depended on his proximity to the destructive operations and on his insight into the nature of the destruction process."²³

During early 1942, the details of the killing procedure were not yet clear, and were not solved until spring with the establishment of gas-chamber camps in Poland. The resulting time lag between the beginning of deportations and the construction of killing facilities led to overcrowding in some eastern ghettos and to bureaucratic myths of Jewish "migra-

The Auschwitz

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*Himmler is said ordered "more hur

tion." Höss's recollections make clear how much this "solution" was influenced by individual initiative once it was known what the Führer, in fact, wanted.²⁴

Finding a "Suitable" Method

The severe psychological obstacles experienced by the *Einsatzgruppen* troops in carrying out face-to-face killing were known to Nazi leaders. As Rudolf Höss later recalled:

I had heard Eichmann's description of Jews being mown down by the *Einsatzkommandos* armed with machine guns and machine pistols. Many gruesome scenes are said to have taken place, people running away after being shot, the finishing off of the wounded and particularly of the women and children. Many members of the *Einsatzkommandos*, unable to endure wading through blood any longer, had committed suicide. Some had even gone mad. Most of the members of these *Kommandos* had to rely on alcohol when carrying out their horrible work.^{25*}

In the fall of 1941, one of the leading *Einsatzgruppen* generals, Erich von dem Bach-Zelewski, stunned Himmler by declaring to him, after they had witnessed the killing of about one hundred Jews: "Look at the eyes of the men in this *Kommando*, how deeply shaken they are! These men are finished [*vertig*] for the rest of their lives. What kind of followers are we training here? Either neurotics or savages!"²⁷ And Bach-Zelewski himself was to feel the effects: hospitalized with severe stomach and intestinal ailments, he experienced, according to Dr. Ernst Robert Grawitz, chief SS doctor, "psychic exhaustion" and "hallucinations connected with the shootings of Jews" he instigated and "grievous other experiences in the East" (see also footnote on page 437).²⁸

As a consequence, as Höss explained, only gas was seriously considered, "since it would have been absolutely impossible by shooting to dispose of the large numbers of people that were expected, and it would have placed too heavy a burden on the SS men who had to carry it out, especially because of the women and children among the victims."²⁹ Inevitably, they turned to earlier Nazi experience with gassing, and Eichmann familiarized Höss with the "euthanasia" project's use of carbon monoxide gas released through showerheads. But the method was inadequate for large numbers of people because of the great amount of gas and the many installations with gas chambers that would be required. Mobile gassing units used in the East had similar limitations. Hence, "Eichmann decided to try and find a gas which was in ready supply and which would not entail special installations for its use." As late as November 1941, Eichmann and Höss had not yet discovered a suitable gas, though the

*Himmler is said to have become ill while watching a mass shooting, after which he ordered "more humane" killing.²⁶

* a scene

camp commandant had chosen an isolated Auschwitz site for the killing—a former peasant farmstead, which was made into the gas chamber Bunker I. They had not yet thought of burning the corpses, and the site's meadows allowed long pits for burials.³⁰

On one of Höss's trips away from Auschwitz in August 1941, his deputy, SS Captain Karl Fritzsch, "on his own initiative" conducted successful experiments with Zyklon-B (the German trade name for hydrogen cyanide or prussic acid) on Russian prisoners of war on Block 11, the punishment block. Zyklon-B "was constantly used in Auschwitz for the destruction of vermin, and there was consequently always a supply of these tins of gas on hand."³¹ Höss joined in on repetitions of the experiment on his return, observing the killing while wearing a gas mask, and noting that death came very quickly; although he later claimed, "During this first experience of gassing people, I did not fully realize what was happening, perhaps because I was too impressed by the whole procedure."³²

During Eichmann's next visit to Auschwitz, he and Höss decided on the gas "for the mass extermination operation." After two provisional sites, operations shifted in the spring of 1942 to bunkers I and II in the area initially chosen by Eichmann and Höss. The victims included Jews from Upper Silesia (territory lost to Poland at Versailles) as well as Russian POWs. Now Höss began to take pride in the new method. Visiting the extermination camps at Chelmno† and Treblinka, he observed that their use of carbon monoxide was inferior: the exhaust gas produced by truck engines was not always sufficient, so that a number of victims "were only rendered unconscious and had to be finished off by shooting." Even after the war, while in Polish incarceration Höss remained proud of the efficiency of "his" gas: "Experience had shown that the preparation of prussic acid called Cyclon B caused death with far greater speed and certainty,

*There is some evidence that Höss and his deputy cannot claim exclusive "discovery" of Zyklon-B as an agent for killing large numbers of human beings. According to testimony at his trial (by a British Military Tribunal in Hamburg beginning 1 March 1956), Dr. Bruno Tesch, owner of the firm TESTA (acronym for Tesch und Stabenow) which distributed the gas to Auschwitz, himself conducted experiments bearing on its feasibility not only as a pesticide but as a means of killing efficiently large numbers of human beings. There is another report of an Auschwitz SS man named Breitweiser, who apparently assisted in the early Auschwitz experiments and was said to comment, upon noting how efficient Zyklon-B was for delousing: "Now we have the means for the extermination of prisoners." Yehuda Bauer and Erich Kulka believe that this intense focus on the use of Zyklon-B for killing is partial evidence for an even greater centrality of Auschwitz in the Nazi projections of the Final Solution than has previously been recognized. The victimization of some sick inmates in those early Auschwitz experiments with Zyklon-B also suggests the Auschwitz focus from the beginning on its murderous reversal of healing and killing. It is likely that, with the existing experience of Zyklon-B for delousing and the known need for an efficient agent to kill human beings, the idea of using that agent occurred more or less simultaneously both to the "theorists" at firms making and distributing the gas on the one hand, and to the Auschwitz "practitioners" on the other.³²

†Höss had gone to Chelmno partly to investigate methods of cremation used there. In the summer of 1942, Himmler ordered that mass graves be opened and corpses burned, and the ashes disposed of "in such a way that it would be impossible at some future time to calculate the number of corpses burned."³³

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Mass killing of Jews began either in late 1941 or early 1942. The Auschwitz administration had procured Zyklon-B indirectly from the manufacturer, DEGESCH, an acronym for German Corporation for Pest Control. DEGESCH, largely controlled by I. G. Farben, distributed the gas through two other firms—in Auschwitz's territory, through TESTA.³⁵ In 1942, its distribution within the SS became centrally regulated by the SS Hygienic Institute in Berlin under Dr. Joachim Mrugowsky. Given its extensive prior use against rodent and insect spreaders of disease, we might say that Zyklon-B was always considered a form of medical equipment. Yet it was placed under stricter medical supervision only as the prime chemical of extermination, and was even stored in the Auschwitz pharmacy for a period of time.*

Another change took place as well. In the past, Zyklon-B had by law been combined with a small amount of an irritant gas designed to warn of the presence of the dangerous substance when premises had not been sufficiently ventilated after fumigation. Sometime in 1943, the gas began to be distributed to Auschwitz without the irritant, and bore the warning: "Attention! No irritant!" Removing the irritant clearly expedited the killing process, but that step itself presented a greater danger for those handling this lethal gas. Special training had always been required for that purpose. The group handling the gas had originally been drawn from personnel associated with the manufacturer, but the responsibility was transferred to a special group of "disinfectors" from among the SS medical corpsmen. These Desinfektoren became a noncommissioned élite, and part of the duty of the doctor on the Auschwitz ramp was to take necessary measures to protect them from exposure to Zyklon-B and to be prepared to treat them should such exposure occur. We can say, then, that Zyklon-B became a dangerous "killing medicine," to be handled only by medical personnel.^{36†}

*One doctor I interviewed, who held a senior advisory position within Nazi civilian and military structures, told me of serving as chairman of a high-level committee on allocating scarce medical equipment to civilian and medical groups, including the SS. After the war, he claimed to be horrified and chagrined to learn what the SS had used Zyklon-B for. The story tends to confirm the medical status of the gas. Concerning the doctor's claim of ignorance, I would say that he had demonstrated in a variety of ways an extreme capacity for invoking the psychological defenses of denial and numbing, of the will not to know. In his case, those defense mechanisms would have to have been extreme—one suspects that in at least part of his mind, he knew—given the increasingly large amounts of gas the SS required for Auschwitz: for example, for fumigation, camps got delivery about every six months; Auschwitz got one every six weeks.

†The manufacturer opposed the removal of the irritant because its patent had been on this irritant addition, rather than on the gas itself. Involved in this change was Kurt Gerstein, then chief disinfection officer in the SS, who worked under Mrugowsky in Berlin. Gerstein had an engineering background as well as a certain amount of medical training. Few figures have been as confusing to historians and biographers, given his intense SS involvement at

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From 1943, there were shortages in Zyklon-B because Allied air raids interfered with production. At times it even became necessary for camp officials to pick the gas up by truck at the production factory near Dessau, about 300 miles to the northwest. Höss later (in testimony) estimated that Auschwitz used a total of 1,900 kilograms of its killing medicine.³⁸ From the beginning, he consulted Auschwitz doctors on the effects of the gas:

I had always thought that the victims would experience a terrible choking sensation. But the bodies, without exception, showed no signs of convulsion. *The doctors explained to me* that the prussic acid had a paralyzing effect on the lungs, but its action was so quick and strong that death came before the convulsions could set in, and in this its effects differed from those produced by carbon monoxide or by a general oxygen deficiency.³⁹ [Italics added]

The explanation falsely implied painless killing. But this general medical effectiveness was reassuring to Höss, as he no longer had to experience the horrors of face-to-face killing: "I always shuddered at the prospect of carrying out exterminations by shooting. . . . I was therefore relieved to think that we were to be spared all these blood baths, and that the victims too would be spared suffering until the last moment came."⁴⁰

But his greatest relief—and the most important personal "therapy" the gas provided him—was its contribution to the solution of the technical and bureaucratic problem assigned him: "I must even admit that this gassing set my mind at rest, for the mass extermination of the Jews was to start soon and at that time neither Eichmann nor I was certain how these mass killings were to be carried out. . . . Now we had the gas, and we had established a procedure."⁴¹ That "procedure" was the "assembly line" basis for killing—the phrase, appropriately enough, of an Auschwitz camp doctor.⁴²

the center of mass murder, along with his fanatical SS demeanor; yet also his Protestant evangelical anti-Nazi connections and desperate efforts (including a dangerous conversation with a Swedish diplomat) to inform the outside world about the Final Solution. Gerstein later claimed—and was believed by one biographer—that he had proposed that the irritant be discontinued on the grounds that, without it, death was more humane, and that by rendering the gas undetectable, he could find a pretext for destroying consignments with the claim of dangerous leakage. Most observers—notably Rolf Hochhuth in his 1964 play *The Deputy*—have emphasized Gerstein's extraordinary acts of resistance; others, such as Hilberg, are primarily impressed with his role in the mass murder process. There is a sense in which both groups are correct: I believe Gerstein to have been the most extreme example of the doubling process encountered in this study.³⁷

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Chapter 8

Selections on the Ramp

They were all doctors.

—Auschwitz survivor

The Victims' Experience

To Jews arriving at the ramp, nothing medical seemed to be occurring—though much of their experience there was orchestrated by Nazi doctors. It was a terrifying scene of vast confusion, in many ways an extension of a journey of persecution that had begun when they were driven from their homes, and continued through the days or weeks of the slow, cruel, dehumanizing train journey to the camp in brutally overcrowded railroad boxcars. Arriving Jews usually saw the SS doctor standing on the ramp as just another SS officer with absolute power over them. Many had little sense that a selection process of any kind was taking place.

The experience of Marianne F., who arrived at Auschwitz from Czechoslovakia in early 1943 as a seventeen-year-old girl, is typical. First, the bizarre reception:

We arrived at night. . . . Because you arrived at night, you saw miles of lights—and the fire from the . . . crematoria. And then screaming and the whistles and the "Out, out!" [now she shouted] "*Raus! raus! raus! raus!*" [colloquial German for "Out!"], and the uniformed men and the SS with the dogs, and the striped prisoners—we, of course, at that time didn't know who they were—and they said, "Throw everything out. Line up—immediately!"

And then the confusing, rapid-fire selections:

They separated you and then lined up everybody in fives, . . . and there were two men standing. . . . On one side, was the doctor, one was Mengele, . . . and on the other side was the . . . *Arbeitsführer*, which was

the . . . man in charge of the work *Kommando*. And it was, . . . "You go, you go by truck. You walk, you go by truck." . . . A pattern pretty soon developed that you could see—under fourteen about and over thirty-five were assigned to the trucks. And not until we actually marched into the camps did you know exactly where the trucks had gone, . . . and this was done, I mean, very fast, very efficient.

Next was a ritual reception by old inmates:

[We went] directly on foot to the camp, . . . and . . . the minute you came into the camp, . . . [there was] a so-called welcome committee of prisoners that would watch you until you could be processed into the sauna [shower]. Those were prisoners—Slovakian girls who had already been there since about one year before. . . . The only thing they were interested in first of all was to get everything they could get before the SS would get it from us—jewelry or watches, what have you—because they already were in the inner circle knowing how to manipulate and organize for food and things. And secondly, to *immediately* tell us what was waiting for you and what has happened—somehow [they thought]: "We've been [here] so long, you might as well know."

That knowledge, attained within hours or even minutes, called forth and maintained the extreme numbing that characterized all life in the camp:

And then of course immediately you realized what the unbelievable smell was . . . that you have been smelling. . . . Somehow or other they . . . were already so inured. . . . You come to the point that if you were in there long enough, you had absolutely *no* emotions left—and all you were concerned [with] was survival.

But most did not survive. The terrible knowledge imposed on this Czechoslovakian girl was recorded by Dr. Otto Wolken, an Austrian-Jewish prisoner physician, who observed closely what went on in the camp, especially the behavior of SS doctors:

Over time, five crematoria were built in which the gas chambers were also located. People from all nations, of both sexes, of all ages were gassed. . . . Gassings of unthinkable dimensions took place at the arrival of prisoner transports from France, Belgium, Italy, Hungary, Greece, Czechoslovakia, and Germany, as well as from the Polish camps and from Norway. When the transport trains came in, the arrivals had to pass before the camp doctor . . . on duty. He pointed his thumb either to the right or to the left. Left meant death by gas. From a transport

Selections of

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consisting of about 1,500 people, about 1,200 to 1,300 went to the gas chambers. Very seldom was the percentage greater of those who were permitted to live. At these selections Mengele and [Dr. Heinz] Thilo made their selections while whistling a melody. Those elected for the gas chambers had to undress in front of the gas chambers and were then chased into them with whip lashes, then the doors were closed and the gassing took place. After about eight minutes (death occurred after about four minutes) the chambers were opened and a special Kommando for this purpose had to take the corpses for cremation to the furnaces, which were burning day and night. There were not enough ovens at the time of the Hungarian transports [beginning in late May 1944] so that large trenches had to be dug to burn the corpses. Here the wood was sprayed with petroleum. Into these trenches the corpses were thrown. Often living children and adults were thrown into the burning trenches. These poor ones died a terrible death by burning. The necessary oil and fats for the burning were obtained partly from the corpses of the gassed in order to save petroleum.¹

For those entering the camp, as Marianne F. went on to describe, there were a series of initiatory humiliations: undressing completely in front of SS men when entering the shower or "sauna"; having all of one's bodily hair shaved ("I grant you, good for . . . preventing all the lice, which of course were there, but psychologically, . . . it was unbelievably degrading . . ."); the issuing of minimal, ill-fitting clothing, mostly old Russian prisoners' uniforms; and the tattooing ("I remember when . . . that thing [the number tattooed on each prisoner's forearm] was put on, . . . it got infected and everything, and I suppose swollen and what have you—I never felt any pain—you were really numb").

She spoke of the psychological effectiveness of the whole process:

[There was] this fiendish insight that whoever organized . . . it had. And the fact that if you do something that is totally unbelievable and . . . you are incapable of believing, you don't believe it. And the things that went on in Auschwitz . . . the gas chambers—nobody would have believed that. And then the houses that the crematoria had—you know, brick houses, windows, curtains, white picket fences around the front. And people never thought of anything—regardless of chimneys smoking. They could not believe it. . . . There was a touch of diabolic genius.

Wolken stated, similarly, that, although told about Auschwitz before being taken there by a Pole who had been to the camp, he and his friends "did not want to believe him. . . . We said that he must not have been there and that he is telling us fairy tales."²

Nazi doctors and others involved in the reception process varied

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We were seeding heaven with hellions.

* The comedy of humans was
whispered to me many times. See # 161, 162, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

greatly in their tone. Another survivor, whose work gave him the run of the camp, explained that "they [the Nazis] were psychologically very [well] prepared for every situation," so that at times "the doctor was very friendly to the people, . . . asking, 'How are you?' and, 'What occupation [do] you have?'" When an arriving inmate mentioned illness, looked weak, or was too young or too old, the same doctor made the decision to send him or her to the gas chambers. This survivor went on to tell of an incident (described to him by members of the *Sonderkommando*)* when a doctor appeared in the room outside the gas chamber where prisoners had to undress, noted a broken glass on the floor from shattered eyeglasses, and told the people there, "Please be careful that you . . . [don't] injure your[self]." The survivor's conclusion: "So they [the Nazis] were, to the last moment, . . . using [the] hoax."

He went on to list the series of steps in SS doctors' involvement in the killing: first, the chief doctor's assignments to his subordinates concerning duty schedules and immediate selections policies; second, the individual doctor's service on the ramp, performing selections "in a very noble [seemingly kind] manner"; third, the doctor riding in the ambulance or Red Cross car to the crematoria; fourth, the doctor ordering "how many, [pellets] of gas should be thrown in . . . these holes from the ceilings, according to the number of people, and who should do it. . . . There were three or four *Desinfektoren*"; fifth, "He observed through the hole how the people are dying"; sixth, "When the people were dead, . . . he gave the order to ventilate, . . . to open the gas chamber, and he came . . . with a gas mask into the chamber"; seventh, "He signed a [form] that the people are dead . . . and how long it took"; and eighth, "he . . . observed . . . the teeth . . . extraction [from] the corpses." This was the survivor who concluded that "the killing program was led by doctors—from the beginning to the end."

Other survivors conveyed their sense of bizarre unreality ("Living skeletons in striped uniforms, their skulls shaven, . . . like silent shadows, climbing onto the trains, . . . strange 'porters' [who] took out our luggage") and the depth of their confusion ("Wild men in striped suits. . . . Half Yiddish, half German; leave everything; clubs descending, blows").³

One could be so numbed as to be catatonic, as a Jewish woman doctor, Gerda N., arriving in late June 1944, described:

We were in such a confusion, . . . in such a shock. . . . They shaved off our hair and we got such terrible clothes. . . . They took everything away. Our luggage, everything, . . . and I came to a camp which was called Mexico. . . . There was nothing in it, . . . even no water. . . . I think one thousand [people] in one barrack. . . . We got our first meal

*The *Sonderkommando* consisted of Jewish inmates assigned to dispose of corpses of Jewish victims. *Sonderkommando*, literally "special command," could refer generally to groups performing extraordinary tasks, including SS murder teams in the East.

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"You cannot realize it" was the way another prisoner doctor put it—meaning that one could not take in or absorb the experience.

From late 1942 or early 1943, those who arrived as doctors were not only permitted to live but were made a special category of prisoner. They were usually singled out at the ramp, though some were admitted to the camp (rather than being dispatched to the gas chamber) on the basis of their relative youth and strength, and only there identified as doctors. The process could be haphazard. Some older doctors were sent to the gas without ever having been admitted to the camp. At the other extreme, a survivor doctor stated that, upon arriving at Auschwitz with a transport for which he had medical responsibility,

the doors were pushed open and we were told to hurry out onto a platform. There was a high-ranking SS medical officer near us and I told him in my best German that Nora [this survivor's fiancée] and I were the nurse and doctor in charge of the transport. He seemed friendly and told us where to stand, and not to let anybody move us. He treated us as colleagues. He even told me to hold onto the books I had in my hand, to contact him later in the camp, and added that I would be well taken care of.⁴

One suspects that even the relief at being treated so well was accompanied by an underlying terror which this doctor partly suppressed.

Moreover, to be identified and favored as a doctor could intensify pain and self-condemnation concerning the fate of family members. One prisoner doctor stated simply that when the SS doctor doing the selections identified him as a physician, "he directed me to the right and my mother to the left." Another doctor, who arrived in Auschwitz in September 1943 from a transit camp in Holland, conveyed to me the primal feeling of both the strength of his urge to survive and his guilt that he alone of all his family survived because he was a doctor:

We were . . . my wife, my child, and her parents. We came out of the train. There was a German. He said women to the one side and men to the other side. And then I—what really happened I don't know exactly. . . . But at the moment I was standing with my father-in-law. He was about, over seventy. He was an old man. And I was thinking, "Maybe I can help him." And when I was standing there, then I heard someone saying, "Doctors [in English], *austreten* ['Come out of the ranks']." And I went out and they put me to the other little group of younger people. . . . You see, if I should not have heard this outcry [call for doctors], I should not have been here. Luck is such an important

thing. I heard it. And I went out. I was not thinking . . . that it was something special. I was thinking maybe . . . it means something. . . . But I would stress the fact that I owe my life to be[ing] a doctor. That I owe to my parents [who had little money and sacrificed to give me an education]. I have never thanked them for this. . . . That's also a feeling of guilt, you see. . . . But . . . [from] the gas chamber, they saved my life.

One hour later someone told us that the rest of our transport was gassed. There you get a shock. What is normal? If you hear, *Gott behüte* ["God forbid"] that there should be a phone call that your wife and your children are gone, what's the normal reaction? . . . And so I heard my wife, my child, my parents, my parents-in-law, my sister—they were killed. And still I want to live. And you can say [it's] Freud's *Selbsterhaltungstrieb*, or *Lebenstrieb* ["instinct of self-preservation," or "life instinct"], or how you call it, but it is impossible to understand. It's so difficult to accept. That there is not a moment in life that you can say no. This is the end. . . . You hear your whole family is gassed. And one hour later they were calling again, "Doctors, *antreten* ['line up']" and I went.

Some arriving doctors, having heard that the Nazis tended to kill the intelligentsia and wanted only people capable of physical labor, were reluctant to reveal that they were physicians—as one described upon arrival in Auschwitz in November 1943:

So I hear that they are asking . . . age and profession. And I heard that all who say some physical profession or physical work, they are going not with the elderly people and not to the trucks. So when I came . . . there, . . . I stand with the military way of standing, and I say my age and that I am [a] concrete worker. . . . And when we arrived at the camp, then the clerks, who were prisoners too . . . took . . . different details: name and then profession. And then one of them, a Jew, said "If there are some doctors among them, don't be afraid. Say that you are doctors because doctors are now needed." It's no more extermination of doctors. Because before there was total extermination of doctors, and not only doctors . . . but—how do you call it?— . . . intelligentsia, . . . people who study to be professionals. . . . And [only] then I said . . . that I am a medical doctor.

As many survivors told me, at the time of selections "they called out for doctors and twins." But being permitted to live as a doctor meant that one witnessed others' deaths. Thus one prisoner doctor, Henri Q., who arrived in July 1942 when selections had not yet been formally instituted but conditions in the camp were at their most brutal, told how within a month 90 percent of the eight hundred people on his transport were

dead, and "at th percent] were sti

Twins, too, we study. At selectio out!") and "Zwill who arrived in hi call, to which her prisoner told the stay alive."

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dead, and "at the time of the liberation, fourteen of us [fewer than 2 percent] were still alive."

Twins, too, were separated out, since Mengele was collecting twins for study. At selections there were shouted orders: "*Zwillinge raus!*" ("Twins, out!") and "*Zwillinge heraustreten!*" ("Twins, step forward!"). One woman who arrived in her teens with her twin sister and their mother heard that call, to which her mother responded; indeed the next day an experienced prisoner told them, "It's because you're a twin that you have a chance to stay alive."

There were tragic efforts to protect family members that had the reverse effect and left surviving inmates with especially painful feelings of guilt. A woman who arrived at the age of seventeen told how she was placed in a group with her little sister, four years younger than she. Seeing that the child was confused, "I practically pushed her" toward the line with their mother and grandmother, telling the SS people, "Her mother is over there." Unknown to her, that line was going to the gas chamber: "This is what I have to live with."

A similarly painful story was told by Dr. Abraham C., a radiologist, who arrived with his wife on a cold night and gave her his parka to wear and his scarf to put over her head. Because, he recalled, "she looked like a little old lady," she was ordered to the line that went to the gas chamber. "So in a way it was because of the precautions I took for her that she was put on the wrong side because otherwise—she was young, active, and should have been among the thirty or forty young women who went to the camp alive."

The Sequence of Killing

These incidents stemmed directly from manipulations and deceptions promulgated by Nazi doctors. The truth they were concealing was to be found in the gas chambers and crematoria and has been described by a Polish Jew who spent most of his ten months in Auschwitz from March 1944 working as a member of the *Sonderkommando*. Such direct testimony is rare because members of that *Kommando* were usually killed after a certain time in order to eliminate witnesses, a fate this man escaped from only because of the liberation of the camp by the Russian army.* He tells how camp policy shifted from early brutality to "another method that made their work easier by telling the new arrivals that they had to take a shower to be clean after the long trip." Now it became the task of the Jews in the *Sonderkommando* to "calm the people [arrivals headed for the gas chamber]." These Jews engaged in this deception because they "were

*Members of the *Sonderkommando* could be permitted to survive because of their technical skills, or because of the general confusion during the last months of the camp.

in a slaughterhouse from which there was no escape and everybody clung to his own life," and also because "it was better to save the victims from . . . tortures" (the previous policy of exposing Jews to beatings, vicious dogs, and fiendish shouting); thus, "by taking over the task of the SS men, they rendered a last service to the death candidates."

† This same witness went on to say that when *Sonderkommando* Jews did tell arrivals that they were going to be gassed, "they became insane, so that we later preferred to keep quiet."⁵

He then described the sequence of the killing:

46' x 20' by 7 1/2'
After the arrivals were taken to the location next to the crematorium, they had to undress entirely because they were told they would have a shower. Then they were chased—often with beatings—by the SS into the so-called bath, which in reality was a gas chamber. This was a hermetically sealed room about 80 square meters large and about 2.25 meters high. There were two doors—one was the entrance, the other one served to take out the corpses. Through two little windows which were located right under the ceiling the Zyklon-B gas was thrown into the room by an SS man. The death agony of the people lasted about fifteen minutes* . . .

† Our task consisted of taking corpses on a stretcher to the ovens and to throw them into them. Every ten minutes four corpses were thrown in. When there were enough ashes gathered in the oven, we had to take them out (about once a week), pulverize them, and load them on the trucks. The ashes were then taken to the river Wisla and thrown in.⁶

An SS judge investigating "corruption" in Auschwitz noted that the crematoria did not attract much attention:

† A large door led to the so-called undressing rooms. There were numbered seats and even wardrobe tickets. Arrows on the wall pointed to the shower rooms. The lettering was in six or seven languages. Everything was shiny as a mirror in this huge crematorium. Nothing pointed to the fact that only a night before thousands of people were gassed and burnt there. Nothing was left of them, not even a tiny piece of dust on the oven armatures.⁷

The *Sonderkommando* worker explained further that, when relatively few people were to be killed, and "it didn't pay to gas them," an *Unterscharführer* (or sergeant) named Georgi "had the duty . . . of shooting the people personally." Victims "would be 'brought out by two of us' to Georgi, who then 'shot him or her from the back with a shot in the neck.'" And later, when bodies were burned in open trenches because the crema-

*Most probably died a little more rapidly.

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toria could not handle the number of arrivals, Georgi "became braver and more brutal" and at times had victims brought "by the *Sonderkommando* to the burning trench, [where] they were ordered to lie down, and [he] shot them one after another."⁸

The mass killing was done systematically, with elaborate organization:

There were five crematoria where about 800 prisoners worked. The crematoria consisted of four rooms especially built for them, as well as a converted room that had been a farmhouse before. In each crematorium about 180 prisoners worked. . . .

In each oven about 800 corpses could be burned within 24 hours.

That was not sufficient. Further mass graves were dug, which were about 2 meters deep, 10 meters long, and 5 meters wide, to burn humans. . . .

When the four crematoria were no longer sufficient to exterminate the growing transports, . . . we had to throw the corpses into burning trenches. There the Germans found out that, to save benzine, human fat could be poured on the corpses and drained into a lower trench. We poured the human fat from pails on the people so they would burn faster. Here we worked from May 1944 to October 1944. We worked 12 to 16 hours daily; four SS men were next to each crematorium and were helped by 180 prisoners. The fire burned continuously—day and night.

No wonder that "the horrible screaming of these people I still hear in my mind to this day and I cannot get rid of it."⁹

Hilberg has pointed out that the four Birkenau crematoria could burn a maximum of about 4,400 bodies a day. But in May and June, Hungarian Jews alone were being gassed at nearly 10,000 a day, so that the added trenches were required for burning bodies. When those trenches had to be dug, the four Jewish *Sonderkommando* units contained a force of between fifteen hundred to two thousand men, and by August 1944, over twenty thousand corpses were burned on certain days.¹⁰

The doctors were central to the elaborate medical subterfuge, as Dr. Henri Q. stressed:

The [Nazi] doctors' . . . collusion in deception . . . was a real staging; . . . a Red Cross truck to reassure people, and in that truck was the prussic acid that was to kill them. There was a Red Cross ambulance when transports arrived. Those details were meant to appease people. When one sees an ambulance, one thinks there is medical care. It was a deliberate psychological manipulation to keep people from reacting. . . .

There were trucks where sick and old people, children and pregnant women were told to get on. People believed that the Germans were

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* Trenches (Back to Boudle's part.)

Where did the fat come from?

* The terrible day when they realized that the crematoria was totally insufficient.

civilized and sent trucks for the sick, the old, the children and the women. They actually thought the Germans were not that bad. But the healthy went to the camp and the trucks to the gas. People chased the trucks [saying they had] diabetes or a heart condition. They should have gone into the camp but they thought the trucks were better.

Even Dr. Q. and fellow prisoner physicians could be deceived: "It took us a while to realize that the doctors . . . took part in it all."

SS Doctors: Professional Arrangements

Selections were conducted, from within a medical hierarchy, by camp physicians (*Lagerärzte*) under the direct authority of the Auschwitz chief doctor, or garrison physician (*Standortarzt*). The latter—who was Eduard Wirths (see chapter 18) for most of the period we are concerned with—operated within two separate chains of command. He was subordinate to the chief concentration-camp physician of the SS Economic and Administrative Department, or WVHA. This position was held from 1942 by Enno Lolling, who was stationed in Berlin but came frequently to Auschwitz and other camps. At the same time, Wirths was also subject to the authority of the camp commandant, with whom he dealt regularly on a day-to-day basis.*

Other doctors had different duties and different chains of command and were not expected to perform selections. These included the troop physicians (*Truppenärzte*) who took care of SS personnel; doctors who were sent to Auschwitz specifically to do experiments on inmates (notably Carl Clauberg and Horst Schumann) and tended to have more direct ties with Himmler; and doctors who belonged to the local camp Hygienic Institute, located outside the main camp and part of a chain of command separate from either that of the camp doctors or the camp commandant. The Hygienic Institute was officially concerned with questions of epidemiology and bacteriology and was installed in Auschwitz after an extensive typhus epidemic in 1942.

"Medical activity in Auschwitz consisted only of selecting people for the gas chamber" was the way that Dr. Ernst B., who had been there, expressed the matter to me. (I discuss Dr. B. at length in chapter 16.) Certainly what was called "ramp duty" was a central function of Auschwitz camp doctors. Generally about seven SS doctors shared that duty, and their performing selections was considered a matter of military jurisdiction: within the military-institutional structure, selections were a medical task only they were considered competent to perform.

The principle—established from above—that only doctors should se-

*This double chain of authority was characteristic of Nazi bureaucracy—often involving the hierarchy of both one's immediate institution and the Party itself or an affiliate structure.

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lect was adamantly defended by Wirths. Indeed, he himself insisted upon setting an example: not only did he himself select, when he as chief would not have had to, but he put off other obligations that might have prevented him from carrying out ramp duty for which he was scheduled.¹¹ His attitude was close to that of Höss, the camp commandant, who felt compelled to be present at times during not only selections but the entire sequence of killing: "I had to show them all that I did not merely issue the orders and make the regulations but was also prepared myself to be present at whatever task I had assigned to my subordinates." Significantly, he claimed that doctors had this expectation of him as well, that he felt it necessary "to look through the peephole of the gas chambers and watch the process of death itself, because the doctors wanted me to see it."¹²

The SS doctor Ernst B. thought that having a physician conduct selections "made it perfect"—by which he meant, "If somebody from some other place comes and says we don't have enough people or we have too many, . . . then it can be claimed that the doctors have done it [the selections]—that it has been done with precise medical judgment." That "perfection" involved the appearance of appropriate medical activity—Auschwitz's "as if" situation—and that policy of doctors' doing selections was (according to Höss) largely laid down by the chief SS doctor, Reichsarzt SS Ernst Robert Grawitz.¹³

Wirths was understood to have had additional reasons for insisting upon the medical control of selections, reasons having to do with constant friction between his office and the commandant or military command in general. As Ernst B. put it: "As far as the head doctor was concerned, everything that the military was doing was foolish and wrong, and if he gave away his responsibility to them—in this case, the selections—then his influence on the military was reduced. He had to support his power any way he could, and avoid relinquishing his hold on various levels." Dr. B. was implying that Wirths considered himself, as a physician, more humane but was at the same time involved in a classical bureaucratic struggle. And for the same reason, Dr. B. believed that the chief doctor preferred that he, rather than his medical subordinates, should retain control over selections in order to maintain his general influence: "In every bureaucracy everyone tries to enlarge his 'writing table' [Schreibtisch]."

In holding to the principle of medical efficiency for the entire operation, Wirths oversaw the selections process, including its personal arrangements, and thereby maintained the efficiency of Auschwitz killing. (I shall examine his behavior and his conflicts in chapter 18.)

Performing selections was constantly compared to being in combat. The message from Himmler, from the camp commandant, and from the medical hierarchy was that this difficult assignment had to be understood as wartime duty. Selections were often compared more directly to medical triage in war. Thus Dr. B. could quote his friend Mengele as having

shades, and many opportunities for corruption. That was all to the pleasure of the Hochkommando.

also known as the Under-Goat, the Sutterrean Race, the Black & Owl

repeatedly said that "the selections during the war with his own people in connection with emergency care—who got care and who didn't—that these were much more problematic" than selections in Auschwitz.

Duty arrangements for selections were simple enough.* The chief doctor (Wirths) provided the names of physicians—and later of pharmacists and dentists—under his jurisdiction to the ranking noncommissioned officer of the medical unit (usually a top sergeant [SS-*Stabscheführer*] or a technical sergeant [Oberscharführer]) and ordered him to make up a duty roster for ramp service. The rosters included the doctor with primary responsibility for the selections on a particular day as well as a back-up doctor. The latter was supposed to be present, but was by no means always there, especially toward the last phases of the gassings in 1944. Rosters had to be signed by Wirths and posted one week in advance. Similar rosters were prepared for the ramp duty of medical corpsmen, including *Desinfektoren* who were the only ones permitted to handle the gas.

When the commandant's office was notified of the arrival of a transport, it immediately informed the SS medical division. That office in turn notified the physician on duty as well as the highest-ranking noncommissioned *Desinfektor* and the responsible people in the motor pool, from which the ambulance or other vehicle (usually bearing the Red Cross sign) was sent. This careful set of internal arrangements ensured that the selections, *from the standpoint of SS doctors and personnel*, were conducted in an orderly and proper fashion—that is, according to regulations.† That controlled orderliness extended to the functioning of the Jewish *Sonderkommando* in the crematoria, who were coordinated closely with this medical structure.

Each selection was greatly influenced by instructions from above concerning the relative number of arriving Jews to be killed or permitted to survive. In general terms, policy was set in Berlin by higher SS officials, including Himmler himself. But decisions were also greatly influenced by Auschwitz deliberations between the chief physician and the commandant. Overall, there was a basic conflict between the police arm of the SS, which considered itself responsible for the annihilation of all Jews; and the economic arm of the organization, which responded to the increasingly desperate wartime need for productive slave labor. Wirths and other doctors saw themselves as essentially in the second group because, in addition to performing selections, their task included maintaining the health of these slave laborers, at least to the degree of enabling them to work. But SS doctors could take the opposite view as well, claiming that overcrowding and extremely poor hygienic conditions could lead to devastating epidemics. They would therefore insist that fewer arrivals be admitted to the camp; that, in effect, a greater percentage of them be

*These were discussed by a former inmate who had worked closely with Wirths, and by Dr. B.

†The term frequently used to describe this is *ordnungsgemässer Ablauf* ("proper course").

Selections

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killed. Wirths and Höss constantly consulted about such matters, and there was known to be considerable disagreement and tension between the two men. Wirths constantly sought better medical facilities, while Höss was preoccupied with facilities for maximum efficiency in mass murder. According to Dr. B., they conferred on many things, including especially those that could "go wrong."

One of the things that could go wrong was for officers other than physicians to conduct selections illegally: either because they represented the Reich Security (police) position (Eichmann) and wanted to see all Jews killed, or because they represented the views of the economic and administrative division and wanted to keep as many Jews as possible alive for work. Höss claimed that medical authority supported his own police position of maximum killing:

The *Reichsarzt* SS [Grawitz] . . . held the view that only those Jews who were completely fit and able to work should be selected for employment. The weak and the old and those who were only relatively robust would very soon become incapable of work, which would cause a further deterioration in the general standard of health, and an unnecessary increase in the hospital accommodation, requiring further medical personnel and medicines, and all for no purpose since they would in the end have to be killed. . . .

I myself held the view that only really strong and healthy Jews ought to be selected for employment.¹⁴

The conflict within the SS was never fully resolved. In a way, it did not have to be. Advocates of maximum murder could take satisfaction in the killing of overwhelming numbers of arriving Jews; selections provided the slave-labor advocates with their slaves. And doctors' recommendations were met by both tendencies: the extensive killing prevented overcrowding; and the selections, by providing stronger inmates, eased the doctors' task of maintaining the health of the inmate population.

They could in fact come to see their physician's task, as Dr. B. said, as rendering the killing "humane": "The discussion [among doctors] was about how the matter could be carried out humanely [*die Sache human durchgeführt*]. That was the problem of the physician. . . . The discussion about the possibility of humanity [in killing], . . . [of] humanitarian [methods in the face of] . . . the general overload of the apparatus—that was the problem."

"A Regular Job"

The selections became simply "a part of their life," as a prisoner doctor, Jacob R. commented to me. And Dr. B., too, noted that, whatever reservations SS doctors had at first, they soon viewed selections as "normal duty," as "a regular job." Indeed within the Auschwitz atmosphere,

as another survivor testified, "to kill a man was nothing, not worth talking about": a doctor who was perfectly polite and decent most of the time "felt no compunction about sending people into the gas."¹⁵

From the late spring of 1944, when an enormous influx of Hungarian Jews placed a strain on the scheduling of doctors on the duty roster, the way of conducting selections changed. Now, as Dr. B. explained, mass arrangements had to be made. At a special meeting of medical officers, Wirths announced that dentists and pharmacists were to take regular turns along with doctors in performing the selections. And selections were done by "teams": "When the train arrived, there were announcements through a loudspeaker such as 'Mothers and children go left!'"

Although two doctors were present, neither any longer made decisions about individual arrivals. Rather, the doctor became "only a supervisor." It was still important that he be present because he had the responsibility of overseeing the behavior of noncommissioned officers, others on the selections team, and prisoners—all of whom took part in placing arriving men and women in lines according to their category. With thousands of people arriving every day—as many as ten thousand in one night—selections were done "only by groups. . . . One couldn't select individuals. . . . In the regulations it was stated that every individual must be judged capable of work—'camp-worthy'—or not on medical grounds. In practice, that was never carried out—because it was impossible. One . . . selected only according to categories." But the doctor was still central, Dr. B. emphasized: *"He stood there and led the thing."*

Doctors could become very engrossed in questions about the method or technique of selections:

"The people who participated in [a particular] selection would discuss it for days. 'Which is better: to let mothers go with their children to the gas or to select the mothers later by separating them from their children?' . . . Those were the type of problems in Auschwitz—not ideological problems but purely technical problems. And wars were virtually waged over these issues."

Dr. B. explained how advice would be given to doctors and SS camp leaders by women criminal *capos* (prisoner functionaries) drawn from among actual German criminals; these capos found it much less difficult to handle arriving mothers whose children were still with them.

They engaged in elaborate exchanges about how many people should be killed and how many admitted to the camp, always from the standpoint of medical and hygienic considerations:

There were numerous discussions: Should one gas more or should one [gas fewer]? Where is the limit to be set? That is, if you take more old people into the camps, then there are more diseased people, and

*Contrasting, they virtually never discussed the *nature* of selections (see pages 193–94).

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that, for many reasons, is the worse problem if they are in the working camp . . . where there is only so much possibility [for keeping limited numbers of people alive]. . . . Then the camp leadership comes . . . and says, "You're sending us people we can't do anything with. They'll only croak." . . . You understand that about these purely technical issues there were heated and intense discussions.

Dr. B. told me that "the doctors really became active" in confronting the overriding technical problem of burning large numbers of corpses. With the crematoria unable to take care of the enormous new load, trenches were dug and piled high with corpses.

One had to burn . . . great piles—enormous piles. Now that is a great problem, igniting piles of corpses. You can imagine—naked—nothing burns. How does one manage this? . . .

They had been through the gas chambers and now thousands were lying there and had to be burned. How does one do that? One tested numerous methods—and here the doctors were drawn in to try to solve this problem and they helped find solutions.

Ernst B. himself became a bit excited as he explained in more detail the technical problem:

The gas chambers were sufficient, you see, that was no problem. But the burning, right? The ovens broke down. And they [the corpses] had to be burned in a big heap. . . . The problem is really a large technical difficulty. There was not too much room, so first one thought one would have to take small piles. . . . Well, . . . that would have to be tried out. . . . And then everyone contributed his knowledge of physics, about what might possibly be done differently. If you do it with ditches around them, then the air comes up from below and wooden planks underneath and gasoline on top—or gasoline underneath and wood in between—these were the problems. Well, the solution was not to let the fire die. And maintain the cooperation between the gas chamber and the crematorium. When [the fire] reached a certain intensity, then it was just right—but then you could not get to it, so it was still too hot, etc. Those were the problems.

He went on to explain how different people did different things to help:

And the actual work was of course done by the subordinate commanders [Unterführer], you understand, the NCOs [Unteroffizier]—people who were experienced in cleaning out [wegräumen], who . . . had to deal with these prosaic [hausbackenen; literally, "home-baked"] problems. There are technically talented people . . . physicians as well as

* Dr. T. One of the sergeants could write to his wife after a wegräumen.

... NCOs and also company commanders and camp leaders. Some were ... how shall we say? ... well, one cannot put it any other way—interested in it. They pressed forward, or rather they engaged themselves. ... They said, "What those others are doing is all rubbish!" Or ... some who had already been in other concentration camps where one was experiencing these matters because, for instance, the crematoria had been out of operation or were small. ... Physicians and other people—all those who believed themselves to be experts—they engaged themselves there.

As Dr. B. summed up the matter: "The problem ... was not the selections but how one can burn the colossal quantities [of corpses] if the ovens are not working. That's what was being talked about, and nothing else."

The problem led to antagonisms among doctors and other SS leaders ("Why didn't *you* have an idea?"), and to disclaimers of responsibility ("That is not *our* job—you go ahead and do something"). Soon discussions of the nagging problem were no longer confined to small medical or technical circles but were extended to casual off-duty moments, with such comments as, "This fool, he did such and such—how can he do that when—?" Dr. B. explained that the "best ideas" did not necessarily come from doctors or other officers but came from "very simple people" among SS personnel. And his message again and again was that the focus was always pragmatic, on what *worked*—"not [on] moral or aesthetic or any other such considerations ... because that [area of feeling] was already blocked off [*abgeblockt*]. ... It was purely a technical matter." And, with chilling consistency, on the subject of ethics: "No. 'Ethical' plays absolutely no [part]—the word does not exist."^{*}

B. then provided a simple but telling model:

The whole pattern of things within the camp atmosphere ... was just the way it is in a civilian community, with all the human squabbling, you understand. ... It was like the planning of construction or something on that order, things you observe in any community. ... Not only professional conflicts but also positions of power ... were fought out just as in any civilian organization, but here it was all about the Auschwitz crematorium and such things. ... It is exactly the same. ... Human beings living in communities have a task, ... administering something somewhere, and ... they always function in the same way—according to rules—for instance, Parkinson's Law.[†] ... And it was exactly that way within the concentration camp—especially so because of the secrecy and because it [the camp] had such an exceptional position [*Sonderstell-*

^{*}In the original German: "Nein. Ethisch spielt überhaupt—das Wort gibt es nicht."

[†]The semi-humorous principle—put forward in C. Northcote Parkinson's 1958 book, *Parkinson: A Law*—that bureaucracy expands to fill up available space.

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Ernst B.'s account retained by SS documents (page 147), Kremer almost a comedy. tion camp!"¹⁶ Tru and second selection became still more B. himself, referred to as "The

ung; here suggesting "special function"]. . . . And the extraordinary [nature] of those . . . actions [the killing], . . . that was not a matter of debate . . . but had been accepted. For instance, the problem of the crematorium and its capacity, etc.—that was equal to the ordinary problem of sewerage or the like elsewhere.

One was getting rid of the waste material of a routinized communal enterprise.

For the most part, doctors raised objections not to the project but to being themselves victimized by violations of what they considered fair play: "For instance, . . . one had to be on duty three nights in a row. . . . because another . . . was shirking and organized for himself an outer camp inspection [assignment] with which he made himself a better life."

Yet communal spirit could be mobilized: "If, for instance, doctors were off duty and another [doctor who was on duty] wasn't able to handle it, . . . they would have helped him, according to their [technical ability to give advice on how to get the crematoria going again]."

The use of a vehicle marked with a red cross seemed perfectly natural: "That was a military vehicle. What else should they have used? Gassing was the physicians' responsibility. Physicians had only cars marked with Red Cross markings. So what should [one expect them to use]?"

Ernst B.'s accurate description leaves out the sense of filth and evil retained by SS doctors at some level of awareness. Thus, in his diary (see page 147), Kremer commented, "In comparison . . . Dante's inferno is almost a comedy. It is not in vain that they call Auschwitz an extermination camp!"¹⁶ True, this and his *anus mundi* comments came after his first and second selections; thereafter, Kremer's diary, detached even then, became still more so over the few months he was in Auschwitz. But Dr. B. himself, referring to ramp duty more than thirty-five years later, acknowledged, "There is no way to describe selections in Auschwitz."

Chapter 9

Selections in the Camp

A doctor was not a doctor. A doctor was the selection. That was what the doctor was—the selection.

—Auschwitz survivor

General Camp Selections

Selections could take place virtually anywhere in the camp, including of course the medical blocks. We may designate as “general camp selections” (or simply as “camp selections”) those that took place anywhere but in the medical areas. General camp selections could take place on one or more blocks, or in front of the various blocks (sometimes at roll call), or at work *Kommandos* (often when setting out in early morning), or at any gathering place of the camp. They varied in size from tens to hundreds of people taken from a relatively small area of the camp, to thousands of people from a larger camp unit. Here, too, only Jews were selected.

Like all selections, these were part of the overall equilibrium between extermination and work productivity—part of what I have called the Auschwitz ecology. And they, too, were influenced by “hygienic” considerations within the camp—namely, the drain on “health” facilities and the danger of epidemic created by relatively large numbers of *Muselmänner*, or extremely emaciated prisoners. Although general policies were handed down from above, there was considerable room for variation and creative improvisation from below.

The fact that the basic Auschwitz policy of killing inmates unable to work began with an order (in May 1942) from Enno Lolling, chief physician of the concentration camps, suggests high-level *medical* participation in the implementation of the selections policy.¹ And we know of significant medical involvement in its formulation as well. In any case, that policy of killing ostensibly weak inmates was pursued so ruthlessly during the next eighteen months (the last half of 1942 and all of 1943) that frequent additional directives were issued warning that enough prisoners

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had to be kept alive to perform the necessary work.² Toward the end, the selections diminished considerably—except for the destruction of two entire camp units in mid-1944.

At times the orders for camp selections seemed to be sufficiently precise—at least sufficiently translated by command and medical authorities into precise numbers—that doctors performing the selections did so with rather exact requirements. More often there was considerable leeway so that it could be, as one knowledgeable survivor put it, “very, very arbitrary,” and the individual selecting doctor could frequently “do as he liked.”

Selections could be requested unofficially as well as officially. (The head of a subcamp, as the same survivor tells us, might approach an SS doctor with the complaint of *Überlag* [“overcrowding”].) In either case, there was likely to be a combination of pressure on the doctor to follow a general policy and considerable discretion on his part as to how to do that.

Dr. Otto Wolken, the prisoner doctor who kept records, told of a mass camp selection, held on “the last Sunday in August in 1943,” in which four thousand Jews were sent to be gassed. He referred to a sequence of camp selections; of individual killings by *capos*, encouraged by camp authorities; of prisoners admitted to the camp but unable to do the heavy work assigned to them—and when “these heroes lost their pleasure in doing this [killing], . . . the camp doctor appeared.” His appearance was synonymous with the dreaded order of “*Blocksperre!*” [“Block sealed!”], which meant that no one could leave his or her block and curtains or blinds were drawn to prevent vision into or from the affected blocks:

The camp doctor, accompanied by some SS, went from block to block. He received from the office the number of Jews in each single block. The Jews were taken from the blocks . . . and their numbers were checked at roll call. Then they had to strip completely, whether it was summer or winter. And now the doctor went along the rows of naked people, and all who appeared weak or frail, who had bandages, showed boils, or even scars or scabies were . . . sent along with those to be killed.³

Wolken went on to convey the systematic organization of the process from block to block, with those selected taken to a specially emptied block where they remained for a day or two, “packed like sardines,” the near-starvation rations allocated for them largely intercepted by *capos* who traded food for alcohol and had drinking orgies, which usually ended with severe mistreatment of the selected. “It did not matter that some prisoners were killed in this way because only the [total] number had to be correct, they didn’t have to be alive.” When transporting them at night in trucks to the gas chamber, SS men engaged in “rough jokes,” again enhanced by alcohol, and in additional beatings and killings.⁴

* a Sunday on the journey home in December 1943.

* This combination of efficiency, extreme randomness, and brutality and humiliation, was especially true of camp selections. Dr. Jacob R., a Czech-Jewish prisoner doctor, described how "sometimes the SS would take a whole *Kommando*—tell them to take down their trousers—and look to see if they had no buttocks or gluteal muscles [indicating near starvation and weakness]—and then send them to the gas chambers." Wolken told how the selecting doctor chose prisoners who "for some reason or another, didn't please him. . . . There was no medical examination," so that a friend of his "was sent to the gas chamber simply because of an old wound from an appendicitis operation." For, as he added, "the fact that such a doctor could in ten minutes inspect all the prisoners in a block, an average of 500 people, gives some idea of how selections were carried out."⁵

Marianne F. described the process as even more haphazard and unpredictable:

This [the criteria for selection] frankly never [had] any rhyme nor reason—because when I had typhoid fever and I look like this [she made a grotesque face]—no hair and a skeleton [and I was not selected]. But people next to me, before me, and behind me, that had survived already—five, six months—and already looked halfway more normal—were taken. You did not know.

And she went on to describe how it felt to be exposed (as she was from January to May or June 1943) to twice-daily selections, upon leaving the camp for work in the morning and upon returning at night:

The day—you got up at four o'clock, and it was pitch dark, I mean in winter . . . then you—roll call, and you stood, and stood, and stood . . . sometimes two hours or more—lines of five—until the roll call tallied. And that—to this day I don't know—I can't figure out how it was tallied. I mean how the numbers were supposed to tally, because gobs of people . . . died overnight, . . . the people that were beaten to death, . . . as they didn't want to crawl out [of their bunks to come out for the selection]. I mean, I never could figure out what their mathematics were. But it had to be very precise mathematics, because sometimes if the roll call didn't tally we stood till seven and to eight o'clock! And then, as soon as you were through with the roll call, you always marched out. . . . Orchestra on the left, [playing] rousing marches. On the right, the doctor and the *Arbeitsführer* [chief of work]—and selection.

Sometimes it was Mengele only, sometimes it was [one of] the others [among the doctors] only, sometimes it was both. . . . They would just stand there at the gate—that was part of their duty. . . . You would come up to the gate and [there would be the order] "Stop!" And he [Mengele or the other doctor] would look down the row, . . . look at the faces.

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And the same reception committee as you walked back at six o'clock at night. . . . We were too damned pooped [after a full day of hard physical work] to do anything! . . . And then had to *trot* in, the whole time, and they selected you as you trotted into the gates. And believe me, I didn't feel like trotting. . . . We know that the doctor was part of it.

Selections were sometimes done on a sacred Jewish holiday or on a day of shared celebration, such as Christmas. This survivor, herself Jewish but promoted to work in a clerical group of mostly Polish non-Jews, told of "[sitting around] . . . the Christmas tree [in 1943] and singing Christmas carols, and . . . probably three or four trucks going right by there into the gas."

Prisoner doctors, though likely to be protected from late 1942 and early 1943, could, if perceived as weak or sick, be selected with other prisoners. But they were better able than others to study the selections process and find ways to survive it.

Prisoners resorted to every possible device to create the appearance of health, strength, and, above all, ability to work. Some stuffed rags under their clothes to look fatter (when not required to strip); others rubbed whatever substance they could find on their faces, or simply massaged their faces briskly, to overcome pallor and produce color; and everyone tried to make vigorous physical motions (trotting or running in place) quite beyond what they considered their capacity at the time. Marianne F. explained to me that, without understanding just why or how, "I kept a determined grin on my face . . . [and] was determined never to show fear," and took pains to get her teeth brushed and to wash her face—all part of the extraordinary effort called forth by certain prisoners to stay alive.

Some women tried to drape their clothes in ways that would hide pregnancy (which for Jewish women meant being sent to the gas), and some had secret abortions by Jewish prisoner doctors. One woman told how Mengele asked her suspiciously whether she were pregnant, and said, if she was, "I will send you to another place with better conditions"; she claimed to have answered, "From what?" and was spared.⁶

The message prisoners fought against was articulated by a Rumanian-Jewish survivor: "Everybody said to us: 'Because you're dirty you have to die' "—the word "dirty" standing for every impurity assigned to Jews that necessitated their annihilation.

And frequently prisoners, particularly doctors, attempted to save a few people by manipulating records and reports and especially camp numbers. Wolken told how he cooperated with a Jewish clerk in saving people who had already been selected: by assigning them the numbers of dead people, by removing the names of people when possible from the list of

dirty = schmutzig

malnutrition sometimes they grow less. "Onkel Mengele [she calls], my little brother cries himself to death. We do not know where our mother is. He cries himself to death, Onkel Mengele!" Where did she go to complain? To Mengele—to the one she loves and knows she is loved by, because he loved them. His answer: "Willst du die Schnauze halten!" . . . He said it in a common, vulgar way . . . but . . . with a sort of tenderness: . . . "Why don't you shut your little trap!"

Others told how Mengele combed the blocks, tracking down Gypsy children who had hidden, and how he himself transported a group of those children in a car to the gas chamber—drawing upon their trust for him and speaking tenderly and reassuringly to them until the end.

With the adults it was a little different. Dr. Alexander O. remembered their protesting that they had "fought for Germany." Another prisoner physician, recalling a *Blocksperr*, said, "Whenever I see a picture of Dracula, I think of Mengele running through the *Zigeuner* [Gypsy] camp—just like Dracula. . . . We could hear the terrible crying from the beating and torturing as they put the Gypsies on those cars. . . . [On nearby blocks] they were crying and shouting, 'We are worried that Mengele and his assistants will come and burn us.'"

Medical-Block Selections: The Triage of Killing

Nazi doctors were best observed—and perhaps most revealingly—when selecting on the medical blocks. In those selections, the SS doctor performed his healing-killing reversal within a medical context. They were therefore a key to medicalized killing and a special truth of Auschwitz. Selections on a medical block were a murderous caricature of triage: the doctor sorted out the sick and the weak to be fed to the killing machinery.

A leading Polish prisoner physician, Wladyslaw Fejkiel, described the "main purpose" of the Auschwitz "health service" as serving "as a link in the mass extermination campaign." "Outpatient centers" were a "place for selections"; and hospital areas, "waiting rooms" before death. Auschwitz hospitals, in his view, also provided medical legitimation: "If somebody learned about the existence in the camp of the[se] . . . institutions, it was impossible for him to believe that the inmates were subjected to starvation, terror, or mass murder." There was also the function of isolating the sick, especially those with contagious diseases, in order to "prevent possible epidemics, which could affect the SS personnel and the civilian slave labour, employed by the German industry, attached to the camp." The additional function of the medical blocks became the provision of some actual treatment for those slave laborers, the prisoners who worked in the camp. But, during the early phase of Auschwitz, there was virtually no such treatment available, and limited medical practice of any

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kind. Moreover, as Dr. Fejkiel went on to explain, the average diet in Auschwitz permitted a prisoner to remain alive no more than three months, after which time symptoms of emaciation and "hunger disease" set in; and the early hospital blocks served as places "where the people suffering from the hunger disease could spend the time from the beginning of the sickness until their death."¹⁰ In that sense, the medical blocks became a particularly direct means of maintaining the murderous ecology of the camp.

In terms of general Auschwitz function, medical blocks remained a contradiction. In the face of camp conditions and the near-starvation diet, they could not contribute significantly to the health of the work force; and enough Jews arrived constantly to replace weaker members of that force. The medical blocks probably existed because of prior concentration-camp practice, concern about epidemics, the professional and psychological inclinations of Nazi doctors, and above all the broad Nazi impulse toward medical legitimization of killing.

With the arrival of Eduard Wirths as chief SS physician in September 1942, and the increasing official emphasis on the working capacity of large numbers of prisoners, medical facilities were considerably expanded and improved. Prisoner doctors were permitted to do real medical work; responsible political prisoners (many of them German Communists) replaced the often brutal criminal prisoners in important medically related positions; and SS doctors, for the most part, lent their support to these developments. Yet at precisely the same time, the mass murder of Jews was also expanded to reach its most extreme proportions, and SS doctors were major coordinating figures. They "did everything the command wished": that is, "cooperated closely . . . in the annihilation of the prisoners, and simultaneously did everything to make believe that they administered the proper medical treatment and in such a way they helped to conceal various crimes." Their falsifications included certification of the food rations as sufficient for life as well as the subsequent death certificates (required for prisoners admitted to the camp).¹¹

I. G. Farben contributed a significant economic dimension to Auschwitz murder-triage. In March 1941, it agreed to pay the SS three *Reichsmarks* a day for each unskilled concentration-camp inmate and four *Reichsmarks* for skilled inmates. The price set for children was one and one-half *Reichsmarks*. I. G. Farben representatives sometimes complained about SS brutality to prisoners insofar as it impeded their work (though also sympathizing with the SS position that "only brute force has any effect on these people," and "it is impossible to get any work done without corporal punishment"); but perhaps the main complaint was that "transports from Berlin [meaning Berlin authority] continued to have so many women and children as well as old Jews" (that is, not enough able-bodied male workers). And by September 1942, I. G. Farben was running its own concentration camp at Monowitz.¹²

This I. G. Farben-SS collaboration departed from "the conventional

* a scene w I. G. Farben representatives and an SS man

economics of slavery" (where the slave is "capital equipment to be maintained and serviced for optimum use" with gradual "depreciation" over a full lifespan) and instead

reduced slave labor to a consumable raw material, a human ore from which the mineral of life was systematically extracted. When no usable energy remained, the living dross was shipped to the gassing chambers and cremation furnaces of the extermination center at Birkenau, where the SS recycled it into the German war economy—gold teeth for the *Reichsbank*, hair for mattresses. . . . Even the moans of the doomed became a work incentive, exhorting the remaining inmates to greater effort.¹³

The whole process was consistent with the official Nazi policy—applicable to all "asocial elements" (including Auschwitz inmates)—of *Vernichtung durch Arbeit* ("destruction through work") which in practice meant literally working people to death.¹⁴

Although I. G. Farben was forced to expand its hospital facilities in Monowitz, it established a rule that no more than 5 percent of the inmates could be kept in those facilities at any one time. And within that 5 percent, patients had to be able (in the estimate of doctors) to return to work within fourteen days—or else be sent to the gas (I. G. Farben records used the euphemism nach Birkenau or "to Birkenau"). The two-week criterion carried considerable weight because I. G. Farben was able to establish a policy of ceasing payments to the SS for a particular prisoner after that period. The arrangement functioned as a kind of "health insurance" that I. G. Farben provided to the institution that, so to speak, owned the slave laborers.¹⁵

In coming to these agreements and carrying them out, I. G. Farben officials mixed with their counterparts in the SS in such pastimes as hunting and ceremonial dinners and the like: for instance, "on December 20 [1941], representatives of the I. G. took part in a Christmas party of the Waffen S.S. which was very festive and ended up alcoholically gay."¹⁶ It is likely that SS doctors were involved in some of these fraternal activities.

In late 1942, the Lolling order that all prisoners unable to work were to be killed was extended to include sick prisoners who could not be expected to recover within four weeks. In practice, however, the period of illness permitted was usually no more than two or three weeks. And the number of prisoners in the hospital (in the Auschwitz main camp and Birkenau, as opposed to Monowitz where I. G. Farben set a still more stringent policy) was not to exceed 7 percent of the camp population in the summer and 10 percent in winter.¹⁷ *

*Sometimes the figure is given as 6 percent. It seems to have been somewhere in the range of 5 percent to 7 percent and there were constant efforts on the part of prisoner doctors to circumvent the rule by surreptitiously keeping in hospitals more than the permissible percentage of inmates.

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The medical block was not only the locale for selections but also the place where records of killing were kept. A Polish woman survivor who had done clerical work on a medical block, told how "we had files . . . a record of every person's death—when the death machine was operating full blast. We knew everything." This woman's medical block kept a file on all female inmates of the camp, and inmates responsible for it "were ordered to cross out . . . those women [designated for the crematoria] as 'transferred.'" In other words, the medical block was the final common pathway for Auschwitz death control, and the book in which all was written.

It was also an autonomous unit within the camp, technically subject only to the authority of the camp doctor and his SDG assistants, and not even to command authority.

But the authority of the SS doctor could be quickly murderous, as Dr. Robert Levy described in a later article: "On January 21, 1944, in my surgical block, because of the irrevocable decision of SS physician Thilo, I lost in a few instants 96 of my 100 patients."¹⁸

At the Frankfurt Auschwitz trial of 1963–64, the sequence of a selection on the medical block was accurately summarized:

Between 8:00 and 9:00 A.M. the SS camp doctor [Friedrich Entress] appeared . . . [and] went to the doctor's room in Block 21. . . . After his correspondence was taken care of, he went with [Josef] Klehr [a notorious SDG noncommissioned officer, implicated in murder on many levels (see pages 265–67)] to the outpatient room in Block 28. There he had new sick patients brought to him. . . . The prisoner doctor stated his diagnosis. The camp doctor just looked at the sick person quickly and with a glance at the index card given him by the prisoner doctor or nurse, saw whether the person was Jewish or not. Then he decided immediately what was to happen to the prisoner; either to keep him in the hospital or send him back to the barracks, or for "*Sonderbehandlung*" ("special handling") which meant killing by phenol. Only Jewish prisoners were given "*Sonderbehandlung*" and especially those who looked weak (*Muselmänner*) or had a sick condition that made it unlikely they would be able to return to work soon. . . . Sometimes Dr. Entress put the cards of the "examined" prisoners in various piles. Everyone in the know [SS assistants, prisoner doctor, etc.] . . . understood which pile contained the cards of the prisoners destined for *Sonderbehandlung*. . . . Many [of the prisoners selected] suspected nothing. . . . Others had an idea that they would be killed because despite strictest secrecy, it leaked through the camp that prisoners were murdered in Block 20 with phenol injections given by Klehr. That's why many Jewish prisoners only reported sick in extreme emergency.¹⁹

Some commentators differentiated between "small selections" and "large selections" on the hospital blocks. In the smaller kind, as just

described, the SS doctor would take a quick look around the hospital blocks, or have a number of patients brought to him, and select a few of the weaker ones for phenol injections. With the larger selections, all prisoner patients would be brought, usually naked, before the camp doctor who, with a glance, decided which among them could remain and which were to be killed. These large selections could involve two hundred or three hundred prisoners; and within a day or two of the selection, the prisoners were loaded into trucks and taken to the gas chambers.

There were especially large medical-block selections in connection with typhus epidemics or fear of an epidemic. The most notorious of these took place on 29 August 1942. Typhus had been spreading rapidly through the main camp, affecting SS personnel as well as prisoners, and necessitating that a special wooden barracks be set up specifically for typhus patients. The decision to "liquidate" those typhus patients apparently came from Berlin, and Entress selected seven hundred or eight hundred people, including typhus patients, those suspected of having the disease, and those convalescing. Prisoner doctors and nurses were originally supposed to be included but were saved apparently by means of some form of negotiation.²⁰

Dr. Jan W., a leading Polish prisoner physician, pointed to the SS doctor as the one who acted on the principle that "a person can live only if he works—unless he works, . . . he must die"; and who, together with his assistants, "had in fact the task of speeding up . . . [that] death."

"Skeletons Marching"

Prisoner doctors could observe what those medical-block selections were really like. The highly respected Lucie Adelsberger, who worked on the overcrowded Jewish block* of the women's hospital in Birkenau, reported a hospital scene:

The sick lie on straw sacks, all jumbled together, one on top of the other, and cannot stretch their sore limbs nor rest their backs. The beds bulge with filth and excrement, and the dead and the decomposing press with their stiffened bodies against the living who, confined as they are, cannot move away. Every illness in the camp is represented here: tuberculosis, diarrhea, rashes induced by crawling vermin, hunger edema where the wasted skeleton has filled itself with water to replace the vanished cell tissue, people with bloodshot weals caused by lashes of the whip, people with mangled limbs, frozen feet, wounds from the electric wire, or who have been shot at for trifles by a trigger-happy SS.

*Regulations required that Jewish inmates be treated by Jewish doctors, and "Aryan" inmates by non-Jewish doctors. How scrupulously this segregation was maintained varied with Nazi doctors, but seemed to be held to more strictly in the women's hospital in Birkenau than elsewhere.

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They are all in torment, groaning, hungry, thirsty, shivering from cold under their meager coverings and yet fighting for their pitiful lives.²¹

The French-trained prisoner doctor, Alexander O., described an equivalent situation on the men's side:

We had mostly Jews to take care of, . . . the "'convalescence' ward" on the second floor of Block 20. The room was called the "diarrhea room," and there we would get patients who for the most part had edemas of the lower limbs which we would call "general weakness." Almost all of them had ulcers, ulcers that did not heal because of the edema in the legs. So all these patients, classified as ill, were simply waiting their turn to go to the gas.

Dr. O. went on to tell how, when a selection was expected soon after his arrival on that ward, he had been confused by his prisoner colleague's insistence that he urge inmates to get down off their bunks, even beat them if necessary: this, it turned out, was the only way to save their lives. After the two doctors had managed to get all but a few of the patients down, the selection began:

They announced, "*Achtung, Lagerarzt!* ['Attention, camp doctor!'].²²" A young man, nicely built, thin, tall, an SS officer, came in, followed by a noncommissioned officer. These were called . . . let us say medical staff, with a caduceus. . . . All, in turn—naked—go before the doctor, running past him, chest out, in a very military fashion. . . . Whoever has not seen this military bearing in a skeleton does not know what degradation and contempt are. If a skeleton walks stooped over, slowly, slowly, that is a skeleton presenting a normal appearance, one might say even a decent appearance. But to see this procession of skeletons marching at a military pace, chest out, shoulders thrown back, and coming to a stop abruptly—well, it is something saddening, debasing, beyond description. A skeleton marching that way—the edema [fluid] in the scrotum swinging, the completely emaciated scrotum swinging—that is something one cannot forget.

In order to avoid being deceived by prisoner doctors' attempts to save lives, the more fanatical and vicious SS doctors, such as Friedrich Entress, created what became known, according to a survivor and nonmedical scientist, as the "negative selection": "That is, he picked the healthiest-looking in order to uncover the ones hidden by block personnel—to uncover deceptions of one kind or another. The SS never discovered a foolproof way of preventing these deceptions. Entress did not do it often—but he did do it. He was the only man I knew of who did that negative selection."

Even when the selection was only partial, as was more usual, large numbers of patients could be doomed, as Dr. Adelsberger described:

At about ten the *Lagerarzt* [camp doctor] appears on a visit. "*Achtung!*" Jewish block with 683 patients! The *Lagerarzt* has a long time for the block today and looks at each of the patients separately. Those who can walk have to file past him. Those who don't march smartly enough, those with swollen feet or with superficial sores, those who can't get out of bed, all these have their numbers noted. After barely an hour, more than 400 numbers have been written down. When the *Lagerarzt* leaves the block there is a paralyzing silence. More than 400 know that in a few hours time they will be transferred to another block where perhaps many hundreds more are waiting . . . a block isolated from the rest of the camp where only the corpse bearers have entry, for the death that awaits in the gas chamber has already stamped its irrevocable seal.²²

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Chapter 10

Socialization to Killing

They [the SS doctors] did their work just as someone who goes to an office goes about his work. They were gentlemen who came and went, who supervised and were relaxed, sometimes smiling, sometimes joking, but never unhappy. They were witty if they felt like it. Personally I did not get the impression that they were much affected by what was going on—nor shocked. It went on for years. It was not just one day.

—Auschwitz prisoner doctor

Virtually all Nazi doctors in Auschwitz complied in conducting selections, although they varied in how they did so and in their attitudes toward what they were doing. These attitudes ranged from enthusiasm to ambivalence to reluctance and temporary refusal, and in at least one case, to successful resistance or at least avoidance.

For most SS doctors, selections were a job—somewhat unpleasant and often exhausting, and an occasion for heavy drinking, as Dr. Karl K. explained:

The selections were mostly an ordeal [*Strapaze*, suggesting exertion, fatigue, physical strain, drudgery]. Namely, to stand all night. And it wasn't just standing all night—but the next day was completely ruined because one got drunk every time. . . . By the last half of the night he is already half high, and at the end he is drunk. . . .

[The drinking] was during the selection. . . . A certain number of bottles were provided for each selection and everybody drank and toasted the others. . . . One could not stay out of it [the drinking]. And the result was—when it was getting to be two, three o'clock, and one started getting very tired, then one just drank more.*

*SS doctors in their own way shared in the sense of entitlement described by Konrad Morgen (see pages 138–39) when visiting an SS guard room that, far from spartan, con-

Moreover, for some of the long-standing SS doctors, the selections process was an improvement over earlier camp conditions:

There were old-timers who had experienced much worse things than selections earlier on—personally beating someone to death and such things. . . . [The duty] was disliked, unpleasant. Yet the real old-timers who were around at the introduction of these selections, who experienced the time when people just expired in the camps and the prisoners beat one another to death or beat to death those who were dying or were suspected of having typhus.* . . . For them the selections were practically—one can't quite say relief—but in any case a situation that had improved. It got better—things were systematized.

Newcomers who had not experienced those earlier brutal camp conditions “suffered initially” at the selections, but “then it got to be routine—like all other routines in Auschwitz.” SS doctors rarely made selections a topic of conversation: “If they did, it might be to complain. . . . Someone might feel cheated if he had to stand one more night more often [than the others], or if he were not relieved [from duty when he was supposed to be] or the like.”

Adaptation: From Outsider to Insider

A survivor and leading chronicler of Auschwitz, Hermann Langbein, classified Nazi doctors as falling into three categories: zealots who participated eagerly in the extermination process and even did “extra work” on behalf of killing; those who went about the process more or less methodically and did no more and no less than they felt they had to do; and those who participated in the extermination process only reluctantly.² Langbein referred mainly to selections within the camp, which could be observed closely by prisoner physicians and certain other inmates (he himself observed a great deal as Wirths's secretary). But those differing attitudes applied to ramp selections as well—both in the drinking patterns just described and in overall ramp “styles.”

For instance, another survivor contrasted the style of Dr. Franz Lucas, generally acknowledged to be a reluctant participant, with that of Josef

tained couches with SS men “with glassy eyes” lying about and being served “like pashas” by beautiful Jewish female prisoners. The SS person (probably an officer) escorting Morgen, upon seeing how appalled the judge seemed, “only shrugged his shoulders and said: ‘The men have had a tough night behind them, they had to get several transports out of the way.’”³ The escort too believed in that entitlement.

*Dr. K., though mostly accurate about Auschwitz details, tended at times, as here, to stress the brutalized behavior of prisoners while minimizing that of SS men.

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Mengele: Lucas was "an easygoing, fatherly man who carefully and with slow movements selected on the ramp," while Mengele "did it with graceful and quick movements." Mengele's exuberant style reflected a set of ideological and characterological qualities we shall examine in chapter 17. Lucas's more cautious style was that of a man who, according to prisoner doctors, "was always decent toward the patients and . . . treated us well," and "was a human being . . . [who] gave me back my faith in the German man," and whose relative softness toward prisoners put him in repeated conflict with other SS doctors and officers. Yet despite all this, he, too, did selections.

While those differences were real and meant a great deal to prisoner physicians and other inmates, Dr. Ernst B. has claimed that they were not nearly as great as they appeared. He himself had been revered by a number of survivors as a rarity, a humane SS doctor. But he thought that more critical and fearful attitudes toward other doctors had to do with their "typical SS" authoritarian demeanor, and went so far as to suggest that it was little more than a question of bedside manner. Discussing himself and his Auschwitz medical superior (mostly feared and avoided by inmates), Dr. B. drew the analogy of two doctors who enter a community with the same professional qualifications; and even though they both use the same medications, "in the opinion of . . . people, one is a good doctor and the other is not," the source of the difference in their reputations being only "their personal relationships with patients."

Needless to say, "personal relationships" could have staggering importance in Auschwitz; and Dr. B., for psychological reasons of his own, minimized important actual differences between himself and fellow SS doctors (for instance, he alone managed to avoid performing selections [see chapter 16]). He acknowledged that doctors differed in their approach to selections, but there was truth to his point that all SS doctors were greatly influenced by what he called "practical" (meaning pragmatic) issues: their shared relationship to an institution and to its selections demands, as regulated by higher medical and command authorities. And as greater numbers of transports arrived, selections were going on much of the time; as Dr. B. put it, "There was no way of avoiding [viewing] them if one had work to do in the camp."

Under increasing pressure to select, most SS doctors underwent what he viewed as an extraordinary individual-psychological shift from revulsion to acceptance: "*In the beginning it was almost impossible. Afterward it became almost routine. That's the only way to put it.*"

This shift involved a socialization to Auschwitz, including the important transition from outsider to insider.

Alcohol was crucial to this transition. Drinking together, often quite heavily, evenings in the officers' club, doctors "spoke very freely" and "expressed the most intimate objections." Some would "condemn the

whole thing" and insist that "this is a filthy business [*Schweinerei*]!" Dr. B. described these outbursts as so insistent as to be "like a mania [*Sucht*], . . . a sickness . . . over Auschwitz and . . . the gassings."

Such inebriated protest brought about no repercussions—indeed, may even have been encouraged—and was unrelated to commitment or action. Consequently, "whether one condemned it or not was not really so much the issue." The issue, as Ernst B. defined it, was that "Auschwitz was an existing fact. One couldn't . . . really be against it, you see, one had to go along with it whether it was good or bad." That is, mass killing was the unyielding *fact of life* to which everyone was expected to adapt.

Whenever an SS doctor arrived at Auschwitz, the process was repeated as questions raised by the newcomer were answered by his more experienced drinking companions:

He would ask, "How can these things be done here?" Then there was something like a general answer . . . which clarified everything. What is better for him [the prisoner]—whether he croaks [*verreckt*] in shit or goes to heaven in [a cloud of] gas? And that settled the whole matter for the initiates [*Eingeweihten*].

This ostensibly humane argument, Dr. B. was saying, was itself an assertion of Auschwitz reality as the baseline for all else. His language of initiation is appropriate in that selections were the specific "ordeal" the initiate had to undergo in order to emerge as a functioning Auschwitz "adult." And by exposing and combating doubts, the drinking sessions helped suppress moral aspects of the prior self in favor of a new Auschwitz self.

Doubts could include the fundamental matter of a physician engaging in killing: "One would say, 'Selecting is not the province of the doctor, because it is a completely nonmedical activity.' . . . I must refuse to select because my only purpose is to sustain life." That, too, always evoked "an answer . . . to which nobody was able to object: 'What do you do in war, . . . in battle, don't you have to select there as well?' Since not all can be treated and not all can be transported, this [need to select] is the problem of every military doctor."

However absurd the comparison by any logical standards, in that setting it could seem credible. For, as Dr. B. added, "Whether you believe something or not always depends on the situation." And the "essential psychological situation" of Auschwitz doctors, in his view, was resignation to its killing structure: "I'm here. I cannot get out. If prisoners come, that is a natural phenomenon [*Naturereignis*]. And I have to do [make] the best of it." (This last sentence was spoken in English.)

Beyond mere resignation, SS doctors moved psychologically into that perceived Auschwitz reality. Through the drinking sessions, their resistance was "talked out" (*ausdiskutiert*), so that after about fourteen days the newcomer "no longer spoke of these things," and since "everyone [knew]

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everyone else's point of view . . . there [was] no longer any discussion [of it]." And at that point one became an "insider."

Dr. B. summed up, with considerable feeling, the extremity—and mystery—of this transition process:

When you see a selection for the first time—I'm not talking only about myself, I'm talking about even the most hardened SS people, . . . you see, . . . how children and women are selected. Then you are so shocked . . . that it just cannot be described. And after a few weeks one can be accustomed to it [*kann man es gewöhnen*; also suggests becoming inured]. And that [process, change] cannot be explained to anybody. But it is the same phenomenon that takes place right now in terrorists, in relation to close terrorist groups. . . . And one can . . . only experience [it to know it]. The expert can record it, but he cannot enter into it [*nachempfinden*; "know it from the inside"]. . . . But I think I can give you a kind of impression of it. When you have gone into a slaughterhouse where animals are being slaughtered, . . . the smell is also a part of it [*es gehört auch der Geruch*; literally, "the smell is what is required (for your reaction)"], . . . not just the fact that they [the cattle] fall over [dead] and so forth. A steak will probably not taste good to us afterward. And when you do that [stay in the situation] every day for two weeks, then your steak again tastes as good as before.

The slaughterhouse example is all too apt, but Dr. B. was struggling to convey both an explanation and his retrospective awe and anxiety at the fact of such a psychological transition.

But, as he also explained, doctors inwardly *wanted* to make that transition because of the great urge to become an insider. For in so extraordinary a situation, he implied, personal isolation would be intolerable, and one would become desperate to "establish contact somehow" with others. Newcomers would seek out men with whom they could identify—because of relatively similar backgrounds and outlooks. For instance, a young doctor who had just joined the SS would seek out men in that category rather than medical "old fighters" who had been in the concentration-camp system for years. There would be shared regional attitudes (such as Bavarian antagonism to Prussians) or educational and class affinities. Sometimes experienced Auschwitz doctors were assigned as mentors to arriving neophytes (in ways I shall discuss), which suggests that the authorities were aware of the pattern of conflict during the early transition experience. *see*

Pressure and Mentorship

At the same time there was constant pressure from above toward maximum involvement in selections, particularly from the spring of 1944 when dentists and pharmacists were also ordered to take their turns on the ramp. One of those dentists later testified that his plea to Wirths that

he did not feel capable of performing selections, and wished to leave the camp, was met with a cool declaration that "according to a 'Führer order,' service in a concentration camp was considered front-line duty, and that any refusal was considered a desertion" (see pages 393-94).³

Pressure and mentorship could combine, as in the case of Franz Lucas who, known to have a certain reluctance to select, was taken to the ramp by Wirths and Mengele and more or less shown how to go about things. Lucas apparently tried several ploys, including feigned illness, to avoid selecting; and even after complying, his kindness and medical help to prisoners led to a dressing down and an eventual transfer.⁴

In general the evidence suggests that Wirths preferred persuasion to threat; but that a doctor could, if sufficiently determined, avoid performing selections without repercussions—though only if he expressed his reluctance as inability rather than defiance. There were a few accounts of noncommissioned officers who broke down in response to ramp duty. While Wirths in one case was reputed to have "raged and screamed" and insisted that, during the fifth year of the war, one could not afford "sympathy with such sentimentalities," such men were generally given different duties. Official attitudes varied; and Wirths is even said to have responded to an SS doctor's reluctance to select with the comment: "Finally, a person with character."

Whether he said exactly that, he fiercely retained his prerogatives regarding medical control of selections. Dr. B. reported, for instance, that during the crisis of the Hungarian transports, when a camp commander learned that there were too few doctors to perform all of the selections required, and offered to assign some of his own people, Wirths replied firmly, "No, that is *my* responsibility. I don't want anyone else doing it."

After describing selections as having so permeated Auschwitz routine as to become "like the weather," Dr. B. immediately added, "like a snow-storm" so that "when it is there one is unable to think about it," thereby suggesting that selections were not a calm but an agitated fact of life.

The socialization of SS doctors to Auschwitz killing was enhanced by the camp's isolation from the world outside. The connecting medical figure with outside authority was Enno Lolling, who came frequently to the camp from his Berlin office and was essentially incompetent and a heavy drinker. Ernst B. had the impression that Lolling's superiors preferred not to know too many details about the camps, and that there was a general policy of "screening them off" from regular SS units. Camp doctors perpetuated the isolation by their reluctance, in Dr. B's phrase, to let others "see their cards." The result was, as he put it with only partial exaggeration, that "a concentration camp [became] a totally self-contained entity, absolutely isolated from everything—especially Auschwitz."

Doctors assigned there, then, had limited contact with anything but Auschwitz reality. They became preoccupied with adapting themselves to that reality, and moral revulsion could be converted into feelings of discomfort, unhappiness, anxiety, and despair. Subjective struggles could

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replace moral questions. They became concerned not with the evil of the environment but with how to come to some terms with the place.

They then became creatures of what Dr. B. described as the all-important Auschwitz milieu or atmosphere: "In that atmosphere everything is seen differently from the way it would be viewed now." On the basis of all the pressures and adaptive inclinations I have described, "after a few weeks in that milieu, one thinks: 'Yes.'"

The selections machine did not function impeccably. There could be not only too many transports for the facilities but poor organization in handling transports, too little room in camp quarantine where new inmates were kept, and occasionally an insufficient supply of gas. Among the troops, efficiency could be impaired by drinking too much, and the same was true of doctors. Doctors indeed drank heavily, though, according to Dr. B., only one was a recognizable alcoholic, and even he "had sufficient discipline not to get drunk when he was on duty doing selections." One could say that whatever the technical problems or human frailties, Auschwitz could mobilize a collective determination to keep the gassing process going.

Psychological Distance

Participation in selections was also enhanced by a sense that they did not come first in the hierarchy of horrors. Dr. B., for instance, stressed that "other things were much worse"—such as scenes of starving children in the Gypsy camp, where 80 percent of the inmates in general were starving to death while a few could be "living very well." He stressed the difficulty of "having this in front of you every day, continuously," and how "it took a long time to be able to live with that."

There, as in other situations, what mattered was what one could see, what confronted one's senses: "The killing was mostly excluded [from conversation], . . . [since] it was not what was directly visible. But very visible were the so-called *Muselmänner*. [Also] visible were the ones who were starving . . . to death. . . . That was a bigger problem. . . . One was more oppressed by that."

By not quite seeing it, doctors could distance themselves from the very killing they were actively supervising. The same purpose was served by drawing upon their having witnessed what they claimed were worse horrors—in camps for Russian prisoners of war and in other concentration camps—which enabled them to conclude that "they've got it a lot better here." As Dr. B. went on to explain: "What made Auschwitz especially notorious were the gassing installations. Right? And those were now somehow or other a bit further off, and one could only actually sense them by means of smell." But, as he earlier implied, one gets used to a smell.

Furthermore, there were more "fundamentally controversial" activities about which SS men had greater qualms. Among these, Dr. B. mentioned Gestapo methods for extracting confessions, about which "one had very

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what is going on," so that if they would say, "No, no, that wasn't good," they would mean that something "wasn't good because their career was interrupted."

Nazi doctors did not recall being especially aware in Auschwitz of their Hippocratic oath, and were, not surprisingly, uncomfortable in discussing it with me. A number of them, in fact, told me directly that the oath of loyalty to Hitler they took as SS military officers was much more real to them than was a vague ritual performed at medical school graduation (see also page 435). The latter oath had enormous power, as I learned from a doctor who, though long anti-Nazi, refused to listen to the BBC toward the end of the war because of his oath to Hitler. (An oath for Germans especially can be experienced as an absolute commitment to an immortalizing principle, an association of self with a transcendent morality). Dr. Lottie M., however, felt that the Hippocratic oath was always in some sense present for German doctors, in contention with more immediate loyalties and with the oath to Hitler. And this woman prisoner doctor thought the Hippocratic oath, however dim in awareness, an important factor in certain situations, as when Nazi doctors insisted upon better conditions for prisoners or when, for instance, König insisted that "pregnant women cannot be kept in a camp."* With all their participation in murder, the residual influence of a healing self once bound to the Hippocratic oath rendered the SS doctor, according to a prominent non-Jewish prisoner and resistance leader, "the weakest link in the SS chain." But his oath to Hitler maintained the link nonetheless.

Making the System Work

Dr. B stressed the absoluteness of the situation, the need to decide immediately that "you've got to go [here]—and you will go *there!*—with utterly no room for additional discussion." And that absoluteness was consistent with membership in a ramrod SS military élite. As Dr. B. also pointed out, "The SS doctor was from the start different from other military physicians" in that only he among them carried a pistol, and there was the sense that "if the need arises, he becomes a soldier like anyone else." Moreover, through Himmler's messages, that special status was particularly associated with serving in the camps: "Himmler always made clear to us that this task of concentration-camp personnel was especially significant [*wichtig*; 'weighty, essential, vital'], . . . a matter of the highest level, . . . high and elevated, . . . so somehow in this way [conflict or expressions of revulsion] were cut off [*abgeschnitten*]." Dr. B.

*König meant that pregnant non-Jewish women should be released.

Chapter 12

Prisoner Doctors: Struggles to Heal

One day I broke the syringe. I was terrified. It was a much worse crime to break a syringe than to kill a man. A syringe was worth more than a human life.

—Auschwitz prisoner doctor

Our pride—my pride—is to have been able to remain human there. . . . I believe we remained doctors in spirit in spite of everything.

—Auschwitz prisoner doctor

"On a Certain Level Collegial"

Yet the prisoner doctors' impulse to heal persisted impressively. That impulse, in fact, bound them to SS doctors and created strange, contradictory, and yet important relationships between the two groups. As the SS doctor Ernst B. told me, Auschwitz regulations strictly forbade "fraternization" with prisoners; but, as he added, "the psychological fact is that men cannot live together without fraternization." Living together in this sense meant having to work together for at least some common goals.

Dr. B. also said that "the doctors wanted more hospital buildings; the others [SS Command] said fewer and more fueling of the fire [the killing]." Whatever the inconsistencies of SS doctors on that matter, the principle of more hospital facilities and more actual healing appealed to their sense of themselves as physicians even as it became consistent with official policy. And there were occasions when they allied themselves with prisoner doctors against representatives of command. For instance, Olga Lengyel told how Dr. Fritz Klein befriended her owing to their common Rumanian language and origin in Transylvania, and defended her against the threats

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he described hearing them say, upon the arrival of Jewish transports: "For us Poles, Hitler has one good side—he is freeing us from Jews." Although he knew there to be admirable people in the resistance "from all over Europe," all the "non-Jewish prisoners were anti-Semitic, . . . merely with different nuances."

Four Medical Collaborators

It was inevitable that at least a few prisoner doctors would cross the line into what was perceived by other inmates to be active collaboration with the SS. We will examine four of them—three Poles and a German Jew—each identified with a particular form of collaboration: respectively, selections, experimental operations, physical violence, and "Jewish collaboration." These four patterns of collaboration tell us much about not only the men themselves but the Nazi doctors who orchestrated the collaboration and the Auschwitz environment where it occurred.

All four of them were men, probably for several reasons: the greater number of male prisoner doctors, the greater authority given them in general, and perhaps the greater capacity of women doctors—as women—to adapt flexibly to Auschwitz and, specifically, to SS doctors without succumbing (or at least doing so less extremely and less frequently) to the lure of a "power position" in the Auschwitz hierarchy.

Performing Selections: Adam T.

Adam T. was the only one of the four medical collaborators still alive. I found him not in Poland but in Germany, where he had been living since the end of the war, having even Germanized his last name. Dr. Jacob R. echoed other prisoner doctors in describing him as "an opportunist . . . and anti-Semite"—a judgment R. somewhat qualified by adding, "All of us preferred to help ours [our own people]." Dr. Peter D. also considered Adam T. anti-Semitic as well as "overzealous," a man who "wanted to be on the good side of the [SS] doctor because he had a better chance [that way] as a Christian of getting out of the camp." But Dr. D. added, "With me he was very nice." A non-Jewish former inmate able to observe him closely placed Adam T. among those prisoner doctors "who selected more people than even the SS doctors would have." And the nonmedical scientist, also a close observer, summed the matter up: "Adam T. was a rabid anti-Semitic Polish nationalist with an evil temper. He was quick to rouse. He could swing from cruelty to kindness. He could go either way. He was unpredictable."

Having been received by most survivors in tones of warm collegueship and sympathy with my work, I was struck by Adam T.'s discomfort about meeting me ("Well, that all happened so long ago. I don't like to talk

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the operation," while insisting that an experienced surgeon assist him; otherwise, he had little concern for patients and treated Jews "as though they were nonexistent." For T., "the most important thing was that the system worked smoothly," and that he retained his power and privilege.

In talking to me about SS doctors, Adam T. at first dismissed them as "just big Nazis" with "no idea about medicine." But over the course of our interview, his references to them became increasingly sympathetic. He told how they helped him to replace nonmedical people with "real doctors," but how later one of them along with an SS noncommissioned officer were unfairly imprisoned. For in evoking SS doctors sympathetically, he was defending his own behavior. For example, he claimed that he would say to SS doctors during a selection that "certain people would be able to work after a couple of weeks," and they said, "Good, they can stay here." The SS doctor "always said yes" to such requests from Dr. T. Moreover, it was not the SS doctor but the camp commandant, T. insisted, who demanded the selections, and "the first proud killer was the Political Department [which had] nothing to do with the [SS] doctors." SS doctors, he claimed, "were very nice [and] talked quietly with us" and, rather than putting pressure on prisoner doctors to become involved in killing, took pride in improving medical facilities and medical statistics in their camps. In any case the "liquidation" was performed by nonmedical personnel, and "the doctors didn't do that much." Also, SS doctors were under pressure to comply: "The SS could kill SS too," and "I always say it's not so easy to be a hero."

In this way, Adam T. mixed kernels of truth, half-truth, and falsehood in presenting an apologia for SS doctors and for the prisoner doctor who cast his lot with them. The apologia included elements of blaming the victim: stressing the difficult "psychological situation" of Jews who had previously lived comfortably, but now developed "prison neurosis" and, finally despairing, committed suicide by plunging toward the wire, and being shot from the tower.

T. tried to present himself as a healer, as someone who "kept people alive" in this sea of death, and who worked closely with prisoner colleagues to improvise equipment and do what could be done for patients.

But he became tense when talking about selections; and in telling how patients were sent away when his hospital became overcrowded, he used a euphemism for the gas chambers I had not previously heard—"the central hospital." He referred to that euphemism in a way that tended to justify selections by equating them, as SS doctors were told to do, with combat medical triage. He talked about the extraordinary situation of the one occasion when the camp was bombed, and five hundred people were killed and one thousand injured:

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fer them to the central hospital." It was no problem for the SS. There was the same situation at the front. If a German soldier would have an open break [bone fracture]—a leg amputation—if it would heal in three or four weeks, he was sent to work in an office. But with soldiers they couldn't help—they had to die. They did it with their own soldiers. That was the war—a very hard situation.*

In addition to the exaggeration and probable falsehood contained in the account, it presents the Auschwitz authorities as a beleaguered group trying to do their best with "a very hard" wartime situation. Dr. T. could thus add the equally dubious contention that "usually if someone was sent to the gas chambers, he was *very* sick . . . [and would] have no chance to live in the camp."

Despite his general sympathy for SS doctors, Dr. T. condemned Wirths as largely "responsible for the whole catastrophic situation . . . [in which] they made this extermination from the medical point of view." His anger probably reflected both a residual fear of SS doctors ("In the evening they [could] send a piece of paper down to the office, which means [someone] will be killed the next day") and, more important, his recollection of Wirths's connection with the group of Communist political prisoners he, Adam T., considered to be his enemies. At one point, however, he softened notably in talking about Wirths and gave me the distinct impression that he was unconsciously associating the chief SS doctor with his own moral dilemma: "I ask myself, why did Wirths stay in Auschwitz? He could go away. He could say he wanted to go to the front. Of course the commandant may say, 'I have no one else. I need you.'"

Dr. T. made a point of his frequent contacts with Jews in the German city in which he lived. One prisoner doctor, in commenting on Dr. T.'s extensive contact with the Jewish community, said with gentle sarcasm, "I hear he has become a *Tzodik*," using the Hebrew term for "saint." The turnabout, hardly convincing to Jewish survivors, was a part of T.'s post-war adaptation.

Another Jewish survivor, Isaac K., who had worked as a nonphysician in the same hospital, confirmed Adam T.'s clear anti-Semitism but acknowledged that he would occasionally help save a Jewish prisoner's life when requested, though in such cases he usually had to be bribed (with food, money, clothing, or whatever). K. condemned Dr. T. for performing selections—as he apparently did on occasions when the SS noncommissioned officer evaded the task—though adding that within the Auschwitz structure "somebody had to make the selections [because of] the overcrowding of the hospital." K. was saying that Dr. T. had gone beyond what a prisoner doctor was required to do even in Auschwitz. K. made a still more damning accusation: "We have proof that he collaborated

*Concerning "euthanasia" of German soldiers, see page 143.

In 1943 he was given unprecedented authority for a prisoner doctor when appointed by Wirths to be block elder at the infirmary, making him not only chief prisoner doctor but a leading *capo* as well. During this period, he was enlisted by Horst Schumann (with the aid of Wirths) to perform surgery in connection with sterilization experiments. Dering removed ovaries and testicles of about two hundred Jewish inmates after these organs had been subjected to radiation, to make them available for pathological examination to determine whether the radiation had been effective. He administered spinal anesthesia in a crude and painful manner (rather than following the usual procedure of first anesthetizing the track of the main injection), often while patients were forcibly restrained. Operations were done without sterile procedures for hands and instruments, were performed extremely rapidly, and were followed by hasty and rough suturing. The entire procedure took about ten minutes. (Dr. Wanda J. recalled Schumann telling her—when she, pleading lack of surgical facility, resisted his request to perform the same operations—“I’ll show you a surgeon who’ll do it in ten minutes each.”)

Although Dr. J., who had known Dering from medical school days in Poland, knew that “he wasn’t very . . . pro-Jewish,” she was at first pleased to learn he was block elder in the infirmary because she thought, “He will help me.” But he rebuffed her dietary request for very sick patients because, she thought, he believed that “we [Jews] are condemned to death.”

Since she was asked to calm the young women Dering operated upon, she witnessed much that went on. She told me with some bitterness how during an operation she asked Dering in Polish, “Do you realize what you are doing?” to which he answered, “Of course. I have to remove the ovaries . . . because, you know, Schumann is here.” She added that “he did ten girls in one day . . . one afternoon” under conditions that were simply “septic” (meaning infectious and non-antiseptic). In subsequently taking care of these women, she observed the extensive tissue destruction and infection resulting from the combination of deep X rays, crude surgery, and general Auschwitz conditions. She had to struggle not only to keep these patients alive but to find ways to protect them from official scrutiny since, as “bearers of secrets” (*Geheimnisträger*—secrets, in this case, of the surgical experiments), they were always in danger of being sent to the gas chambers.

Other prisoner doctors observed Dering’s increasing brutalization. Dr. Jacob R. told how once, when making rounds together, Dering looked at a patient he had operated on, and remarked, “Sterilization magna”—an intentional *double entendre*, since the same term, “great sterilization,” referred in medicine to the discovery of sterile procedures to prevent infection. Dering also made a tobacco pouch out of the scrotum of one of the testicles he had removed from Jewish prisoners, and sometimes displayed it to other inmates.⁴

tors, and even more so that of the surgical victims, was overwhelming and decisive. The verdict was technically for Dering as plaintiff because of the inaccuracies in Uris's novel concerning the number of operations* and the use of anesthesia. But, in the British manner, the award was "one ha'penny"—a severe moral condemnation of Dering. Not long after the trial, he became ill and died.⁷

But, in terms of Dering's overall behavior in camp, Jacob R., as a Jewish prisoner doctor, made a simple, accurate observation: "Early in 1943, he was still very subservient. He was a servile *Häftling* ['prisoner']. But . . . he changed: he became more of a comrade with the SS doctors."⁸

Thus, Dering moved from terror to servility to identification with the Auschwitz environment and especially with medicalized power over life and death—a passage for the most part available only to non-Jews, especially so if they were strong anti-Semites, and still more so if ethnic Germans.

Physical Violence and "Evil for Evil's Sake": Zenon Zenkteller

Zenon Zenkteller was a Polish prisoner doctor who became notorious for physically abusing Jewish prisoner doctors working under him. The only one of this group legally prosecuted after the war, he was convicted and imprisoned.

Alexander O., a Jewish doctor who had to work under Dr. Zenkteller made clear that "there was never any collegueship" and that "he was an enemy, a congenital enemy," and went on to say, with appropriately mordant humor:

Some . . . like insects. I like cacti. . . . He [liked] to beat. . . . Dr. A. lived—I will use the German expression—*wie Gott in Frankreich* ["like God in France"], but he urinated every hour. We [a group of doctors made to do strenuous manual labor] were kneeling down or sitting down because we could no longer stand, famished and weak as we were. . . . He would go out and urinate on the wall of the block, usually on the left side. . . . He would urinate outside because, every time he would go out, we were busy working, seated or on our knees, and we would be kicked in the backside. Going and coming back from urinating, he would distribute his kicks. But those who were a bit out of his way did not get kicks because he did not go out of his way. He would only take two or three steps to kick. Otherwise, the others would only get such compliments as "Asshole!, Shitpig!" . . . I never saw Zenkteller go and urinate without kicking the backsides of those he could reach.

*The total of 17,000 used in the novel apparently stemmed from a prisoner doctor who had heard Dering boast of having performed that number of operations in Auschwitz, most of them not related to experimental sterilization. We may surmise, then, that the extremely incorrect number derived both from Dering's boast and from an Auschwitz environment so extreme that within it any number of harmful acts, murders, or criminal operations seemed plausible.

movement against the French Occupation in Cologne. Probably for these reasons, he arrived in Auschwitz with instructions that he be afforded special consideration; and although then sixty-two years old, he was not selected for the gas chamber.

He first worked at Buna, where at least one prisoner doctor who became ill remembers him as rendering considerate medical help. But before long he was transferred to Block 10, where his gynecological experience was put to use as he became increasingly involved in the experiments on women conducted there. One of his major activities was the surgical removal of the cervix from a considerable number of women who were part of the "research project" conducted by Eduard Wirths on pre-cancerous growths (see pages 391-92). Some inmates claimed that he was a little more considerate than Nazi doctors who did the operation in that he removed less of the cervix, but most prisoner doctors were impressed by Samuel's extreme "diligence" in working closely with the Nazis. Furthermore, he denounced to Nazi doctors another prisoner physician who refused to continue to give anesthesia for his operations. There was also some evidence that Samuel made reports on inmates to the notorious Political Department.

Of the people I interviewed who knew Samuel, only one made a positive comment. A woman who had been subjected to sterilization procedures on Block 10 remembered him as having been "kind to us," as having spoken gently to the Jewish victims, and as having attempted to make whatever procedures he and others performed on them as painless as possible. But she may have *wished* to see a Jewish doctor in that favorable light. Certainly most former prisoners I spoke to, Jewish or otherwise, remembered Samuel as either arrogant or pathetic, or both.

They also recognized that he was a broken man. His wife had been killed upon their arrival in Auschwitz with their nineteen-year-old daughter. The daughter was selected for work, and there was a strong impression that Samuel's activities were part of his desperate efforts to save her life. He went so far as to write a letter from the camp to Himmler himself, pointing to his own First World War record and pleading that his daughter be spared. (The letter was left unsealed in the block office, where it was seen by another prisoner doctor.)

Then, in the middle of the experiments, Samuel was suddenly put to death. Speculations I heard from survivors about why he was killed varied greatly. Some stressed the extensive skin lesions or eczema he developed (which a few survivors attributed to his extreme tension and fear) as having rendered him too sick to be any longer useful, or caused his face to become "repulsive" to the SS. Other survivors spoke of his argumentativeness and conflicts with Clauberg; still others thought he had become superfluous with the arrival of a younger Jewish woman doctor, Wanda J., to take charge of Block 10. But most of all, inmates considered him to have seen and done so much as to have reached the dangerous status

that the impression was strong enough for B. to embark upon a real search. We can say that the illusion (as it probably was) and the dream were insistent assertions of Ernst B.'s humanity, and of his discomfort and guilt at being part of the Auschwitz machinery. In their questioning of his personal camp reality ("It can't be possible that you stand here. . . . How can you belong to those people? That can't be you"), they expressed his resistance to succumbing, or at least to succumbing completely, to the very "Auschwitz mentality" he was in the process of discovering. At the same time, they charted his transition from ordinary man to Auschwitz doctor.

His second lesson was the direct confrontation with the way in which SS doctors functioned, or what he called the Auschwitz "system of treatment":

The SS doctors . . . supervised the work of the prisoner doctors, . . . mainly . . . seeing that the work was done economically. In other words, the person . . . who cannot be expected to work any longer will be selected for the crematorium. It was a terrible shock to me to see this procedure. . . . Each day, whenever one went through the camp, one saw . . . groups that had been sorted out [selected] . . . [and] were waiting for the truck to depart [for the crematorium].

Dr. B. made clear to me that these two sets of images (of a victimized Simon Cohen swallowed up by the death factory and of groups of inmates who had been selected by his own colleagues and subjected to the same fate) were part of a profound psychological shift. The nature of that shift, of the Auschwitz transition period, was reflected in his analogy of the slaughterhouse (in which one first experiences horror but after a time adapts sufficiently to enjoy one's steaks [page 197]). For him as for others, heavy drinking was a central element in the process of numbing and usually took place at the Officers' Club, to which Weber regularly accompanied him, introducing him to other officers "and above all the . . . doctors with whom [he] had to work." Under alcohol, Dr. B. could express doubts about Auschwitz to which his drinking partners responded with statements of nonresponsibility and resignation (see page 196). The doubts themselves, as he explained further, were "romantically [melodramatically] overplayed" (*mit Romantik überspielt*)—fantasies of escape rather than serious moral questioning. When drinking heavily, for instance, "I could think of nothing other than, 'How did I come to be here? . . . How can I . . . go to Switzerland with my wife and four children?'" Then "one drank even more" toward a state beyond any thought: "And the next day one was very sober and kind of realized that what one had thought about the previous night was in a practical sense impossible."

His transition was aided by his strong desire to cease being an "outsider" and to become, as soon as possible, an Auschwitz "insider"—a goal

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to be achieved by "harmonizing" with fellow SS officers and men as well as with significant inmates. While Ernst B. found most other SS doctors disappointing as people (much less than the élite, in terms of intellect and family background, he had expected), two of them took on special meaning for him: Weber, in ways already mentioned; and Josef Mengele, whose name Dr. B. brought up spontaneously as "the most decent colleague [*anständigste Kollege*] that I met [there]," a relationship we will return to. In addition, B. was impressed by a nonmedical SS officer, who ran Auschwitz agricultural operations in a way that B. thought was fair and saved lives, providing him with a model of how one could work in Auschwitz constructively and "differently" from most others.*

To become an "insider" among prisoner physicians, he made systematic efforts "to make contacts, to meet people, and to overcome the barrier" between them and himself. His method, as recorded in the epigraph to this chapter, was in the Auschwitz context nothing short of sensational.

Within a few weeks, he felt he had gained the confidence of this prisoner group, felt accepted by SS colleagues, and found himself becoming reasonably comfortable in the camp in general. But that comfort was shattered after about six months by a request from Wirths that B. begin to perform selections. Wirths could not order him to do so ("I was not his subordinate") but, as chief doctor, could and did apply considerable pressure on him to comply. This was the summer of 1944, when enormous numbers of Hungarian Jews were arriving, making it virtually impossible for the relatively small number of camp doctors to handle all of the selections. B. had the impression that the camp commandant suggested that some of the selections function be taken over by his own nonmedical officers but that Wirths insisted the process remain medical and turned to the Hygienic Institute, ordinarily outside of his jurisdiction, as the only source of additional available doctors. Wirths was successful in persuading Weber to select. But B., when repeatedly approached by Wirths, gave a series of reasons for refusing: that he had too much work, found it incompatible with his assignment, and simply could not—was unable psychologically to—do it. He illustrated the last reason by telling Wirths, "I . . . observed it [selections] and . . . could stand it for only half an hour [and then] had to vomit"—to which Wirths replied, "That will pass. It happens to everyone. . . . Don't make such a fuss about it."

When the pressure mounted to the point where Dr. B. felt he might not be able to maintain his resistance, he abruptly boarded the night express to Berlin to seek out Mrugowsky, and told him he was simply unable to

*SS Lieutenant Colonel Dr. Joachim Caesar had a degree as an agronomist. According to Dr. B., Caesar had been close to Himmler, but as the result of a disagreement over SS methods had been sent to Auschwitz as "ironic punishment." Nonetheless he was put in charge of all agricultural operations at Auschwitz, which, as Langbein says, was a position of great importance to Himmler.¹

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do selections. B. remembered Mrugowsky answering, "I myself could not do it either. I also have children." Then the chief of the Hygienic Institutes, also indignant that "his" doctor had been pressured by Wirths, picked up the phone and made the calls necessary to reassert his authority in protecting B. from selections: "In a few minutes it was all done." B. insisted that Mrugowsky's actions were more than mere assertion of authority, "I must say, it was also humane [*menschlich*]" and his further comment that this was "the same man who was later hanged as a war criminal" suggested either contradictions in Mrugowsky's behavior or possibly B.'s sense that the Nuremberg verdict had been unfair.

While Dr. B. was never again asked to do selections, the episode had certain uncomfortable ramifications for him. As a compromise, Mrugowsky provided a young doctor named Delmotte, whose Auschwitz assignment specified that only one half of his time would be at the Hygienic Institute and the other half as a camp doctor—which meant he was to do the selections instead of Ernst B. An ardent member of the SS in his mid-twenties and from a family with high Nazi connections, Delmotte had just emerged from one of the first classes of a special SS cadet training course made available for doctors; he had wished to be sent to the front but agreed to Auschwitz because of having been promised that he could write his doctoral dissertation there.

At the first selection he was taken to, Delmotte became nauseated and returned to his room quite drunk; what was unusual, however, was that he did not leave his room the next morning. Dr. B. heard that Weber, upon visiting Delmotte, found him "catatonic . . . completely blocked"; Weber thought at first that the young doctor had been stricken with a severe illness but concluded that he had simply had too much to drink. When he finally emerged in an agitated state, he was heard to say that he "didn't want to be in a slaughterhouse" and preferred to go to the front, and that "as a doctor his task was to help people and not to kill them." It was an argument, Dr. B. said, that "we never used" in Auschwitz: "It would have been totally pointless." Indeed, no other Auschwitz doctor I came upon in the research expressed that truth so clearly and repeatedly. B. thought that Delmotte spoke in that way only because of "his ingenuousness, his youthful inexperience, his total ignorance of the work in this respect." B. also stressed that Delmotte approached the medical profession "with high ideals and great enthusiasm," that he had "grown up in an SS cadet camp" and was "determined not to betray his SS ideals," and that he had declared (though this only when drunk) that he would never have joined the SS if he had "known that there was such a thing as Auschwitz." At the heart of Delmotte's resistance to selections, in other words, was his SS idealism.*

*Langbein confirms B.'s version of these events, reporting that it was the morning following the outburst that he realized that alcohol had not played the primary role. He also observed that Delmotte's appeal to his superior had been "diplomatically very awkward—he told us that later—in that he had officially refused and said he requested either to be sent to the Front or he himself should be gassed. But he could not do it [select]."

Upon learning that he had been brought in to replace Ernst B. who had refused to do selections, Delmotte angrily confronted him, more or less suggesting he had been hypocritical ("On what grounds do you do [what you are doing]?"), and insisted, "If you are not going to select, then I am not going to select either." B. "didn't feel good about the whole situation": "Of course I didn't tell him about my visit to Mrugowsky." In speaking of Delmotte's subsequent resentful withdrawal from both B. and Weber for not supporting him, B. admitted that there could have been ways to do so: "I have to say this to my shame."

In taking his case to the new commandant, Arthur Liebehenschel (Höss's temporary successor),* Delmotte encountered a "therapeutic" attitude ("I can certainly understand this. One must first get used to a new environment"), according to what Dr. B. was told about the conversation. Indeed, Liebehenschel—with the probable collaboration of Wirths, with whom he was on good terms, and the cooperation of Weber—arranged for a "therapeutic program" that had three specific components.

First, Delmotte was assigned to Mengele's mentorship. Mengele, speaking from a similar commitment to SS loyalty and ideology, could convey the message that even if one thinks that extermination of the Jewish people is wrong, or is being done in the wrong way (Delmotte, according to Dr. B., believed that "Jewish influence" had to be combated but disapproved of the Auschwitz method), "as an SS man [one was] bound to participate." Mengele could also claim that, since prisoners became sick and died terrible deaths, it was "more humane to select them." And he could ultimately fall back on the combined patriotic, nationalistic, racial, and biomedical argument that, during this wartime emergency, one should do nothing to interfere with the great goal being sought: "the triumph of the Germanic race." Mengele, that is, could appeal to the same SS idealism that had originally contributed to Delmotte's refusal, and, within two weeks, had him selecting.

Second, Weber, as a "good psychologist," made highly unusual arrangements for Delmotte's wife to live with him in Auschwitz. She was, according to Dr. B., extraordinary in both her beauty and her amorality ("no heart, no soul, no nothing"), her only discernible interest in Auschwitz being two enormous Great Danes she kept at the Hygienic Institute and constantly fondled. The strong implication was that Delmotte's regular sexual access to her made him, as B. put it, more "quiet."

*Höss was replaced in November 1943, following the arrest of the Auschwitz political leader Maximilian Grabner. Grabner was implicated through an SS anticorruption investigation, originally aimed at profiteering, although it also charged him with murders beyond those authorized, notably of Polish prisoners. Grabner's exit was supported by Dr. Wirths, with whom he had had confrontations over killings. Although implicated in Grabner's misdeeds, Höss was, in fact, promoted into the central concentration-camp administration. According to Langbein, the change was made because the outside world had learned too much of what was happening at Auschwitz; the change was, then, apparently cosmetic, although Liebehenschel did carry out some reforms in the direction of fewer arbitrary procedures and less harsh punishments. Of course the main business of Auschwitz continued as before.²

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The third element was the making available to Delmotte as intellectual mentor (for the research and writing involved in his dissertation) a distinguished older Jewish prisoner physician, a professor and widely acclaimed scientist who, according to Dr. B., became a "father figure" to Delmotte. The two men became extremely close, and it was B.'s claim that the professor even advised Delmotte to go ahead with selections because "he would be severely punished if he refused." B. had the impression that the professor "contributed the most toward helping Delmotte out of his [difficulties]—let's say, to motivate him." Because of his own psychological needs, B. may well have exaggerated the professor's role in regard to the selections question—I would give greater emphasis to Mengele's influence and to that of the overall Auschwitz environment—but I have seen letters from the professor confirming his closeness to Delmotte.

Delmotte selected without further incident until selections were discontinued in Auschwitz in the fall of 1944. After the evacuation of Auschwitz, Ernst B. met him briefly in Dachau—after which Dr. B. "never saw him again." Delmotte tried to flee to his home area but was soon caught; when taken into custody (or about to be) by American troops, he shot himself.

Dr. B. thought that Delmotte had killed himself because of having violated his own medical principles in performing selections, and because he could, in any case, expect the death penalty from the Americans and wanted to spare himself and his family the pain and humiliation of conviction and execution. But what had actually gone on in Delmotte's mind continued to trouble B., remaining "a key problem" that he felt a need to "trace further." He did make some inquiries but did not succeed in learning any more. He added, with a quality of feeling unusual for him: "I had . . . hoped that I could be of some assistance to him, because I have a bad conscience toward him. . . . He had to do the job which I had succeeded in getting out of. . . . Maybe I could have been more honest with him, but it was very difficult in that situation."

Background

Who was this unusual Auschwitz doctor? A not very unusual man, an exploration of his past suggests, but one with certain preoccupations and abilities that contributed to his Auschwitz behavior.

Ernst B. came from an upper-middle-class professional family, his father a university professor distinguished in his scientific field, a man with whom he "had no personal contact, no personal relationship." B. nonetheless "respected him very much" because of the intensity of his commitment and his combination of personal integrity and tolerance for his children's idiosyncrasies. B.'s mother "was the opposite"—affectionate and close to him, and insistent on her beliefs and on the virtues of her own family traditions, which were strongly nationalistic, with two of its members being distinguished physicians.

beginning his family viewed the Nazis as more or less disreputable, the worst element of the society. But by the mid-1930s, the "spectacular" economic successes of the regime began to change that impression, along with the emerging "enthusiasm of . . . young people." His father moved grudgingly toward approval of Hitler in a tortuous, not uncharacteristically German, manner, asking, "How is it possible that such a primitive man can reach such an influential position?" and concluding, "It can only be that he isn't so primitive but just pretends to be." Ernst B. himself reacted with parallel convulsion: always antagonistic and yet respectful toward the Prussian military culture, he was struck by the fact that "the conservative, Prussian military men, especially the young ones, started to become very National-Socialistic," which led him to think that "there must be more to it [National Socialism] . . . something more there."

But he was to develop a much stronger bond with the Nazis in a way that was both serendipitous and calculated. When completing his medical studies in the middle and late 1930s, he gained the impression that one had to take part in an officially sponsored organization. Wishing to avoid the paramilitary ones, he joined a student "scientific society." He was immediately drawn into a competition the group sponsored for finding an indigenous German product (rather than having to bring one in from the outside) that could be used for a culture medium in bacteriological work. Partly perhaps on the basis of his knowledge of nature, B. "got a good idea," located the indigenous product, and suddenly found himself in the extraordinary situation of "a student having a laboratory, two assistants, and a prize." He was now "a scientist who received strong praise from the Party," a man with a "good start" who had "the good fortune to get political support even though my topic . . . was not political." Now he was in the position of "not just receiving commands" but of taking leadership in advising scientific teams on what could be grown in certain Bavarian forests, and what must be cut down in order to make room for such growth. He received an additional prize in a more public ceremony, which caused him only one problem: his wife-to-be thought him a "top Nazi" and avoided him for some time. He completed his medical studies with a flourish, proud of the fact that his thesis on his discovery of the local culture medium was a "fine thing . . . about twenty lines, I think, no more."

This special *Erlebnis*, or "experience" (his term for the entire sequence), undoubtedly influenced his decision to join the Party at the time: "Not only because in a practical sense I had to [for getting an assistantship at a clinic] but with a positive feeling . . . [and with] no obligation, no force." He did, in fact, obtain a coveted assistantship and a good hospital connection at his university while retaining his position in the bacteriological department and even, in 1939, being awarded a two-year scholarship for study abroad—thwarted only by the outbreak of the war.

He began to observe less positive features of the regime during two

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nonetheless—as also perhaps does his arrogating for himself the term “survivor.” He expressed considerable sympathy for the camp officials faced with the intractable problem of the Gypsy camp, even as he both admired Mengele for “boldly” opposing its annihilation and thought it natural for him to join actively in that annihilation once the decision was made. Mengele remained for Dr. B. a profound source of connection to the Auschwitz atmosphere.

Dr. B. gave an elaborate description of Mengele’s “early SS ideology”: the main currents of European culture taking shape from such “Germanic” groups as the ancient Greeks as well as the Normans and Vikings; that emerging culture undermined by Christian morality of Jewish origin, culminating in a vast historic threat posed by Jewish influence to the Germanic race; the need to revert to ancient German myth in creating a contemporary SS Order at the heart of the Nazi movement, a major goal of which was the elimination of Jewish influence. In Dr. B.’s recitation of all this, there was an intensity, perhaps even enthusiasm, suggesting that it invoked the presence of his friend and that something in him [B.] was drawn to the message. Indeed B. claimed that Mengele “didn’t preach,” and that all these matters were discussed between the two men “very objectively.” B. had a way of domesticating Mengele’s wildly visionary ideas, both because they were not entirely alien to himself and because he could invoke Mengele the scientist and “researcher on racial matters.”

Dr. B.’s psychic struggles with what Mengele represented were reflected in his contradictory descriptions of Mengele’s views on exterminating the Jews. He sometimes spoke as though Mengele strongly opposed the Auschwitz killing project, and quoted him as terming it a form of “absolute idiocy” and “stupidity,” and even declared that “Mengele would never have joined the SS if Hitler had announced in advance that we shall let the Jews go through the smokestacks as soon as we have triumphed.” Yet later Dr. B. stressed that Mengele “was fully convinced that the annihilation of the Jews was a provision for the recovery of the world, and Germany,” the only open question being the method to be used. The latter view is undoubtedly closer to the truth. But my point here is that Mengele became something of a mouthpiece for Dr. B.’s own inner contradictions about the “Jewish problem”: at times B. could refer to the overall issue of annihilating the Jews as though it were a serious question for men of good will to contemplate, disagree upon to some extent, but approach with an open mind and with “rational discussion.” And when he summed up the traits of character he so admired in Mengele (“a good soldier, . . . no phony ambitions within the SS,” and “did not hesitate to oppose . . . openly [whatever] . . . he felt was wrong”), these were the qualities that B. had been brought up to admire and found in his father, and that, ironically, he believed gave him the strength to behave decently in Auschwitz.

In that vein he attributed something more to Mengele—a genuine leadership principle. In contrast to Höss, whom Dr. B. saw as “a perfect

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where they were so hated. Dr. B. commented that the Germans and the Jews were now the two most hated peoples in the world. While none of this was overtly anti-Jewish, it was consistent with the earlier German attitude of viewing the Jews as "the problem." What both of them said was also probably related to their impression that I was Jewish. If so, her meaning was probably something like: "Why don't you help your fellow Jews—who are still the most hated of peoples and therefore need the help—and leave my husband alone?" While we cannot identify Dr. B.'s views precisely with those of his wife—she had always been more anti-Nazi than he—his words at the time suggested agreement and were also consistent with tendencies we have observed in him of blaming the victim. The suspicion that I was a Jew could also have contributed both to his intensity in seeking an accommodation with me during the interviews and to his reactive ambivalence once he had done so. And it could have contributed as well to his wife's worries.

Dr. B.'s attitudes toward Jews included espousal of "understanding," if not sympathy, for advocacy of the Final Solution, as well as for the Nazi polarity of National-Socialist "world blessing" and Jewish "ultimate evil." Those draconian attitudes were intrinsic to the Nazi context he shared, but were much less operative in him than was his capacity to respond humanely to individual Jews. Whatever these conflicts and contradictions, this capacity, when expressed in an institution whose purpose was the annihilation of Jews, was exemplary and, for many, life-sustaining.

Dr. B.'s Postwar Self

An important part of B.'s post-Auschwitz self and worldview is his unfinished business with Auschwitz. His conflicting needs are both to continue to explore his Auschwitz experience and to avoid coming to grips with its moral significance. His insistence that Auschwitz was not understandable serves the psychological function of rejecting *any* coherent explanation or narrative for the events in which he was involved. He thus remains stuck in an odd post-traumatic pattern: unable either to absorb (by finding narrative and meaning) or to free himself from Auschwitz images.

Yet he does require psychological maneuvers to fend off the extremity of Auschwitz evil. One of these is equating Auschwitz with other collective examples of hypocrisy and failed ideals, such as the schizophrenic situation of the Christian church in doing "things that had nothing to do with 'love thy neighbor.'" Auschwitz is thereby reduced to something historically ordinary, and he is enabled to acknowledge a little more of his Auschwitz self.

His language and style of discussion during the interviews was consistent with that kind of maneuver, especially in its exclusion of the moral domain. While intelligent and articulate, he avoided almost completely

expressions of feeling, would laugh or giggle uneasily when dreadful issues were raised, and (as German assistants noted) would leave out verbs and even adverbs in avoiding specific statements—that is, avoiding responsibility for his words, often resorting to clumsy forms of speech.

Over the course of the interviews I had the sense he had taken on the postwar self of a pleasant, conservative-democratic German of advancing years, while inwardly retaining a strong sense of his personal history as part of the Nazi generation. A connecting link between these two views of himself were the writings of certain contemporary biologists. He often had books by Desmond Morris and Konrad Lorenz on his desk and would sometimes initiate a discussion with me about the biological sources of aggression and imperialism. In that way he could be both a contemporary man and retain a biological worldview that had for him a degree of continuity with the Nazi period. Lorenz, prominent both as a Nazi and as a postwar German-Austrian biological scientist, could particularly serve as that kind of link. Ironically, Dr. B. seemed to require some affirmation of his Nazi-related self (after all, that was *he* as a young man) for him to muster the strength and candor to probe it and Auschwitz as intensively as he has.

Overall Life Patterns

Finally, Ernst B.'s overall life patterns may help us to understand his special combination of Nazi affiliation and life-saving decency, and particularly his avoidance of selections—even though, in the collective historical structure I am discussing, themes from an early life can do no more than reveal certain individual tendencies within that structure.

The most persistent theme in Dr. B.'s life, beginning in earliest childhood, has been his quest for human connection, for contact. I suspect that the German family structure does much to create that hunger, and that it was expressed and fed in the Nazis' extraordinary focus on unity, on collective merging (the slogan: "One people, one party, one leader!"). But for Dr. B. it has meant a highly personal search for acceptance, recognition, belongingness, and intimacy—requiring some or all of these in order to feel alive. Inseparable from that quest has been an ideal associated with his father (or his admired uncle) which he called "integrity" and had to do with holding on to one's life project, to one's sense of self, whatever the pressure to yield or dissemble. Much of his life has been a struggle to balance these two fundamental, and at times seemingly incompatible, aspirations.

Dr. B.'s family shared much of the German nation's experience of the First World War in terms of abject humiliation, isolation, and—above all—loss. The national regenerative impulse was reflected in his being assigned a "survivor mission" of carrying on the unfinished work of the gifted uncle killed in the war. In his swing from rebellious artist to compli-

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Mengele did not become an infamous public figure immediately after the war. He was of course known to Auschwitz survivors, was the object of testimony given in 1945, and was mentioned occasionally during the Nuremberg investigations, but he was not among the accused either there or in subsequent medical trials during the 1940s. It was only in 1958 that he began to reach a status of public infamy, partly through the efforts of the German writer Ernst Schnabel, who learned about Mengele's Auschwitz activities in the course of research for a book on Anne Frank.¹ Survivors from all over the world began to speak out and provide testimony for developing German legal inquiries. And as Mengele moved through various parts of South America to prevent capture or extradition, these testimonies of survivors continued unabated, along with more dubious reports and claims emanating from those less qualified to speak. While he is known to have spent considerable time in Argentina and Paraguay, his long stay in Brazil has been less recognized: his legend has been extended by reports of encounters in those places, including even a false claim of someone's having killed him.

Surely no Nazi war criminal has evoked so much fantasy and fiction. In a 1976 novel, made into a widely distributed film, *The Boys from Brazil*, Mengele is portrayed as a brilliant, fiendish scientist engaged in the cloning of Adolf Hitler. A little over a decade earlier, in a more serious dramatic exploration of Nazi genocide, the play *The Deputy*, Rolf Hochhuth created a Mengele-like character known only as "the doctor" who "has the stature of Absolute Evil, far more unequivocally so than Hitler." In a play that generally renders a character sensitively in terms of moral and psychological conflicts, Hochhuth goes on to claim that this Mengele figure so contrasts with "anything that has been learned about human beings" as to resemble an "uncanny visitant from another world," so that there is no point to exploring his "human features."² Thus, inadvertently, Hochhuth too has contributed to the cult of demonic personality. And on a leading American television news program, Isser Harrel, who headed the Israeli Secret Police at the time of the Eichmann capture, told an interviewer that "the moment the name of Mengele was mentioned, Eichmann went into a panic"; on that same program, Mengele's power was reflected in the statement of a man who claimed to see him regularly in Paraguay and lauded his Auschwitz effort "to rid ourselves of society's cripples,"³ but in a way that "didn't do anything more than scratch the surface." We need to take a step back from the legend and look at the man, at what he did in Auschwitz.

Background

What we know about the thirty-two-year-old man who arrived in Auschwitz on 30 May 1943 is not especially remarkable. He was the second son of a well-to-do Bavarian industrialist—not from an "old" German family but from one that could be considered *nouveau riche*. The family is de-

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scribed as "strict Catholic," and Mengele identified himself as a Catholic on all his official forms, rather than using the more favored Nazi category of "believer in God." He is remembered from his youth as a serious student, a popular and enthusiastic friend in whom one could recognize "a very distinct ambitiousness," a young person with intelligence but more or less ordinary.⁴

His early right-wing nationalism was reflected by his joining the *Stahlhelm* (Steel Helmet, a nationalistic war veteran's organization) in 1931, at the age of twenty. He subsequently became enthusiastic about the Nazi movement, joining the SA in 1934, and applying for Party membership in 1937 and for SS membership upon being admitted to the Party the following year. There are rumors that, while studying in Munich, he met such high-ranking Nazis as Alfred Rosenberg and even Hitler himself—rumors that, in the absence of evidence, fit well with his mythology.

What does seem clear, and what Ernst B. emphasized to me concerning his friend, is that these Nazi leanings had considerable influence on his intellectual choices. Matriculating at the universities not only of Munich but also of Bonn, Vienna, and Frankfurt, Mengele came to concentrate on the physical anthropology and genetics of his time, eventually working under Otmar von Verschuer at the Frankfurt University Institute of Hereditary Biology and Racial Hygiene: the model institute mentioned earlier in connection with the quest for a "biologized" society by means of a national system of files on individual genetic characteristics. Verschuer's son much later remembered Mengele as "a friendly man," so kind that women at the institute referred to him as "Father Mengele"—a nickname that could of course have other connotations.⁵

Mengele produced three publications prior to his Auschwitz arrival. The first, completed in 1935 but appearing in 1937, was his dissertation in the Anthropological Institute (in the department of philosophy) at the University of Munich, and was entitled "Racial-Morphological Examination of the Anterior Portion of the Lower Jaw in Four Racial Groups." In this study he was intent upon demonstrating structural differences in a portion of the lower jaw in old Egyptians, Melanesians, short-skulled Europeans (mostly Eastern and Dinaric [Adriatic coast of Yugoslavia]), and long-skulled Europeans, primarily Nordic. He insisted that a previous investigator's failure to determine differences was due to deficiencies in method; and that "wherever a distinction is possible, it must be made." In following the practice of his time and place, he depended upon extensive measurements precisely rendered. He concluded, not surprisingly, that these anterior segments of the lower jaw "show clear differences well suited for racial distinctions." But his division of the two European racial groups is both cavalier and vague, especially in his undefended assumption that the long-skulled European material "represents primarily the Nordic element."⁶

His medical dissertation, published in 1938 and entitled "Genealogical Studies in the Cases of Cleft Lip-Jaw-Palate," prefigured his Auschwitz

work on genetic abnormalities and indirectly on twins (he did not use twin studies but referred to their importance). He was sufficiently deferential to his teachers to confirm prior work by Lenz and Verschuer on the existence in this area of an "irregularly dominant hereditary process," and associated the deformity studied with a wide variety of additional deformities and anomalies in the same families. His method was essentially genealogical.⁷

His third publication was entitled "Hereditary Transmission of *Fistulae Auris*" (an abnormal opening in the cartilage of the ear), identified as a publication from the Frankfurt Institute for Hereditary Biology and Racial Hygiene directed by Verschuer, and published in a journal *Der Erbarzt* ["The Genetic Physician"] edited by him. This is a brief case report on hereditary transmission of this kind of fistula, again by means of the Lenz-Verschuer principle of "irregular, dominant hereditary process." Mengele also makes a point of the simultaneous occurrence of these fistulae with dimples of the chin (he himself was said to have had such a dimple).⁸

All three studies are consistent with hereditary emphases supported by the Nazis but by no means intellectually initiated by them. The studies are full of charts, diagrams, and photographs that claim more than they prove, but could probably nonetheless be considered relatively respectable scientific works of that time even outside of Nazi Germany. What they all suggest is Mengele's commitment to bringing science into the service of the Nazi vision.

Mengele was apparently headed for an academic career, and was looked upon favorably by Verschuer, who in a letter of recommendation praised his reliability, combined background in anthropology and medicine, and capacity for clear verbal presentation of difficult intellectual problems.⁹ Mengele's choice of a professor's daughter as wife was also in keeping with his academic aspirations.

His military experience loomed large in his life: six months in 1938-39 with a specially trained mountain light-infantry regiment in the Tyrol, then considered a rather elegant form of service, including skiing and mountain climbing; and from 1940, service in the reserve medical corps, and then three years with a Waffen SS unit, mostly in the East including action in Russia with the Viking division; a wound that led to his being declared medically unfit for combat, and four decorations, including the Iron Cross First Class and Second Class. He was said to have "acquitted himself brilliantly in the face of the enemy during the Eastern Campaign," and was promoted to the rank of captain (*Hauptsturmführer*). The only doctor in Auschwitz to possess that array of medals, he was enormously proud of them and known to refer frequently to his combat experience as a source of authority on various matters. In a semi-comical incident, one of the Iron Crosses fell from his uniform while he was riding through the camp on his bicycle, and was recovered only after a frantic search by a group of prisoners.

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recommendation for promotion, this remains, to say the least, a rousing endorsement. It could even be seen as a contribution to the Mengele legend from the side of the SS.

We can look more closely at Mengele's Auschwitz existence by examining his involvement in selections, in "scientific research,"* and in his varied relationships (with his SS colleagues and with prisoner doctors), and also his overall psychological characteristics and continuing significance for others.

Mengele on the Ramp

For many inmates, Mengele embodied the selections process. As one prisoner doctor put it, "I . . . think that Mengele developed an *idée fixe*: selections, selections, and more selections." He tended to be identified as (in Dr. Peter D.'s words) "the chief of those who did the selections." Or as another prisoner doctor said, "Everything in Auschwitz was under . . . Mengele. . . . Mengele was the one who was present at all the transports. Usually he alone, himself, stood on the ramp and he made the selections. When he couldn't do it, he sent another clever . . . SS doctor [to do it]."

The strength of that impression is conveyed by a witness in the Frankfurt Auschwitz Trial who had worked in the "Canada Kommando" unloading prisoner transports, and who remembered only the name of Mengele. When the judge commented, "Mengele cannot have been there all the time," the witness answered, "In my opinion, always. Night and day."¹³ Dr. Olga Lengyel, speaking less specifically, caught the overall feeling of inmates in her description of Mengele as "far and away the chief provider for the gas chamber and the crematory ovens."¹⁴

Actually, the evidence we have is that Mengele took his duty turn on the ramp like everyone else. But the impression that he did all, or almost all, selections was fed by at least two factors: he frequently went to the ramp when not selecting in order to see that twins were being collected and saved for him; and he brought such verve and energy to the selections task that his image became most associated with it.

Former inmates described him as an elegant figure on the ramp—handsome, well groomed, extremely upright in posture. They sometimes misperceived him as "very Aryan-looking" or "tall and blond," when he was actually of medium height and had dark hair and complexion. His attractiveness hid Auschwitz truths: he "conveyed the impression of a gentle and cultured man who had nothing whatever to do with selections, phenol and Cyclon B."¹⁵ A survivor described him to me as "the false front for the crematorium."

He had an easy rhythm in his conduct of large-scale selections: "a

*In subsequent discussions, I refrain from using quotation marks with "research," but it should be understood that I view Mengele's work as always lacking full scientific responsibility (see especially pages 365–69).

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nice-looking man with a stick [riding crop] in his hand . . . [who] looked at the bodies and the faces [for] just a couple of seconds [and said], . . . 'Links ["left"], . . . Rechts ["right"], Links, Rechts.' " And another observant inmate contrasted Dr. Franz Lucas's deliberate manner on the ramp with Mengele's "graceful and quick movement" (see pages 194-95).

Some described a quality of playfulness in his detachment, his "walking back and forth . . . [with a] cheerful expression on his face, . . . almost like he had fun, . . . routine fun. . . . He was very playful." But observant survivors could see that he was playing a role; noted the prominence with which he displayed at least one Iron Cross, and the intensity with which he seemed to wish to contrast his own elegance with the prisoners' barely human state; and spoke of him as "like a Hollywood actor," "like Clark Gable," or "a Rudolph Valentino type."

At the same time, prisoners were struck by the contrast between what he looked like and what he was. One survivor, describing him as "good-looking, . . . very cultivated," declared that "he really didn't look like a murderer," but immediately added, "He hit my father with his stick on his neck and sent him in a certain direction [to the gas chambers]." Or, "He was brutal but in a gentlemanly, depraved way." For Mengele's studied detachment could be interrupted by outbreaks of rage and violence, especially when encountering resistance to his sense of the Auschwitz rules. For instance, an arriving teenager, directed by Mengele to the right while her mother and younger sisters were sent to the left, "begged and wept" because she did not want to be separated from them: "[Mengele then] grabbed me by the hair, dragged me on the ground, and beat me. When my mother also tried to beg him, he beat her with his cane [riding crop]."

In another, similar case in which a mother did not want to be separated from her thirteen- or fourteen-year-old daughter, and bit and scratched the face of the SS man who tried to force her to her assigned line, Mengele drew his gun and shot both the woman and the child. As a blanket punishment, he then sent to the gas all people from that transport who had previously been selected for work, with the comment: "Away with this shit!"¹⁶

He could also express cruelty and violence in response to signs of orthodox Judaism. A woman described how he ridiculed her mother's wig (the *Scheitel* worn by orthodox Jews) and "picked it [off her head] with his stick." And there were endless stories of his smooth deceptions: a promise to a woman, who asked to do her father's work for him, that "father would be very well and the air would make him healthy": "In that same night my parents were gassed." And deadly sarcasm to a man asking for "light work": Mengele answered, "You'll get light work," and sent him to the gas chamber.¹⁷

He could occasionally break his own rules, on what appeared to be a whim: saving, for instance, a mother and eleven-year-old daughter because he was struck by their beauty, and reportedly commenting, "That

certainly is a painting."¹⁸ Allowing for retrospective exaggeration and fantasy, there is the reliable consistent impression of a man on the ramp at home with his task, with both fierce adherence to the rules and almost casual solipsism.

On the Hospital Block

On the hospital blocks he could also be flamboyantly casual and comfortable in his selections activity. Dr. Lengyel called him a selections "specialist" who "could show up suddenly at any hour, day or night, . . . when we least expected him."¹⁹ According to one prisoner doctor, "he had no problems—not with his conscience, not with anybody, not with anything." For, as Dr. Magda V. said, "he was absolutely convinced he was doing the right thing." Prisoners would "march before him with their arms in the air," Dr. Lengyel tells us, "while he continued to whistle his Wagner"—or it might be Verdi or Johann Strauss. It was a mannered detachment: "like an automaton, a gentleman carrying out indifferent functions,"²⁰ and (according to Dr. Marie L.) "very cold . . . in German, *sachlich* [meaning 'businesslike, matter-of-fact']."

According to Dr. L., he would change signals (thumb up instead of thumb down) to indicate those being sent to the gas chamber. And he always bordered on sadism: "He had a special kind of smile, . . . even joking, that bastard!" More overtly, there are many stories of his striking people with his long riding crop, in one case running it over tattoos on the bosoms of Russian women, as a Polish woman survivor described, "then striking them there," while "not at all excited but . . . casual, . . . just playing around a little as though it were a little funny."

Most of all, his ward selections were done with relentless conscientiousness and "responsibility." It mattered to Mengele that, among people he thought should be selected, every last one be tracked down—"like a bloodhound" was the way another survivor put it.

One might expect that someone so intent upon absolute personal control would disdain the involvement of prisoner doctors in selections, but that was not the case. Mengele encouraged or demanded their participation, and by so encompassing them broadened rather than diminished his own control. Dr. Marek P. stated that "Mengele would not listen to the Polish doctors at all"; and Dr. Magda V., who became skilled at handling SS doctors, said of Mengele, "I don't think that for a moment I could manipulate him, ever, ever."

Among inmates on the medical blocks, Mengele inspired both intense up-close observations and the most elaborate fantasy, or combinations of both. People focused on his eyes: he was "a very bad person, . . . and you saw it . . . in his eyes, . . . brown and bloodshot," according to one survivor; or he violated the principle a woman survivor described having learned from her mother, that "whoever has nice eyes has a nice soul";

Dr. Auschwitz

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Some survivors spoke of his odor. One described him as "young, . . . elegant, . . . smart, . . . smelling of eau de cologne," and as "very sensitive about bad smells": "Before his arrival the doors and windows had to be opened." And more generally, Marianne F., who worked on the medical block, spoke of his "white coat over his uniform—shining new white" and characterized him as "Clean, clean, clean!"

Mengele's passion for cleanliness and perfection carried over into a selections aesthetic: he would send people with skin blemishes to the gas chamber or those with small abscesses or even old appendectomy scars. "My two cousins were sent in front of my eyes by Mengele to their deaths because they had small wounds on their bodies," was the way one survivor put it. Limited evidence of scabies, or rashes or scars from scarlet fever, or even rubella (German measles) on the skin of children could have the same effect.

Specific prisoner responses to Mengele's selections were dominated by a special quality of fear and helplessness. Dr. Gisella Perl wrote, "We feared these visits more than anything else, because . . . we never knew whether we would be permitted to continue to live. . . . He was free to do whatever he pleased with us."²¹ It was significant that many survivors who had witnessed the annihilation of the Gypsy camp considered that decision to have been Mengele's—an understandable assumption, both because the policy seemed consistent with the man and because Mengele was relentless in tracking down Gypsies, especially children, who tried to escape their fate. Though the assumption was factually wrong, its psychic truth lay in Mengele's inexorable commitment to the Nazi principle of murder-selection.

Dr. Lengyel speaks of prisoners' rage: "How we hated this charlatan! . . . How we despised his detached, haughty air, his continual whistling, his absurd orders, his frigid cruelty!" She described the temptation on one occasion, when seeing lying on a table his briefcase whose contours clearly revealed the revolver inside, to "seize the gun and slaughter the assassin."²² While full awareness of that rage might not come for many inmates until their liberation from Auschwitz, it was certainly building while they were there.

Mengele could also be perceived, almost in the manner of Hochhuth's portrayal of him, as a nonhuman evil force. Dr. Wanda J., in commenting that she never spoke to him because he never addressed her or her colleagues, added, "The devil should speak to him." And another prisoner doctor spoke of Mengele as "the lord of life and death." Such figures of speech meant more in Auschwitz than in other places. The perceived ratio of Mengele's beauty and evil could become a mystical indicator. Marianne F., observing Mengele on the medical block, describes how she "played this little game": "If the sun rises red you'll live this day, because it's beautiful and you detach the image of [Mengele] from what you knew

furt a few years earlier: Mengele's teacher was the man who in late 1935 had insisted, "What is absolutely needed is research on series of families and twins selected at random . . . with and . . . without hereditary defects." One could then achieve "complete and reliable determination of heredity in man" and "the extent of the damage caused by adverse hereditary influences," as well as "relations between disease, racial types, and miscegenation."²⁷ No wonder that Verschuier supported Mengele's research so enthusiastically, or that Mengele regularly sent specimens to his teacher and visited, while stationed at Auschwitz, the latter's research institute in Berlin.

In Auschwitz, Mengele found a way to live out this intellectual dream derived from his mentor. While he could not always have the family data going back over several generations that Verschuier wished for, he could arrange to his heart's content what his teacher called "a fixed minimum of examinations . . . in all cases."²⁸ Indeed, Mengele could exploit the unique opportunity Auschwitz provided for quick and absolute availability of large numbers of these precious research subjects, especially identical twins.

Mengele did not merely issue orders that twins be rounded up: he was a central, even fanatical, figure in the rounding-up process. Teresa W., who was sometimes in a position to observe ramp selections from close up, told how Mengele, looking "strange," would plunge into the "river" of arriving Hungarian Jews, "going quickly, . . . the same speed [as] the crowd and [shouting] only, 'Zwillinge heraus!' . . . with such a face that I would think he's mad."

Once he had selected the twins, Mengele made them part of an elaborate research structure, Auschwitz style. Besides the general SS doctors' unit (used by all SS doctors), he had three additional offices, mainly for his work with twins: one in the men's camp, one in the women's camp, and one in the Gypsy camp. In all these places, twins had special status. They were given a special number sequence, and in many cases "ZW" (for *Zwillinge*, or "twins") was made part of the tattooed number. They were frequently permitted to keep their own clothing and sometimes their hair. Twins, mostly children, had special blocks, usually within medical units and often together with other research subjects of Mengele, such as dwarfs or inmates with other abnormalities. An older child or an adult from among the twins, generally known as the *Zwillingsvater* (literally, "twins' father") would be put in charge and would become, in effect, the block chief. In each area, then, there took shape an extraordinary twin-dominated world of Mengele's "odd" research subjects.

As one of them, Simon J., describes:

We were very close. . . . There was a little fellow, . . . two-and-a-half, . . . the darling of the . . . block. . . . We had all sizes and shapes . . . a pair of eighteen-year-old strapping, magnificent boys from Hungary, excellent football-soccer players, . . . completely identical. We

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The prisoner anthropologist, Teresa W., who did measurements on the twins, estimated that the influx of Hungarian Jews during the spring and summer of 1944 led to the accumulation of about 250 individual twins in Birkenau, mostly children but some adolescents. As she pointed out, "It is very difficult [under ordinary conditions] to find twins in such a number." And in the men's camp, Simon J. described "a collection of about one hundred of us . . . from the ages of three to . . . seventy . . . singles and doubles, males only." Mengele's main inner sanctum, where he kept his records, was in Birkenau, where he was chief doctor. Ernst B.'s observation about the mystery surrounding this room was confirmed by several survivors. One, for instance, told me that prisoners knew of it, but "had no approach to this room," and that he kept his research records there: "How or in what manner we don't know, because we never could come near this room of his."

Because they helped in mailing arrangements, prisoners confirmed that Mengele regularly sent reports and specimens to Vershuer's Berlin-Dahlem Institute of Racial Biology. (On pages 357-60 I discuss Mengele's method and his scientific aspirations.)

He permitted mothers of young female twins to stay on their block with them, apparently out of his concern that the children remain in good physical and mental condition. But as another twin went on to say, "there always came a day when the mothers would be sent back to the regular camp," which usually meant their deaths. While fathers of twins were studied much less frequently, there was at least one notable exception: a physician who himself became both a research subject (undergoing the usual tests and measurements) and an assistant to Mengele (preparing reports on geographical distribution of Hungarian twins).²⁹

Identical twins, Mengele's most treasured research objects, were often examined together, and comparatively, as two of them* described:

It was like a laboratory. First they weighed us, then they measured and compared. . . . There isn't a piece of body that wasn't measured and compared. . . . We were always sitting together—always nude. . . . We would sit for hours together, and they would measure her, and then measure me, and then again measure me and measure her. . . . You know, the width of, say, our ears or nose or mouth or . . . the structure of our bones. . . . Everything in detail, they wanted to know.

These twins insisted that Mengele did virtually everything himself. Since they were in Birkenau, where his anthropological assistant was

*These two women, still profoundly identified with one another at the age of fifty-one, insisted upon being interviewed together, and their voices on the tape are not distinguishable from one another.

mentioned having been the assistant of a world-famous Polish anthropologist. Mengele arranged for her to have the best treatment available, and with her beginning recovery sent for her even though she was "so weak that [she could] not really walk," because he was "in such a hurry" to put her to work for him.

As did the twins, W. felt that the work offered her a sanctuary from more dangerous alternatives, and that in Auschwitz "Mengele was a god." She said that Mengele never had a "private conversation" with her or even talked about her professor, was polite but distant, and would only discuss the work. He would sometimes gently question her descriptions of bodily characteristics, all the while taking pains to provide her with the most comfortable arrangements available to prisoners. An attractive young woman with an elegant cultural background, she inspired rumors in Auschwitz that she and Mengele were having an affair. They almost certainly were not, but the rumors were probably fed by Mengele's pattern of both appreciation and generous reward of those who could contribute to his passionate involvement in twin research.

Partly because of her overestimation of the quality and legitimacy of the research, Teresa W. made a jarring discovery one day in Auschwitz. Asked by Mengele to carry a box to another part of the camp, she felt an impulse to open it and see what was inside, only to discover "that it contained glass jars, in which were human eyes." She was "deeply shaken": "At that moment I realized that Mengele was obviously able to kill people, in order to obtain some sort of research results."

Yet so much did she believe in the research that she made copies of all the forms she filled out in order to preserve her own record of the work; she buried these forms in jars under the block "until such a moment [when] I can dig them up"—but she never recovered them. She contrasted what Mengele would do with the material with the more objective, statistical approach of her professor. Mengele, she thought, would have kept alive his "stud" (groups of twins and their offsprings) in order to study the inheritance of a variety of characteristics from intelligence to capacity for certain kinds of knowledge to susceptibility to illnesses—all of which she thought could give Mengele "a quite interesting result."

During her talks with me (spread out over a couple of years) she became more critical of Mengele as "fanatical" and "murderous," but remained confused by him partly because of her continuing respect for the work. She was one of the few prisoners I know of who remained loath to make definitive judgments about him and was reluctant to testify about him in legal proceedings. Her attitude was surely influenced by his having saved her life but also by his professional approach to her and his having convinced her of the validity of the work with twins.

Mengele's own attitude toward the twins research was fiercely enthusiastic. Dr. Lottie M. stressed how passionately involved Mengele was with "his genetic idea," and a Polish woman survivor told how he "rushed

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through [his duties on the medical block] in order to have more time for his twins." That passion made him "totally blind to" the general misery of the camp. When he found identical twins in any transport, this woman went on to say, "Mengele beamed—he was happy, . . . in a kind of a trance." When deprived of possible twins—as on one occasion when he was not notified about the arrival of a transport—he was observed to become enraged and threatening.

As he also did when children, out of fear or fatigue, interrupted the examinations, or, as another survivor put it, "if something didn't go right in experiments" or even if a temperature reading was not recorded on a twin's chart. Once when a child screamed that he felt like passing out, Mengele "became enraged . . . [and] knocked the whole table down." His attitude, according to this observer, seemed to be that if he could not complete the work immediately, he "might not be able to achieve it." He also became "furious," according to another survivor when a girl twin died at the wrong time—as in the case of one who succumbed to diphtheria while he was following her syphilis. He was attentive to and provided special care and medications for the surviving twin, who also developed diphtheria and whom he was said to like very much—until she recovered, at which time he had her killed so that her syphilis could be confirmed at post-mortem examination.

This duality—a confusing combination of affection and violence—was constantly described to me. The Polish woman survivor, for instance, described him as "impulsive . . . [with] a choleric temper," but "in his attitude to children [twins] . . . as gentle as a father . . . [who] talked to them . . . [and] patted them on the head in a loving way." He could be playful with them as well and "jumped around" to please them. Twin children frequently called him "Uncle Pepi"; and other twins told how Mengele would bring them sweets and invite them for a ride in his car, which turned out to be "a little drive with Uncle Pepi, to the gas chamber." Simon J. put it most succinctly: "He could be friendly but kill." And two other twins described him as "like a dual personality, like Dr. Jekyll and Mr. Hyde, I think."

Twins felt Mengele's appeal. One believed that Mengele liked him: "[He] immediately referred to me as his friend" and said that he was "very fascinated with something in the Jew" and was generally pleasant and "very human." This man believed that Mengele protected the twins from Heinz Thilo, an SS doctor who wanted them killed, so that the latter was the "devil of death" (an evil murderer) while Mengele was the "angel of death" (who still had a little bit of feeling). But this survivor admitted that Mengele, in the laboratory, "became a different person entirely, . . . a fanatic, . . . [and] if he didn't see blood on his white uniform, he wasn't content." Tomas A. remained still more troublingly bound to Mengele: "For twins Mengele was everything, . . . just marvelous, . . . a good doctor, . . . our backing [support]. If [it hadn't been for] him, we wouldn't be alive." For a long time after liberation, A. found it impossible

who worked still more closely with Mengele, said similarly, "To advance one step in the search to unlock the secret of multiplying the race of superior beings destined to rule was [for Mengele] a 'noble goal.'"³⁷

Teresa W. was aware of that view, and expressed skepticism about it because she "did not hear anything from Mengele" that suggested this goal. But I had the impression that she was no longer quite certain about Mengele's goals. There was still another rumor, that Mengele "wanted to pair up female twins with male twins, and . . . they should have sexual relations . . . to see if twins would be born of twins." A related rumor was that twins' sperm would be used to impregnate "German ladies," so that they could have twins in turn; or that twins' blood would be injected into the veins of German women, ostensibly for the same purpose.

Over all, most prisoner doctors were more skeptical than Teresa W. about the quality of Mengele's work with twins. Dr. Jan W. thought him very "superficial" as a researcher and, after looking at fragments of notes from the research kept in the Auschwitz Museum, said that "no scientist would take [them] seriously." (The notes consist only of a few columns of figures, and it would be difficult to draw from them conclusions of any kind.) One prisoner doctor put the matter simply and absolutely: "He wanted to be God—to create a new race."

In evaluating these various views, there is no doubt about the truth of the first position: namely, that Mengele was continuing work with twins initiated by others and possibly himself in the Frankfurt and Berlin institutes, stressing genetic determinism. Earlier in my work I thought that this perspective, along with Mengele's scientific and academic ambition, accounted for his twin research, and that the vision of learning the secret of multiple births was the fantasy of others. Now I am not so sure. The evidence seems to me consistent with at least the possibility that Mengele had the ambition of extending his genetic determinism toward some form of racial application: the use of knowledge of genetic factors that influence the formation of twins to stimulate that formation in particular situations.

He also might have wished to use what he learned from twins for the genetic cultivation of superior individuals, not necessarily twins themselves. While these purposes fall far short of the grand vision of "repopulating Germany," they would be consistent with German national goals at the time and certainly with Nazi ideology. They would also be consistent with something else his friend Dr. B. told me: that Mengele's work had bearing on selecting national leaders "not [on a] political basis but [on a] biological basis." In other words, Mengele might have wished to use genetic insights derived from twin research both for "breeding" desirable leaders (Teresa W. saw him as "like a stud owner") and for selecting them from among existing contenders.

But we cannot be certain about Mengele's precise motivations. W., who worked so closely with him, said to me at one point: "To hear his confession—his answers to different questions people might put to him—would

* D.T.

be interesting." It would have, indeed, though even he might not have been entirely clear about his exact motivations. But I believe they would include his characteristic combination of exaggerated scientific claim and related ideological fantasy.

Dwarfs, Noma, Eye Color, and Other Areas of Research

Though nothing compared with his interest in twins, Mengele could also be passionate about his work with dwarfs, and was once described as "beside himself with joy" upon discovering an entire family of five dwarfs. Such a family of course was a panacea for his genetic focus, while at the same time satisfying his interest in the abnormal: his wish, as his anthropological assistant put it, "to have as much a characteristic [of abnormality] as you can give him."

Nyiszli told of doing his first post-mortem examinations on people selected from transports because of some abnormal physical development. He and others took measurements of them; then an SS noncommissioned officer shot them; afterward, Nyiszli did the dissections, prepared a protocol, and then treated the corpses with calcium chloride and "put the clean bones together in packages, which were then sent to the . . . institute in Berlin-Dahlem."⁸⁸ Also, Dr. Lottie M. told of a sequence of Mengele's enthusiasm at receiving a family of dwarfs, his extremely intense study and seemingly generous treatment of them, and then their disappearance: "A fortnight and . . . the study is finished, . . . so [to] the gas." (As in the case of twins, a number of dwarfs did survive, including two described by Tomas A. as talented musicians who lived among his group of twins and frequently played for the SS.)

But inmates understood the dwarfs to reflect Mengele's obsession with Jewish abnormality. As Dr. Magda V. put it, "I think Jews must have been freaks to him—like the dwarfs." And a friend of Teresa W. saw him as "fascinated by all sorts of freaks of nature, . . . dwarfs, hunchbacks, imbeciles of all nations, . . . hermaphrodites"—all of them Jews. Another prisoner doctor noted his interest in giants as well and, more generally, in "growth disturbances" and "growth indicators" in children and young adults. Dr. Erich G. mentioned Mengele's "preconception" and even "religious feeling" that among Jews there is a greater "heredity of bad qualities" than among other races. In that way, Mengele's interest in dwarfs connected with his general attitude toward Jews: it is not surprising that ordinary inmates feared his freak hunting. As another survivor tells us, "I was a little afraid of him. Everyone was afraid. Maybe he will ask you, 'Come here,' and he will find something on you interesting."

Mengele's third interest was noma, an area of research that he may have more actively chosen than was suggested by the prisoner doctor's description of his approach to Professor Epstein (see pages 296–97). In

Dr. Auschwitz: Jos

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This gangrenous condition from extreme debilitation or cachexia on diet and general condition occurrence in Gypsy children not entirely dispute this: to give at least one lecture was stressed. But Mengele's racial source, so that a physician's logical work on the condition not think, . . . as was to be attributed to the these children were submitted.

Eva C., the artist who worked: he took her to an extreme advanced noma—"a little but believe that this kid is ten not so much commenting implying that "this is that I did it to that kid." This blatant in Mengele's noma

Mengele again killed for Mengele one day brought . . . children's heads . . . sn had had the children killed study, and he was bringing examination.

Mengele's work on eye color episode in his Auschwitz res a scientific basis. He regular Institute, where a study was color, with special focus on iris, in which the two eyes of a physician named Magnusson of the eye project. Dr. Nyiszli with one blue and one brown ordered on one occasion to twins had been killed by phenyl in all of hereditary syphilis that, because of the syphilis: in any case"—a comment Nyiszli

any case, we can be reasonably sure that Mengele was seeking to further his own scientific name, and that he would have published results under that name alone.

This gangrenous condition of the face and mouth is known to result from extreme debilitation, and prisoner doctors had no doubt that such debilitation or cachexia (a general wasting of the body) from Auschwitz diet and general conditions was the fundamental cause of the frequent occurrence in Gypsy children of this ordinarily rare disease. Mengele did not entirely dispute this assumption, as he permitted Professor Epstein to give at least one lecture on noma in which the importance of cachexia was stressed. But Mengele was clearly more interested in a genetic or racial source, so that a prisoner doctor who was given the task of bacteriological work on the condition, could ask, "But why did the German physicians not think, . . . as we thought ourselves, that this noma epidemic was to be attributed to the misery, lack of hygiene and nutrition, to which these children were submitted, rather than to another cause?"

Eva C., the artist who worked with Mengele, recalls an incident in which he took her to an extremely debilitated Gypsy boy moribund from advanced noma—"a little bundle of bones"—and asked her, "Would you believe that this kid is ten years old?" C.'s sense was that Mengele was not so much commenting on how much younger the boy appeared as implying that "this is that kind of race, . . . like he didn't realize that he did it to that kid." This pattern of blaming the victim was especially blatant in Mengele's noma work.

Mengele again killed for science. One prisoner doctor told me how Mengele one day brought in "two heads . . . wrapped in newspaper . . . children's heads . . . smelling of phenol." It was clear that Mengele had had the children killed in order to make possible their post-mortem study, and he was bringing the heads to this doctor for bacteriological examination.

Mengele's work on eye color was a particularly strange and revealing episode in his Auschwitz research career. Characteristically, it began with a scientific basis. He regularly sent eyes of Gypsies back to the Berlin Institute, where a study was being conducted of hereditary factors in eye color, with special focus on a condition known as heterochromia of the iris, in which the two eyes of a person are of different colors. A woman physician named Magnussen who worked at the institute was in charge of the eye project. Dr. Nyiszli reports the occurrence of heterochromia, with one blue and one brown eye, in six of eight Gypsy twins he was ordered on one occasion to dissect. His dissection showed that these twins had been killed by phenol injection, though he also found evidence in all of hereditary syphilis and in some of tuberculosis. Mengele said that, because of the syphilis and tuberculosis, they "would not have lived in any case"—a comment Nyiszli took as a signal to write in these diseases

as the cause of death. He preserved the eyes of the six heterochromic twins and prepared them for shipment to Berlin.³⁹

A bizarre story told to me by Dr. Alexander O. made clear that aspects of the project could be less than scientific. After Mengele had demonstrated heterochromia in a few members of a Gypsy family, he instructed Dr. O. that, "when things have taken their course," he was to extract the eyes and put them in containers with preservative to be sent to Berlin—Mengele adding ominously, "All of them, do you understand?" Dr. O. understood perfectly; and as one by one the family members died of their extreme debilitation (Mengele apparently did not think phenol injections were required), he would be notified and would excise the eyes from the corpse, prepare them for shipment, and hand them over to the block scribe. One day the scribe called him angrily and said that Mengele had a record of eight family members and, "You've given me only seven pairs of eyes. We are missing two eyes!" When Dr. O. began to protest that he had been notified only about the seven, the scribe said that the eyes of the last family member "have to be sent today! You know what that means—they have to go today!" O. understood that as a signal to plunder substitute eyes from random Gypsy corpses, and after stumbling about among a group of them, did succeed in finding the correct colors, a blue eye from one corpse and a black eye from another; he then excised and packed them in the usual manner.

Mengele had an added project: that of actually changing eye color in an Aryan direction. Dr. Abraham C. wondered why Mengele was devoting so much attention to a few seven-year-old boys who seemed unremarkable, and then realized that "those children had one odd characteristic: they were blond and had brown eyes, so Mengele was trying to find a way to color their eyes blue." Mengele actually injected methylene blue into their eyes, causing severe pain and inflammation, but "their eyes of course did not change." Dr. C. had the impression these children were gassed, but he may have been wrong: a former block elder told of thirty-six such children who apparently survived. There is a record, however, of a little girl named Dagmar, born in Auschwitz in 1944, who died after Mengele's eye injections.⁴⁰ Of the children subjected to the eye-color experiment, at least one child became almost blind; the eyes of most of the others, after considerable pain and infection, gradually returned to normal.

Concerning the study of heterochromia, Hermann Langbein reported having an opportunity after the war to meet with Professor Verschuer, who told him about the "enormously interesting specimens" of different-colored eyes Mengele had sent him, and seemed "surprised and upset" when Langbein told him they had come from Gypsies Mengele had ordered killed because of this abnormality. In Verschuer's attitude we encounter a hypocritical academic accessory to Mengele's characteristic pattern of killing for science.

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Mengele was thought to have done further research in a variety of areas, but unclear accounts make it difficult in some cases to distinguish what actually took place from distortions or even fantasy. Yet, in each case, he *could* have been somehow involved.

Eva C., for instance, on the whole an accurate and earthy observer, told me with uncharacteristic hesitancy and confusion of a vast research unit she was taken to, a special block in the Auschwitz main camp where people were being experimented upon, some of them wearing a diver's suit and lying in water with ice in it. Mengele walked about quickly and somewhat agitatedly, giving orders in a way that showed that "he was very definitely *the* top dog in there, too." Other inmates were convinced that Mengele performed sterilization experiments; and although he was clearly not a major Auschwitz experimenter in this area, there were enough reports to suggest he might have had some peripheral relationship to it. One survivor told me that Mengele "cut off the balls" of a very young twin, and that he (this witness), in fact, saw the testicles "lying on our table." A Greek survivor, one of whose testicles had been removed, appeared in court against Schumann but held Mengele equally responsible and told of the latter's supervising the crude method of collecting sperm from males involved in sterilization experiments. Other survivors told of injections Mengele gave or ordered given in the abdomen that left one sterile.⁴¹ One woman told of an injurious substance being injected into her back by an assistant of Mengele, resulting in loss of her menstrual periods and inability to conceive. A survivor, whose fiancé worked on Block 10, spoke of "medical research and experiments by the notorious doctors Mengele and Clauser" on that block."⁴² Another survivor told of bone-marrow experiments, involving several operations on her thigh, with removal of material for bone-marrow transplants. An international commission confirmed that this woman had been subjected to medical experiments, and she was able to locate another survivor victimized by the same kind of procedure.

My belief is that each of these reports stems from some form of actual abuse, usually experimental, even if there was some confusion in details, including the question of which Nazi doctor was involved. Mengele's unbridled research interests, special Auschwitz energies, and extraordinary absence of moral restraint made him a candidate for real acts that sound fantastic no less than for unbridled fantasy.

Mengele set up an Auschwitz caricature of an academic research institute. Doctors, mostly Jewish, with varied clinical and laboratory backgrounds, were called upon to contribute to his work by diagnosing and sometimes treating (when consistent with Mengele's interest) his research subjects. Key figures in confirming diagnoses were Dr. Abraham

Mengele as Scientist

In exploring with me Mengele's attitude toward his research and toward science in general, Teresa W. said: "In his scientific research he was honest . . . and fanatic. He was a strange man." The word "honest" expressed her sense of the legitimacy of his method and of his having been a man with a genuine "scientific background" who was "absolutely capable of doing serious and appropriate scientific work." His fanaticism was evident to her in his behavior not only at the ramp but when attempting to preserve his "research findings" at the time the camp was about to be liberated. He became "completely mad-looking," went desperately to his equipment and papers, and "put everything—instruments, all [there] was, in this trunk . . . paper, stationery, everything—pack, pack, terrific speed, not a word spoken to us—nothing, no expression, . . . just shuffling everything." His assistant remembered him looking "like the man who is flying under fear of something happening," his face distorted and seeming to have changed color, so that it was now "a very dark color, like brown."

As she probed the matter she became increasingly aware of his potential for research distortion, and we have noted her sense that he might "twist [results] a little bit to his aims." Although she insisted upon distinguishing him from a completely antiscientific racist like Hans F.K. Günther—because Mengele "wanted to be . . . [and] *was*" a scientist who "loved" scientific work—she realized that he was "a little bit . . . limited" by his fanaticism. That "little bit" turned out to be a great deal:

If you think that [the] German race, or any race, is absolutely superior, and that means it has the right to destroy a weaker race, that is already a limitation. . . . He [did]n't like to think [about or] . . . go deeply in[to a] problem [that] contradicts his own. [He was like] a religious man . . . absolutely so committed that he will only consider the people going to church as the right people—or [those who] have the same face as he has.

Struggling with the idea of such scientific distortion in an intelligent anthropologist and "educated man," Teresa W. could only attribute it to Mengele's conviction "that Hitler [was] doing something absolutely incredibly good."

Mengele saw himself as a scientific investigator at large, ever on the alert for "interesting" or "important" medical or anthropological material. Gisella Perl tells of his strong interest in obtaining dead fetuses for study. On one occasion, when she and a few friends were surprised by him while eating illegally obtained food, she handled what she knew to be a situation of grave danger by immediately calling his attention to an unusually intact preserved fetus: "*Herr Hauptsturmführer* may be inter-

ested in this specimen." Mengele's rage diminished, and he said, "Good! . . . Beautiful!" and spoke of sending it to Berlin.⁴⁵

Similarly, when he learned that one identical twin had an undescended testicle, he not only studied the other twin from the standpoint of evaluating possible genetic factors, but also sought to learn all he could about the phenomenon of the undescended testicle. And he pursued a hypothesis concerning the low hairline of Gypsies as an identifying characteristic to the point of insisting, against all evidence, that a group of French nomads were of Gypsy origin. Dr. Alexander O., in relating this story, commented, "Such a learned stupidity, so ingenious," and thought this "level of sophistication in stupidity" to be characteristically German.

Mengele, according to Marek P., would follow his "usual hospital routine" in the morning, checking on the medical blocks, participating frequently in various aspects of the killing, and later going to his pathological laboratory in Birkenau in order to obtain the results of post-mortem examinations. In this way, Dr. P. concluded, "he combined his interest in killing procedures with his research interests."

And he behaved in specific ways like a research scientist. Prisoner doctors observed his intensity, ambition, and apparent seriousness of purpose, his being a "work addict" as opposed to the relative laziness of other SS doctors. We know their impression of his being "all over the camp," and Nyiszli refers to his energy in rushing back and forth between the ramp, where he selected, to the pathology unit, where he spent "long hours" and would insist on having Nyiszli show him various tissues under the microscope.⁴⁶ Dr. Abraham C., Mengele's radiologist, thought that his greatest pleasure was to "spend hours and hours in Nyiszli's autopsy room" because he "seemed to have a genuine passion for medical questions, which, of course, could be best resolved in the autopsy room." Prisoner doctors observed how Mengele would rush from the medical wards to his beloved research areas, would come early in the morning to the Gypsy block to study noma cases, despite his great fatigue from having slept little because of having been most of the night directing people "toward the gas chamber." And he was indeed unusual in coming in on Sundays to make measurements and work on his records.

Mengele's constant collecting was equated by Teresa W. with the anthropology of that time, but researchers have always questioned any scientific policy of endless accumulation and measuring. A young German scientist wrote in 1935: "It is not useful to take as many measurements as possible; one must restrict oneself to the most significant ones." The young scientist was Josef Mengele; and in the same doctoral dissertation he spoke critically of a previous researcher who had "lost himself in details."⁴⁷ In Auschwitz that critic seems to have done the same, but, given his equation of Auschwitz with opportunity, he considered all details there to be "significant ones."

Everyone was aware of the extent of Mengele's scientific ambition, but W. went further in her impression that what he was doing was part of a

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Toward his research subjects, Mengele's detachment could border on the schizoid. Dr. Lottie M. described him as "the coldest cynic I have ever seen," and his attitude toward inmates as "the same as [toward] mice and rabbits." Similarly, Nyiszli told how, after one of the crematoria had been blown up in the rebellion of the *Sonderkommando*, and he suggested a possible transfer of the dissecting room because "this environment is highly unsuitable for scientific research," Mengele answered coldly, "What's wrong? Getting sentimental?"⁴⁸

In addition to Mengele's frequently mentioned "German mentality," Eva C., the artist who worked with him, saw him as an imperialistic researcher concerned not about people but about their disease: among the Gypsies, "he was like a white doctor in a jungle situation with natives, unconcerned about the individual but concerned about eradicating tropical disease, . . . where natives mean nothing because . . . a lion [will] eat . . . them anyway." In addition, he seemed to her "not aware of worldly things" and "very strange, . . . a stranger to the world." The same schizoid quality may have been responsible for a prisoner doctor's observation that "he was a very difficult man to trace . . . [and] would disappear and reappear, . . . would be gone and reappear again." There was the suggestion that much of his activity could have been false motion, partly in the service of creating his aura of omnipotence—the man who could appear from nowhere, be in control of everything.

Mengele did experience awe, perhaps even something like love, for "science," but his way of being a scientist was to seek absolute control over his research environment. As with those whose "dedication" was so obsessive, small interferences could unnerve him—as in the case of his outburst toward Nyiszli for getting some grease on records of his dissection: "How can you be so careless with these files, which I have compiled with so much love!"⁴⁹ Here we recall Dr. B.'s recollection of Mengele saying that not to utilize the possibilities Auschwitz offered would be "a sin, a crime" and "totally irresponsible" toward science. Dr. Marek P. could say to me, with some sadness, "He seemed to combine so much caring with so much killing."

We know of the variation in evaluations of Mengele as scientist. For Ernst B., Mengele was a gifted, even prophetic scientist, to be commended for his ability to adapt as a scientist to the special conditions of Auschwitz. Among inmates, that judgment was essentially reversed. Even Teresa W., who alone spoke of authentic scientific work with twins, had her qualifications about Mengele's interpretation of it. Most inmates went further: Dr. Jan W. thought Mengele only "pretended to be a scientist," flamboyantly collecting and labeling materials while lacking the intellec-

tual coherence to do anything more with them. Similarly, Dr. Abraham C. thought Mengele had some ability but that what he did was "not real science" because he held certain ideas that he "considered absolute" and then "he . . . would simply look for proofs to support them."

That attitude was reflected in Mengele's colloquia, which "came out of the questions he asked, the instructions he gave, and the whole body of research he had us do." After prisoner doctors answered Mengele's questions, "he would comment, criticize, but not discuss [them] with us." Dr. C. had the impression that Nyiszli and Professor Epstein were exceptional in that Mengele would occasionally discuss ideas with them, and that Epstein was the only one "who dared contradict him and discuss with [Mengele . . . various] ideas." But Epstein, too, avoided going beyond a certain point. Mengele's essential pattern was to create intellectual interest and a demand for scientific opinion while remaining impermeable to that opinion if it contradicted his views (sometimes he would be quiet in order to wait for the X rays and post-mortem—and if proven wrong, he would be quieter still), all the while maintaining total control over the lives and deaths of prisoner scientific participants. Eva C., the artist, told how Mengele would strain to find "proof" of his views. In his search for Aryan versus non-Aryan qualities, he would attempt to observe whether Gypsies "had a darker area around the waist" (although "a two-piece bathing suit could get the same result") and, with some agitation, would insist upon demonstrating that blue eyes found in Gypsies "had little brown freckles . . . so . . . they are not pure Aryan blue eyes." Yet she thought him "earnest and sincere in going about these pursuits."

Dr. Frédéric E. was more blunt. Referring to an experiment in which Mengele tried to determine whether one twin was more susceptible to poison than another, this doctor called it "a crazy idea of a man who understood nothing about real scientific problems but . . . had the possibility . . . to experiment . . . without any control or restrictions." Another prisoner doctor called Mengele "a megalomaniac who wanted to become a great scientist and to reach this aim it was best to experiment with human beings." And still another thought Mengele's scientific work to be "garbage," and Mengele a man who "never applied judgment." Dr. Alexander O. characterized Mengele as "a fanatic . . . possessed by his pseudo-science." "Possessed" is an apt term here, suggesting Mengele's combination of fierce energy along with his mystification in what he did.

There might well have been a third component to that "possession"—the specter of inner doubt. Mengele required of himself the belief that what he did in Auschwitz was warranted by its claim to science. Among the more knowledgeable and intellectually superior prisoner doctors he surrounded himself with, we may suspect that he experienced some inner question about those scientific claims. Part of his desperate motion in Auschwitz might well have come from a struggle to cover over those doubts, to hide them from others capable of making scientific judgments, and above all from himself. Mengele's combination of science and pseudo-

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direct and pragmatic. So much so that he could chide her for having attempted to help Jews ("How could you hope to have been successful?") when she told him why she had been arrested and even to tell her that she must have been "a little schizoid" for having made these attempts.

Dr. Magda V. also said that "you could talk to him" and "give a more or less intelligent answer" when a medical issue arose: "We had a working relationship up to a point." That relationship involved a certain degree of mutuality: on the one hand, "He knew I would not do anything not one hundred percent correct," and she could count on his protection. Dr. V. was convinced that, during the last days of Auschwitz, only Mengele's protection prevented her from being shot for knowing so much about the camp's inner workings; yet also that "if he [had been given] the order to shoot me, I think he would have done it without thinking." Even the control he exerted over her was within a context of relative friendliness ("The joker knew me better than I knew myself"), and she remained grateful to him for having treated her with a measure of respect and for having kept her alive.

Women prisoner doctors seemed to have observed Mengele more closely and perhaps understood him better than did their male counterparts, but two men had what were probably the most excruciating relationships with him. One was Dr. Nyiszli, the pathologist, who described such moments of closeness as: "A long afternoon in deep discussion with Dr. Mengele, trying to clear up a certain number of doubtful points [during which] I was no longer a humble . . . prisoner, and I . . . defended and explained my point of view as though this were a medical conference of which I were a full-fledged member." Friendly gestures from Mengele came to mean a great deal to Nyiszli, as they seemed to transport the two men out of the master-slave relationship into one of colleagues: "I know men, and it seemed to me that my firm attitude, my measured sentences, and even my silences were qualities by which I had succeeded in making Dr. Mengele, before whom the SS themselves trembled, offer me a cigarette in the course of a particularly animated discussion, proving he forgot for a moment the circumstances of our relationship."⁵¹ Also, one survivor observed Nyiszli and Mengele to have been "very close to each other" and "very comfortable together."

But Nyiszli was anything but comfortable in describing that relationship, along with some of Mengele's crimes, in his deposition of 28 January 1945 and his later book (published in 1960). That discomfort probably contributed to certain discrepancies between the two documents. But Nyiszli's most powerful suggestion of the ambiguity of his function as Mengele's pathologist was his later declaration that "I would begin practicing, yes, . . . but I swore that as long as I lived I would never lift a scalpel again."⁵² In other words, while Mengele had been good to him in Auschwitz, Nyiszli felt that the price of that friendliness had been his own medical integrity.

Dr. Alexander O. spoke animatedly of his first encounters with Men-

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gele ("One could not have a better impression") who showed himself to be cultivated, pleasant, and knowledgeable in discussions not only on medical subjects but about literary questions, even Flaubert. "He forgot who I was," so that when the two men were together, "it was just one doctor confiding in another." Dr. O. thought he had made a friend, but "then he disappointed me." When Mengele questioned him about his family, Dr. O. said that his wife had come to Auschwitz with him (which Mengele undoubtedly understood to mean that she had been killed) but that his small children were still in France. Mengele then sprang to his feet and asked, "Why [did] they not come here as well?" O. looked at me gravely and added, "Do you know what that means? . . . That means, why did they not come here to be gassed?" Mengele expressed even greater anger on learning that the children had been hidden by French priests and at that point, as O. said, "he disappointed me forever."

Eva C., the artist, characterized her relationship to Mengele by saying, "I was a pet!"—by which she meant someone useful to him and also pleasant (as a charming, intelligent young woman) to have around. Mengele was also to discover that his "pet" had her own pet, a puppy given her by an influential male prisoner. Upon discovering the creature, Mengele first expressed anger: "What is the meaning of this!" But when told it was hers, he softened and said that it resembled a shepherd, "like a puppy from Germany"; he even petted it, and left without saying anything more. Mengele also made pets of two babies born in Auschwitz, and his appearing every morning to play with them was "a highlight" of his day—though everyone knew the babies would have to be killed. C. carried the metaphor further, likening the situation to an inspector (Mengele) visiting a city dog pound to check up on the keepers (prisoner professionals) and the other prisoners (the dogs):

And he [the inspector] would point out maybe a pile of dirt or something in the cages . . . and admonished the keeper [to] wash up that excrement there, . . . to keep it clean, to keep the dogs healthy, to keep them well fed. Look, this one doesn't have water, you'd better give them some food. . . . And he inspects . . . these chambers where they [the dogs] are killed, you know, and sees that they are working well, and says, "How many are you? Well, it's too crowded. You better put in two more [chambers] today."

Eva C. went on to explain that most people consider that "what is going on in the city pound is sane and normal and can't be done in any other way," which is the way that the SS, and especially Mengele, felt about Auschwitz. For Mengele, above all, "everything has to be controlled . . . to the point of killing," and "everything that's out of control is wrong." She was saying that Mengele was not only the "medical keeper" in Auschwitz but the keeper of the Auschwitz norm. He liked to be amused by pleasant and useful "pets," but they and everything else had

to be under absolute control. She did not think Mengele extraordinary but "just a very charismatic man"—with the implication that only in Auschwitz could he develop that charisma and become "Mengele." For C. thought he had "star quality": "Marilyn Monroe flashed through my mind," here referring to his fetish about appearance and his eroticizing the contrast between his own physical perfection and the impaired state of inmates. She did not speak bitterly of him—he had on the whole been pleasant to her and had enabled her to thrive by Auschwitz standards—but at the end she said something characteristic in regard to Mengele and his control: "I was going to ask you not to reveal my whereabouts because I know he's still alive, and he might not be very happy knowing that I was."

There was much sexual speculation about Mengele among the inmates. There were many stories of women prisoners finding him extremely attractive, but Eva C. told me that "he had no sense for women." Although he did sometimes manifest prurient interest in sexual details when questioning pregnant women (according to Dr. Lengyel, he "never missed the chance to ask the women indiscreet and improper questions"),⁵³ he seemed to others distant and puritanical. C. told of an incident when, seeing a hefty prisoner from the rear stripped to the waist in front of a block, Mengele called angrily, "What is that man doing there?" Then the prisoner, turning around, revealed herself to be a woman (she was a German lesbian). Despite the fact that she spoke arrogantly to him, Mengele "just got terribly, terribly red, . . . blushed, and said, 'Oh, carry on,' and turned away and marched out of there." Dr. Lottie M. similarly recalled Mengele being much more concerned than the other SS doctors about lesbianism in the women's camp as well as about homosexuality in the men's camp.

Prisoners varied in their impression of whether Mengele could be influenced and whether he was corruptible. A group of them officially congratulated him upon learning that his wife had given birth to a son, but neither becoming a father nor the congratulations seemed to change Mengele's attitudes. It was widely believed that, like most SS personnel, he had enriched himself in Auschwitz (contrary to Ernst B.'s emphasis on his complete integrity) but that (as one survivor put it), while most of the SS doctors would "both take and give," Mengele would "only take." His attitudes often confused prisoners because, as Dr. Marie L. observed, "Nobody understood what he wanted."

Despite Mengele's apparent overtures of collegiality, most prisoner doctors maintained no illusions of equality. The relationship was exemplified by an incident in which he carefully examined the wounded buttocks of a Polish prisoner physician and prescribed medication for washing and treating the area—after he himself had ordered that the man be given twenty-five lashes for an alleged infraction, and then observed the punishment.

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She stressed that Mengele's behavior was carefully planned: "He must have written it down: music; sit down; *Zählappell* [roll call]; crematorium." All this was part of his "sadistic play," she believed, because "every step Mengele [took] was a psychological basis for torture." And compared with other SS doctors, Mengele was "more sadistic, . . . more *raffiniert* ['sophisticated, tricky, sly']. He [was] more elaborated . . . because he must know psychology."

Sometimes the psychological sadism could be naked, as when he spoke to a Jewish woman doctor pleading unsuccessfully for the life of her elderly father, also a doctor: "Your father is seventy years old. Don't you think he has lived long enough?" Or, to a sick woman: "Have you ever been on the 'other side'? What is it like over there? . . . You will know very soon!"⁵⁵

Mengele maintained these forms of deadly "colleagueship" until the very end. A prisoner doctor describes encountering him in the infirmary of a camp in Czechoslovakia after Auschwitz had been evacuated. Mengele referred to a patient who was mentally deficient, and said, "If you were intelligent . . . she could have fever, she could need medication," meaning that "he wanted to find . . . a reason to get rid of her [or a means of doing so] because she was an idiot, . . . and [implied] we were so stupid we did not understand." She added, in amazement, "Just think . . . he was already at the time a cornered beast, and that did not mean anything. He still had to find a way to kill someone."

The "Double Man"

Prisoner doctors found themselves struggling with Mengele's extraordinarily deep-seated contradictions—with his overt doubling. Dr. Abraham C. felt compelled to raise "the big question which we ask ourselves: Was he a kind man, good with children, good in general, who was only driven to do the things he did by his passion for research? Or was he a monster who only plays a role with the children to hide his game better, to get his ends more easily?" While very few prisoners would adhere to the first characterization, the second does not satisfy either. Dr. C. himself seemed to reject both, as he went on to articulate the principle of unfathomability I quoted at the beginning of this book (page 13). Mengele was for Dr. C. the source and epitome of this principle of unfathomability, though he meant it to apply to much that happened in Auschwitz.

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was aware of others' reports of his brutality and had "no doubt" about his capacity for it, but added, "never in my presence." When she went on to wonder whether she might not have had a "humanizing effect" on Mengele and other SS doctors because "I treated everyone [inmates and SS doctors] like a human being," she was expressing another principle of doubling: the importance for each self of being confirmed by others. The word "double" (or its French equivalent) was actually used by Dr. Alexander O. in his excruciating struggles to come to terms with Mengele:

The double man [*l'homme double*]. The double [*le double*], that is to say he had all the sentimental motions, all the human feelings, pity, and so on. But there was in his psyche a hermetically closed cell [*une cellule hermétiquement fermée*], impenetrable, indestructible cell, which is obedience to the received order. He can throw himself in the water to go and save a Gypsy, try to give him medication, . . . and then as soon as they are out of the water, . . . tell him to get in the truck and quickly off to the gas chamber.

Dr. O. identified not only the doubling itself but the central role of Mengele's ideology (though only hinted at) in the process. As O. went on to explain, "Mengele liked the Gypsies a lot. He loved the Gypsy children, who called him 'Uncle Mengele.'" But he knew that the *Reichsführer* SS [Himmler] had ordered a slow death of the Gypsies, and Mengele was "the kind of man . . . to believe that orders had to be executed." Without such a concept, one who, like Teresa W., was exposed to Mengele's decency but at the same time accepted the truth of reports about his experiments and cruel behavior, has to end up declaring painfully, "I can't understand him!" Or prisoners might develop their own racial theory to explain his contradictions: for instance, the rumor that he was kinder to Gypsies than to others because "he himself was of Gypsy origin"—a rumor that was consistent with his dark non-Aryan appearance.

Eva C. told, with considerable sensitivity, how her own psychological experience as an inmate helped her understand Mengele. She pointed out that prisoners also began "to behave like that . . . with a shell around us," and how she herself watching grotesquely weak women on the sick block stretching their arms out and pleading, "Help me! Help me!" made her "somewhat embarrassed" because of her feeling "We're here to die. What do you mean, 'Help me'?" Then she could add, "The fact that these people actually had retained their sanity [in asking for help] and I was nuts . . . never entered my mind. You know, I was already touched with [affected by] that whole [Auschwitz] mentality." C. explained further that both the SS doctors and the prisoners "were being processed—so I could understand Mengele." Auschwitz was "a different planet" whose rules totally reversed those of ordinary society: according to those rules, "we were there to die and not to live." And "to be able to accept being where

we were, we had to switch . . . to a different kind of mentality, to a different kind of attitude." SS doctors had to make a similar switch, in their case much helped by prior immersion in Nazi ideology: "They were well prepared." She was able to grasp something of the murderous doubling in Nazi doctors by recognizing more limited and benign forms of a related process in herself and other prisoners.

While all Nazi doctors underwent doubling in Auschwitz, Mengele was special in the seemingly extreme incompatibility of the two components of his double self, along with the extraordinary energy he could mobilize within that adaptation. His doubling was enhanced by certain psychological traits. I have in mind three dominant features of his self-process: his schizoid tendencies, his extraordinary capacity for numbing, and his impulse toward sadism and omnipotence (which turn out to be closely related). Eva C. puts us in touch with those traits by means of an artist's description of the man, one that turns the tables on Mengele and makes him an anthropological subject:

He looked like Peter Sellers, but better. . . . His head was like a cat's head. It was wide at the temples. He had a widow's peak, dark brown hair, brown eyes. His eyebrows made a kind of accent circumflex, like a cat. Using Mengele's own terminology, I would say he had an M-shaped mouth; a straight, short regular-medium nose; a wide, broad head; a mark on his left ear—a flat round disk on his ear cartilage. . . . His eyes were like Peter Sellers's eyes—as though only half of the iris would show. They were dead eyes.

The "dead eyes" were part of his schizoid pattern, as was perhaps behavior associated with the rumors that he had been "shell-shocked" or that his war injury was a concussion; and also consistent with C.'s observation that "he seemed to be from a different planet and had just come down in a space ship."

Mengele's withdrawn state is also reflected in Dr. Marek P.'s description of him as a man who "never looked into your eyes . . . [or] show[ed] any signs of enjoyment . . . [but] seemed always . . . [to have] something else on his mind other than what he was doing, even when he was speaking to you." A related trait was one prisoner doctor's observation of his "lightning-fast change from being, on the one side, attentive and jovial . . . and then, within a fraction of a second, cynical and brutal."

One expects considerable psychic numbing in a schizoid person, but with Mengele the numbing was extreme. As Dr. Lottie M. put it, "The main thing about him was that he totally lacked sentiment, lacked feeling" concerning the horrors of Auschwitz in which he was participating. As she further explained, "It's that he didn't ever see a *person* . . . [in] his contempt for everybody—except the doctors." And so he seemed to have "no personal ties." Dr. Alexander O. said he had "indifferent eyes . . . indifference to pain." Teresa W. said he was "without emotion on his

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face." And the rumors of his impotence, the impression that he had "no sense for women"—whether or not true, these reflected the prisoners' strong impression of his general lack of human feeling.

Sadism suggests pleasure in causing pain, and we have seen many different expressions of that tendency in Mengele. Even his style of dress and display could be understood as something close to sadism in that environment. It is also what is frequently called "narcissism"—in popular usage, extreme self-absorption, as opposed to the psychoanalytic technical meaning of sexual energy (or "libido") directed at one's own body or person. Of Mengele one has the impression that both his "narcissism" and sadism were bound up with his profound impulse toward omnipotence, toward *total* control of his environment, and specifically the kind of life-death control available to an SS doctor in Auschwitz.

Indeed, the importance of the Auschwitz environment in activating all of these traits—schizoid tendencies, numbing, and the sadism-omnipotence combination—cannot be overemphasized. Several prisoner professionals emphasized that, were it not for Auschwitz, Mengele could undoubtedly have followed a successful academic career. As Dr. Magda V. put it, "In ordinary times he could have been a slightly sadistic German professor."

None of Mengele's behavior—least of all his capacity to inflict pain and feel nothing for victims—can be understood separately from his involvement in ideology. Unlike most SS doctors, Mengele was a true ideologue: a man who understood his life to be in the service of a larger vision. He undoubtedly viewed himself as a Nazi revolutionary, a man committed to the bold task of remaking his people and ultimately the people of the world. He and those like him differed from previous revolutionaries in their invocation of biology: *Mengele exemplified the Nazi biological revolutionary*. He was part of a vanguard that saw its mission as noble and viewed courage and cruelty (or "hardness," as the Nazis were fond of saying) toward enemies or impediments of any kind as personal virtues. For a man like Mengele, the ideological mission justified everything.

That is why Dr. V. could call him "the most absolutely convinced Nazi among them"; Dr. Lottie M. could speak of him as an "intellectual true believer," capable of complaining about stupidity of individual SS personnel "and yet believe in absurd . . . [racial] theories"; Eva C. could say that "next to Hitler he was the most convinced"; and Dr. O. could call him "Hitler's robot."

As his friend Dr. B. constantly stressed, Mengele was an extreme anti-Semite. He viewed the Jews as a highly gifted people who were locked in a life-and-death struggle with Aryan Germans. His anti-Semitism was part of the broad ideological sweep of racial theory: Dr. B. put it clearly when he said that Mengele "was fully convinced that the annihilation of the Jews was a provision for the recovery of the world and Germans." And Dr. Jacob R. understood Mengele as an SS mystic who believed that "if all the Jews were annihilated, victory would come [of] itself."

Mengele's anti-Semitism was both sweeping and immediate. Among SS doctors, according to Dr. B., Mengele would speak derisively of catering too much to Jewish inmates and of Auschwitz becoming a "Jewish sanatorium." Dr. Magda V. said, "I think really he hated us" and "treated Jews like laboratory animals—not quite human" because "we were really biologically inferior in his eyes."

Ideologues like Mengele can appear to be "cold cynics" in that they need not feel others' pain if it is in the service of a "higher purpose." They can also have pockets of pragmatism for the same reason—certainly the case with Mengele. Nor is ideological fanaticism incompatible with personal ambition. While Mengele might have been a "good soldier" for the SS (as Dr. B. put it), one who lacked "fake SS ambitions," we know him to have had very real ambitions that had to do with his ideology and with his overweening desire to become recognized as a great scientist.

Few would question Dr. Nyiszli's observation concerning "so much cynicism" and "so much evil" in Mengele, or his verdict on him as "a criminal doctor."⁵⁶ But that cynicism and criminality, the numbing and the omnipotence—all these were bound up with what all too many people in Germany and elsewhere at the time experienced as a compelling, even ennobling vision of the future.

The Ultimate Auschwitz Self: Physician-Killer-Researcher

More than any other SS doctor, Mengele realized himself in Auschwitz. There he came into his own—found expression for his talents, so that what had been potential became actual. Intelligent but hardly an intellectual giant, Mengele found expression and recognition in Auschwitz *beyond his talent*. The all-important Auschwitz dimension was added to his prior psychological traits and ideological convictions to create a uniquely intense version of the Auschwitz self as physician-killer-researcher.

Mengele took hold of and maximized the omnipotent authority held by any SS doctor in Auschwitz. He could give a forceful and flowing performance in displaying that omnipotence because it blended so readily with the traits and ideology he brought to the camp. In Auschwitz, Mengele was the "right man in the right place at the right time." His energies no less than his ambition were galvanized by this Auschwitz synchronization of all his faculties. Hence the comment by a prisoner (quoted earlier) that "he always had the air of . . . [a] man . . . doing his job and doing it well and [who] hasn't got the slightest doubt about the job." Or as Dr. Jan W. put it: "This was his big thing there, his Auschwitz, and he enjoyed doing it."

However atypical for an SS camp doctor, Mengele became the spirit of Auschwitz, the one most in tune with the place, an example for others. That is why he was chosen by Wirths and Weber (despite his conflicts with the former) to be Delmotte's mentor, the person who could convince this reluctant doctor of the virtue and necessity of doing selections. And that

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When Hochhuth wrote of his Mengele figure as "only playing the part of a human being," he was trying to simplify Nazism by constructing a figure of such pure evil as to no longer belong to the category of human being. Such an exemplar distills and clarifies evil, and we know enough about Mengele to affirm his qualifications for the category. But even Mengele has shown too many familiar facets of human behavior for one to leave him in that legendary role and, with Hochhuth, "[refrain] from any further effort to plumb [his] human features."⁵⁷ I have made clear my rejection of the legend of pure ahuman evil, clarifying as it may be, in favor of a commitment to probing motivations and behavior. I return to the legend now only to explore more about Mengele's function as the ideal candidate for this cult of demonic personality.

At moments in Auschwitz, prisoner doctors felt it necessary to divest Mengele of his physician's status: "He was a monster, period, no more doctor than anything else," was the way Dr. Abraham C. put it; "a monster and . . . only evil or calamities could come from him."

A woman survivor conveyed some of Mengele's aura when she said, "He represents what this [Auschwitz] represents to us": that is, Mengele is Auschwitz. Another spoke of him as "so terrifying" that he was "more like an abstraction." To convey Mengele's meaning for her, she read to me a short story she had written, based on a childhood memory, and involving her unsuccessful attempt, as a little girl, to placate and please the male bully who had been terrorizing her and other Jewish children. Afterward she concluded, "Mengele was feared, . . . was admired. We tried to please him, . . . almost like seducing [someone]." Mengele's style of omnipotence, then, produced both terror and a measure of admiration, a combination that serves a legend well, but from which individuals have great difficulty extricating themselves.

Adding to Mengele's aura was the mythology of his escape. There was the false rumor that he "had caught typhus when the camp was liberated.": "While he was convalescing, he escaped."⁵⁸ Actually he left before the liberation, but the mythology continues in relation to the places where he is thought to have been seen after leaving Auschwitz—Ravensbrück, Dachau, a small camp in Czechoslovakia—whatever the accuracy of any of these identifications. The escape legend is extended by his apparent contempt for postwar authority—and for justice, in living for years in his home in the vicinity of Günzberg where he was protected by local officials and family influence; by his subsequent exploits in South America, including practicing medicine under various names in different places, disappearing just in time to prevent extradition from Argentina to West Germany, advising dictators (such as General Alfredo Stroessner of Paraguay, who is of German descent) on such matters as annihilating their local Indian populations; by his outsmarting a youthful female Israeli spy who attempted to seduce him in order to lure him into death or capture, and was herself found murdered; by rumors of his involvement in an extensive drug trade run by Nazis throughout South America; and

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* *Anita's Choice*

what she called Mengele's "diabolic" attitude was his appearing on a Jewish holiday and announcing, "This is *Tishahb'au* [the commemoration of the destruction of the First and Second Temples]," and "We will have a concert." There was a concert, then a roll call, and then an enormous selection, causing her to ask bitterly, "Why should we listen to music while we are being cremated?"

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The double man [*l'homme double*]. The double [*le double*], that is to say he had all the sentimental motions, all the human feelings, pity, and so on. But there was in his psyche a hermetically closed cell [*une cellule hermétiquement fermée*], impenetrable, indestructible cell, which is obedience to the received order. He can throw himself in the water to go and save a Gypsy, try to give him medication, . . . and then as soon as they are out of the water, . . . tell him to get in the truck and quickly off to the gas chamber.

Dr. O. identified not only the doubling itself but the central role of Mengele's ideology (though only hinted at) in the process. As O. went on to explain, "Mengele liked the Gypsies a lot. He loved the Gypsy children, who called him 'Uncle Mengele.'" But he knew that the *Reichsführer* SS [Himmler] had ordered a slow death of the Gypsies, and Mengele was "the kind of man . . . to believe that orders had to be executed." Without such a concept, one who, like Teresa W., was exposed to Mengele's decency but at the same time accepted the truth of reports about his experiments and cruel behavior, has to end up declaring painfully, "I can't understand him!" Or prisoners might develop their own racial theory to explain his contradictions: for instance, the rumor that he was kinder to Gypsies than to others because "he himself was of Gypsy origin"—a rumor that was consistent with his dark non-Aryan appearance.

Eva C. told, with considerable sensitivity, how her own psychological experience as an inmate helped her understand Mengele. She pointed out that prisoners also began "to behave like that . . . with a shell around us," and how she herself watching grotesquely weak women on the sick block stretching their arms out and pleading, "Help me! Help me!" made her "somewhat embarrassed" because of her feeling "We're here to die. What do you mean, 'Help me'?" Then she could add, "The fact that these people actually had retained their sanity [in asking for help] and I was nuts . . . never entered my mind. You know, I was already touched with [affected by] that whole [Auschwitz] mentality." C. explained further that both the SS doctors and the prisoners "were being processed—so I could understand Mengele." Auschwitz was "a different planet" whose rules totally reversed those of ordinary society: according to those rules, "we were there to die and not to live." And "to be able to accept being where

we were, we had to switch . . . to a different kind of mentality, to a different kind of attitude." SS doctors had to make a similar switch, in their case much helped by prior immersion in Nazi ideology: "They were well prepared." She was able to grasp something of the murderous doubling in Nazi doctors by recognizing more limited and benign forms of a related process in herself and other prisoners.

While all Nazi doctors underwent doubling in Auschwitz, Mengele was special in the seemingly extreme incompatibility of the two components of his double self, along with the extraordinary energy he could mobilize within that adaptation. His doubling was enhanced by certain psychological traits. I have in mind three dominant features of his self-process: his schizoid tendencies, his extraordinary capacity for numbing, and his impulse toward sadism and omnipotence (which turn out to be closely related). Eva C. puts us in touch with those traits by means of an artist's description of the man, one that turns the tables on Mengele and makes him an anthropological subject:

He looked like Peter Sellers, but better. . . . His head was like a cat's head. It was wide at the temples. He had a widow's peak, dark brown hair, brown eyes. His eyebrows made a kind of accent circumflex, like a cat. Using Mengele's own terminology, I would say he had an M-shaped mouth; a straight, short regular-medium nose; a wide, broad head; a mark on his left ear—a flat round disk on his ear cartilage. . . . His eyes were like Peter Sellers's eyes—as though only half of the iris would show. They were dead eyes.

The "dead eyes" were part of his schizoid pattern, as was perhaps behavior associated with the rumors that he had been "shell-shocked" or that his war injury was a concussion; and also consistent with C.'s observation that "he seemed to be from a different planet and had just come down in a space ship."

Mengele's withdrawn state is also reflected in Dr. Marek P.'s description of him as a man who "never looked into your eyes . . . [or] show[ed] any signs of enjoyment . . . [but] seemed always . . . [to have] something else on his mind other than what he was doing, even when he was speaking to you." A related trait was one prisoner doctor's observation of his "lightning-fast change from being, on the one side, attentive and jovial . . . and then, within a fraction of a second, cynical and brutal."

One expects considerable psychic numbing in a schizoid person, but with Mengele the numbing was extreme. As Dr. Lottie M. put it, "The main thing about him was that he totally lacked sentiment, lacked feeling" concerning the horrors of Auschwitz in which he was participating. As she further explained, "It's that he didn't ever see a *person* . . . [in] his contempt for everybody—except the doctors." And so he seemed to have "no personal ties." Dr. Alexander O. said he had "indifferent eyes . . . indifference to pain." Teresa W. said he was "without emotion on his

Dr. Auschwitz

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face." And the rumors of his impotence, the impression that he had "no sense for women"—whether or not true, these reflected the prisoners' strong impression of his general lack of human feeling.

Sadism suggests pleasure in causing pain, and we have seen many different expressions of that tendency in Mengele. Even his style of dress and display could be understood as something close to sadism in that environment. It is also what is frequently called "narcissism"—in popular usage, extreme self-absorption, as opposed to the psychoanalytic technical meaning of sexual energy (or "libido") directed at one's own body or person. Of Mengele one has the impression that both his "narcissism" and sadism were bound up with his profound impulse toward omnipotence, toward *total* control of his environment, and specifically the kind of life-death control available to an SS doctor in Auschwitz.

Indeed, the importance of the Auschwitz environment in activating all of these traits—schizoid tendencies, numbing, and the sadism-omnipotence combination—cannot be overemphasized. Several prisoner professionals emphasized that, were it not for Auschwitz, Mengele could undoubtedly have followed a successful academic career. As Dr. Magda V. put it, "In ordinary times he could have been a slightly sadistic German professor."

None of Mengele's behavior—least of all his capacity to inflict pain and feel nothing for victims—can be understood separately from his involvement in ideology. Unlike most SS doctors, Mengele was a true ideologue: a man who understood his life to be in the service of a larger vision. He undoubtedly viewed himself as a Nazi revolutionary, a man committed to the bold task of remaking his people and ultimately the people of the world. He and those like him differed from previous revolutionaries in their invocation of biology: *Mengele exemplified the Nazi biological revolutionary*. He was part of a vanguard that saw its mission as noble and viewed courage and cruelty (or "hardness," as the Nazis were fond of saying) toward enemies or impediments of any kind as personal virtues. For a man like Mengele, the ideological mission justified everything.

That is why Dr. V. could call him "the most absolutely convinced Nazi among them"; Dr. Lottie M. could speak of him as an "intellectual true believer," capable of complaining about stupidity of individual SS personnel "and yet believe in absurd . . . [racial] theories"; Eva C. could say that "next to Hitler he was the most convinced"; and Dr. O. could call him "Hitler's robot."

As his friend Dr. B. constantly stressed, Mengele was an extreme anti-Semite. He viewed the Jews as a highly gifted people who were locked in a life-and-death struggle with Aryan Germans. His anti-Semitism was part of the broad ideological sweep of racial theory: Dr. B. put it clearly when he said that Mengele "was fully convinced that the annihilation of the Jews was a provision for the recovery of the world, and Germany." And Dr. Jacob R. understood Mengele as an SS mystic who believed that "if all the Jews were annihilated, victory would come [of] itself."

Mengele's anti-Semitism was both sweeping and immediate. Among SS doctors, according to Dr. B., Mengele would speak derisively of catering too much to Jewish inmates and of Auschwitz becoming a "Jewish sanatorium." Dr. Magda V. said, "I think really he hated us" and "treated Jews like laboratory animals—not quite human" because "we were really biologically inferior in his eyes."

Ideologues like Mengele can appear to be "cold cynics" in that they need not feel others' pain if it is in the service of a "higher purpose." They can also have pockets of pragmatism for the same reason—certainly the case with Mengele. Nor is ideological fanaticism incompatible with personal ambition. While Mengele might have been a "good soldier" for the SS (as Dr. B. put it), one who lacked "fake SS ambitions," we know him to have had very real ambitions that had to do with his ideology and with his overweening desire to become recognized as a great scientist.

Few would question Dr. Nyiszli's observation concerning "so much cynicism" and "so much evil" in Mengele, or his verdict on him as "a criminal doctor."⁶⁶ But that cynicism and criminality, the numbing and the omnipotence—all these were bound up with what all too many people in Germany and elsewhere at the time experienced as a compelling, even ennobling vision of the future.

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The Ultimate Auschwitz Self: Physician-Killer-Researcher

More than any other SS doctor, Mengele realized himself in Auschwitz. There he came into his own—found expression for his talents, so that what had been potential became actual. Intelligent but hardly an intellectual giant, Mengele found expression and recognition in Auschwitz *beyond his talent*. The all-important Auschwitz dimension was added to his prior psychological traits and ideological convictions to create a uniquely intense version of the Auschwitz self as physician-killer-researcher.

Mengele took hold of and maximized the omnipotent authority held by any SS doctor in Auschwitz. He could give a forceful and flowing performance in displaying that omnipotence because it blended so readily with the traits and ideology he brought to the camp. In Auschwitz, Mengele was the "right man in the right place at the right time." His energies no less than his ambition were galvanized by this Auschwitz synchronization of all his faculties. Hence the comment by a prisoner (quoted earlier) that "he always had the air of . . . [a] man . . . doing his job and doing it well and [who] hasn't got the slightest doubt about the job." Or as Dr. Jan W. put it: "This was his big thing there, his Auschwitz, and he enjoyed doing it."

However atypical for an SS camp doctor, Mengele became the spirit of Auschwitz, the one most in tune with the place, an example for others. That is why he was chosen by Wirths and Weber (despite his conflicts with the former) to be Delmotte's mentor, the person who could convince this reluctant doctor of the virtue and necessity of doing selections. And that

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When Hochhuth wrote of his Mengele figure as "only playing the part of a human being," he was trying to simplify Nazism by constructing a figure of such pure evil as to no longer belong to the category of human being. Such an exemplar distills and clarifies evil, and we know enough about Mengele to affirm his qualifications for the category. But even Mengele has shown too many familiar facets of human behavior for one to leave him in that legendary role and, with Hochhuth, "[refrain] from any further effort to plumb [his] human features."⁵⁷ I have made clear my rejection of the legend of pure ahuman evil, clarifying as it may be, in favor of a commitment to probing motivations and behavior. I return to the legend now only to explore more about Mengele's function as the ideal candidate for this cult of demonic personality.

At moments in Auschwitz, prisoner doctors felt it necessary to divest Mengele of his physician's status: "He was a monster, period, no more doctor than anything else," was the way Dr. Abraham C. put it, "a monster and . . . only evil or calamities could come from him."

A woman survivor conveyed some of Mengele's aura when she said, "He represents what this [Auschwitz] represents to us": that is, Mengele is Auschwitz. Another spoke of him as "so terrifying" that he was "more like an abstraction." To convey Mengele's meaning for her, she read to me a short story she had written, based on a childhood memory, and involving her unsuccessful attempt, as a little girl, to placate and please the male bully who had been terrorizing her and other Jewish children. Afterward she concluded, "Mengele was feared, . . . was admired. We tried to please him, . . . almost like seducing [someone]." Mengele's style of omnipotence, then, produced both terror and a measure of admiration, a combination that serves a legend well, but from which individuals have great difficulty extricating themselves.

Adding to Mengele's aura was the mythology of his escape. There was the false rumor that he "had caught typhus when the camp was liberated.": "While he was convalescing, he escaped."⁵⁸ Actually he left before the liberation, but the mythology continues in relation to the places where he is thought to have been seen after leaving Auschwitz—Ravensbrück, Dachau, a small camp in Czechoslovakia—whatever the accuracy of any of these identifications. The escape legend is extended by his apparent contempt for postwar authority—and for justice, in living for years in his home in the vicinity of Günzburg where he was protected by local officials and family influence; by his subsequent exploits in South America, including practicing medicine under various names in different places, disappearing just in time to prevent extradition from Argentina to West Germany, advising dictators (such as General Alfredo Stroessner of Paraguay, who is of German descent) on such matters as annihilating their local Indian populations; by his outsmarting a youthful female Israeli spy who attempted to seduce him in order to lure him into death or capture, and was herself found murdered; by rumors of his involvement in an extensive drug trade run by Nazis throughout South America; and

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by one survivor as "the most handsome of all in his uniform." Wirths too had a sense of his SS bearing, so that, the same survivor tells us, he always "exaggerated his own perfection [in contrast to] the riffraff down there."²⁶ In other words, Wirths's dignified, authoritative demeanor gave a certain legitimacy, even "grandeur" to the selections.

Wirths's control of selections ultimately controlled him. Dr. Tadeusz S. told me of a revealing incident in which he and Langbein intervened with Wirths after Entress had selected two thousand Jewish patients for the gas chambers. They argued that the patients were healthy and could do good work for Germany. "Wirths was close to crying," and helped Dr. S. to arrange for first eighteen hundred, and finally even the last two hundred, to remain alive. But a few days later, Wirths selected two thousand other people in a different subcamp. Dr. S. concluded: "That was his way of legitimating his work for his bosses, but not in front of Langbein and myself, which was very characteristic . . . for his behavior." Wirths strongly resisted seeing himself (and having others see him) as one who participated in killing. But in fact he did participate in killing, while diligently overseeing the entire killing structure.

What selections epitomized—Wirths's participation and entrapment in the healing-killing paradox—applied to his entire Auschwitz experience.

Personal Experience: Love Letters, Family, and Home

In addition to others' observations on Wirths's behavior, important evidence about what he was *experiencing* at the time, psychologically and morally, is provided both by documents—his own letters to his wife and his father, and his apologia at the end—and by family members who observed him closely.

Like most Nazi doctors, Wirths underwent conflict in Auschwitz but adapted sufficiently to do his work there. A tortured man who efficiently ran the Auschwitz system of medicalized killing, he was remarkable for both the intensity of his conflict and the murderous significance of his work. His doubling, while certainly extreme, was also significantly different from that of other SS doctors, in that there coexisted within him not so much an Auschwitz self and a prior self as two contending Auschwitz selves. On the one hand, he was a loyal and dedicated Nazi with a profound commitment to Nazi versions of the German state and the Germanic race; on the other, a staunch advocate of medical humanity and improved conditions for prisoners. His Nazi-Germanic self committed him to loyal participation in the Auschwitz project; his physician-humanitarian self rendered him a prisoners' advocate. He had to keep the two selves separate from one another, even as he tried desperately to unite them. The wonder—and the general misfortune—is not that his internal structure eventually broke down but rather that it held together for so long.

To an extraordinary extent, Wirths's capacity for any psychological equilibrium depended upon his ties to close family members, especially to his wife. She and their first three children, then very young, were with him in Auschwitz for some months, perhaps almost a year, in late 1943 through September 1944. Before and after that time, over the remainder of his two-and-a-half years in Auschwitz, he wrote frequent long letters to her, letters that were passionate, imploring, and often desperate. He invested his wife and children—and that part of himself bound to them—with a quality of absolute purity and goodness. And he clung to that purity and goodness with the special intensity of a man being consumed by evil.

In his first letter, written on 7 September 1942, just a day after his arrival in Auschwitz, he immediately connects his love and duty toward wife and family with his work in Auschwitz. Referring to the "superhuman" task he must accomplish there, he says that all he does is "for you, my life, my heart, for you and the children"; and that "nothing is impossible as long as I have you, my beloved." Indeed, he renders his Auschwitz task an immortalizing project: dealing with a "wild country that requires much work to be done, much German spirit, energy, and German work." It will be the work "of pioneers, not easy, but it must be done for our children, my angel, for our children."²⁷

He struggles to suppress initial shock and horror and quickly invokes destiny and duty. He associates her "immensely great love" with the "protective inoculations" he requires for the assignment.²⁸ That is, their love is to inoculate him against what he sees and does at Auschwitz.

And once the ordeal is over, "then we will be allowed to be true only to ourselves, my love, and this will be worth the trouble."²⁹ At that time, he will have earned the full joy of their love by completing this Auschwitz responsibility. *Auschwitz becomes associated with an ennobling sense of German mission on behalf of the absolute purity of his wife and children, an immortal mission on behalf of the future.*

In subsequent letters, he pours out an endless series of endearments, including every kind of diminutive of her name: "most beloved wife," "dear soul," "you my whole heart," "beloved little treasure," "little birdy," "little Father Christmas," and "Almighty One." His intensity is accompanied by a certain formality of structure (confirmed by German readers): his endearments are absolute, but his style and phrasing are far from uninhibited. The endearments are accompanied by, and in fact greatly contribute to, his struggle for control.

During the last half of 1943, a major theme in his letters is his joyful anticipation of his family's joining him in Auschwitz. Emanating from the death camp is an almost coy tone of preparation as he describes the removal of piles of debris and the ruins of an old cellar, and tells his wife that "for the last two days a large Kommando has been working in our garden," and that he has found an architect "who makes very nice draw-

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ings [and] good suggestions."⁵⁰ In later letters he looks forward to the roof being put on, the floor being laid, the windows installed, a special plan for the garden; and still later, with the tone of a thoughtful bourgeois husband, he mentions his purchase of "2 whiskbrooms, 1 meat-pounder, 1 children's table, 4 matching chairs, a little footstool, a hobbyhorse." He speaks of feeling "embarrassed" by all the preparations necessary for the house—in regard not to Auschwitz victims but to other SS doctors because three of them have to team up in a single house.⁵¹

When he writes of his "request to erect the fence soon because of the children,"⁵² one wonders how high the fence was to be: only high enough to keep the children in, or much higher so that little or nothing could be seen of the Auschwitz world outside?

He refers delicately to his sexual longing and aims his one expression of violence at anyone who would take house, happiness, and beloved from him ("I would bash in his skull"). It is striking how far he has removed their relationship from his Auschwitz world as he inquires tenderly about her condition, urges her to do the prescribed exercises, and expresses concern about what was apparently a postpartum depression (after the birth of their fourth child) in which she spoke of dying.⁵³

Ever the family man, there is exuberant mention of pictures of the children, of the appearance of the first tooth in one of them, and of prayerful concern about his mother-in-law's health. As if to preserve and contrast that family purity, he speaks of "a disgusting fellow" who has impregnated a woman and refuses to marry her.⁵⁴

A touch of tension emerges as Wirths's wife seems to resist moving to Auschwitz; and apparently referring to her requirements, he explains that it would be impossible to remove the "dirt and disorder" even after the house has been finished. He then quotes a slightly bitter little joke: a comment by his friend Horst Fischer that the house would be ready "probably only when the war is over,"⁵⁵ a joke that turned out to have its own prophetic truth. Their daughter later suggested that, in spite of these urgings, "he did not want her [his wife] to be dragged into this." The Auschwitz side of their relationship was problematic to both, and Wirths's wife later claimed that, when there witnessing her husband's pain at performing selections, she wished to leave but did not because of being told by a confidant that her presence was crucial "if you want to save your husband."⁵⁶ Each was ambivalent about being there, and about the other's being there. But he stayed, and she came.

After she has finally left, there is patter about family events and rituals and much about the vicissitudes of his dogs: Basco who "escapes" through a passage created by a bomb crater under a fence; then a second dog "I just had to acquire"; and still a third. And when the two new acquisitions become ill, "my little room at home is . . . a sick ward." In late November 1944, in the midst of German military disaster, he refers to the goose he has been raising to send to her for Christmas as "fat and

big."³⁷ His tone moves back and forth between that of a rural landowner and a boy away from home rhapsodizing about the delicious cake sent to him?

Finally, in December 1944 and January 1945, his gifts to her become more practical: a "dynamo flashlight," which he tells her how to use, along with other emergency equipment; but also a bottle of champagne as well as hard-to-get food and oil. He asks her to send him his ski boots (for skiing—or for fleeing the advancing Allied armies?).³⁸

Now fearful about the future, he nonetheless speaks of the "good pineapple punch" at his quiet New Year's Eve dinner at the home of Richard Baer (Liebehenschel's replacement as commandant), pours out his love with added intensity, along with mounting anxiety ("I can only sincerely implore the Almighty to let me keep our happiness . . . to preserve us for us!"). And with the Russians approaching, his main concern is that he is unable to get through to her by telephone. Now there are suggestions of death imagery from both sides as he implores (probably in response to her depressed thoughts): "Really, you must not leave me, my all," and adds, "I . . . almost have to die with love and pain of longing."³⁹ With everything collapsing, he clings to a still more totalized love and family immersion to buttress his threatened existence.

In a mid-January letter he drifts into a fantasy of future arrangements for their rural German home: a consulting room separate from living quarters "so that you are less bothered," the telephone placed in the hall with an extension line under the bedroom door. While he seems to be wishing away his plight, he is sufficiently focused on it to go into hiding. On 24 May, after the surrender, he begins to express "my greatest guilt"—not to Auschwitz victims but to his wife and children for having led them "into misery and situations of want." Auschwitz is there but fended off in a claim of moral ignorance: "What is it that I have perpetrated? I do not know." And in early July, from Hamburg, a similar theme, but now restated to suggest he is being persecuted because of the very strength of his love: "Is it a sin that I love you so much . . . ? Has it been hubris that I long for you, my all, my life, and that I bound your fate to mine at any price?" In all this—at least in what he writes to her—Auschwitz is either ignored or at most is no more than an unfortunate source of their pain. In his last letter to her, written on 15 July 1945, he reasserts their love as conquering the death he now anticipates even as that love displaces conscience: "The essence of our life . . . a love that glorifies, understands, knows and overcomes everything."⁴⁰

In Auschwitz too his family had shielded him from everything else. He had written in December 1944 that "when you and the little ones were with me in Au[schwitz], one could feel nothing of the war!"⁴¹ We can be certain that "war" included Auschwitz itself. When enmeshed in family love, that is, Wirths needed feel nothing of killing.

His daughter, whose earliest memories are of Auschwitz, recalled his playing warmly with the children and being "always terribly kind to us."

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Reflecting back on the situation as an adult, she spoke of "these two worlds, his family and this . . . job of his." She felt that his family "was the only thing that kept him going," and that "he desperately needed his family there to keep his sanity." There were certainly problems for Wirths and his wife when she was there: according to Kremer, a confidant of Wirths viewed him as a man who "had all sorts of trouble with his wife and children."⁴² There was always a conflict between his "having his job there and his family who weren't supposed to notice anything." Of course, with his family present, he was able to notice less of Auschwitz. While it is also probably true that there were moments when their presence intensified his awareness of his killing function, even then he could, as we have seen, deflect the target of his potential guilt onto his family, especially to his wife for exposing her to such a place.

Over time, Auschwitz became a kind of home for Wirths, even a sanctuary. Only at Auschwitz could he live with his wife and children, at least for a time; only there could they have a "family home." Commenting on his "sniffing and coughing" in the cold of the camp in late November, he once wrote: "In summer one ought to live in Auschwitz, but in autumn and winter one ought to be at home." In the same letter, he expressed sadness that "a piece of wild romantic life" near Auschwitz would be lost because of the reconstruction of a riverbed.⁴³

He maintained his own domesticity in Auschwitz and wrote sadly to his wife of the death of their dog Basco, who "suffered a lot so I gave him Mo [morphine]," adding, "It is good that he died; he was in the end blind in both eyes."⁴⁴ If one asks how it was possible for Wirths to describe that incident without in any way associating it with Auschwitz selections, the answer is that the psychological function of his "euthanasia" of the dog provided an alternative source of moral concern and thereby increased his numbing toward selections.

And about two weeks before the appearance of Soviet troops, he invoked Auschwitz's advantages as a way of sympathizing with his wife's sense of isolation: "You are right, my love, that here one is in the midst of life, and that you at home . . . can gather no experiences." He then urged her to "come again to me in Auschwitz when the Soviet offensive has ended."⁴⁵ He had also written to his brother Helmut to come to Auschwitz "because it would be more [safe] than in Hamburg." While there was geographical and military truth to that claim (Hamburg was largely destroyed by Allied bombing, and Auschwitz hardly touched), the psychological theme is that of the perpetrators' sense of sanctuary in the place where they have been wielding absolute power over life and death.

Father and Younger Brother

Other family members, especially his father and his younger brother, were also of great importance to Wirths in connection with Auschwitz. The latter, encountering Wirths in Berlin soon after the latter had arrived

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Healing-Killing Conflict: Eduard Wirths

407

the beginning"⁶⁵ (partial criticism of Nazi policy, especially perhaps of mass murder). And also affecting that kind of statement was his sense of other possible readers: prisoners to whom he wanted to convey opposition to Nazi excess, and Nazi authorities before whom he did not want to appear disloyal or treasonous. The letter too was a means of adaptation.

The letters to his wife at the end became more desperate because the adaptation could no longer be maintained: approaching Soviet and American troops were associated not only with danger to his life but with a kind of judgment day. He began to invoke God (his brother said that "he became a religious man in Auschwitz") and also wishful pictures of a quiet, harmonious family and medical future. Threatened with losing everything, his need to merge with his wife intensified ("I only live in you"). And, after leaving Auschwitz, his affirmation of his "good conscience before God and before man"⁶⁶ seems wish rather than conviction. He was then, in his brother's words, "completely broken, a man without hope," not only because Auschwitz had been his downfall but because he had lost the entire structure, including Auschwitz and the Nazi movement, to which he had been adapting. Only guilt toward his family was manageable, which is why he called it his "greatest guilt."⁶⁷

During those last days, he questioned the behavior of his superiors in not having "the necessary courage" that might have enabled them to ease his situation. He was still a man with a crusade, now more tortured, this time to save his own life and his family's future (getting "the other side" to "understand . . . [the] strong constraints on me and all the things that . . . tormented my brain and still torment it"). He was also saying goodbye when he referred to himself as "your Eduard [who] wishes to live and fight only for you and the children and he will be here and with you, with God and you."⁶⁸

In contemplating death, he came a little closer to exploring his Auschwitz behavior. He spoke of the suffering of their people "which had to come after all these years of evil." About himself he was more convoluted, acknowledging profound error and perhaps guilt but still justifying his behavior and invoking a guilt-denying form of religious resignation.⁶⁹

Although his brother Helmut and others had offered to hide him longer, Wirths was apparently ready to go into British captivity in the hope, as he wrote, that "the way I have now begun is righteous in the eyes of God and of my conscience."⁷⁰ The apologia he composed at the time for presentation to Allied authorities was, as we have seen, a mixture of truth, half-truth, distortion, and falsehood, presenting the picture of a man unwillingly called into the SS concentration-camp system where he fought the good fight but was always himself being victimized and "robbed of the fruits of my work." But the claim was in direct conflict with the high evaluations he had always received from his superiors: the Auschwitz commandant's office had praised him for his "soldierly tenacity"; and Lolling, for filling his position "to the most complete satisfac-

until they are so mangled as to confuse their dying screaming striking variation with the highest piece of art

** wall can be said for you are weaker than a cat's paw*

** Dr. For, I felt telling them they are paying for years of evil. Do they think? Is it the smell of evil. The human brain is so*

tion of his superiors." On the basis of such recommendations, Wirths had been promoted in September 1944.⁷¹

Now he ruminated on passages from Nietzsche, such as "Oh, demolishing is easy, but building!"—and on how "finally painful experiences, sad events, lead our heart back to the faith of our childhood."⁷² But he was essentially without hope, spoke frequently to his brother of suicide, and during a last smuggled visit with family members, his brother and wife found him manifestly suicidal. At this point he was in what would clinically be called an agitated depression, accompanied by extreme despair, in which the necessary components for suicide were present: the sense of entrapment and futurelessness, the existence of a prior image of suicide as a possible option in one's life, and the desire to convey an enduring principle best expressed by killing oneself (in his case affirmation of love for his wife and family together with a solution to the tormenting question of guilt).

The British officer's statement that he was shaking hands with a man responsible for the death of four million people activated all three of those components of suicide. Wirths had reason to feel hopeless about any future and to call forth existing suicidal imagery to perform a final act that would spare his family the pain and disgrace of a trial while neither acknowledging nor denying the dimensions of his guilt.

Perhaps the main point to be made about Wirths's suicide was that he committed it *after* all that he had done in Auschwitz. While there, despair was part of his adaptation, part of what has been called a "life of suicide"

* —a life in which the possibility of killing oneself enables one to avoid genuine confrontation with questions of meaning.⁷³ While Auschwitz lasted, nothing in his conflicts prevented him from carrying out his functions in that death camp. In this way his story represents, however exaggeratedly, the overall experience of Nazi doctors in Auschwitz.

Evaluations

We get a deeper sense of Wirths's moral and psychological contradictions—and of their larger significance—by noting the difficulties others had in evaluating both the man and his suicide.

Hermann Langbein, the prisoner closest to him, was said (in a 1946 letter of Lill's about Wirths to Wirths's father) to have "loved him very much and called him his 'fairytale prince' whom, after the war and in a different uniform, he wanted to see again—as a friend."⁷⁴ But Langbein also came to juxtapose Wirths's extremely valuable help to prisoners with the fact that "for two years he had a decisive SS function in the extermination apparatus." Langbein criticized Wirths less for his role in selections, which he considered imposed upon the chief doctor, than for his last-hour, fatal typhus experiments, which Wirths chose to do himself.⁷⁵ In discussing these with me, Langbein spoke of Wirths's actions as reflecting "the total demoralization of all people who worked in Auschwitz in an SS

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uniform"; and in summing up what Wirths did in Auschwitz, Langbein declared, "All I can say is that for us it was good, for him it was probably bad." He told me that he believed Wirths killed himself "because he had a conscience." In public commentaries, Langbein stopped short of definitive moral evaluation, saying on one occasion, "Who wants to be the judge? Who wants to condemn? Not me." Unlike Langbein, Lill was unqualified in his favorable judgment of Wirths, sought to locate him in 1945 in order to help him, and wrote to his wife the following year praising Wirths's "courage and great astuteness" in helping prisoners. Lill called Wirths "our best ally" and declared, "Your husband fought the good battle and he was alone."⁷⁶* That would have been Wirths's own idealized version of his personal crusade.

Other prisoners were considerably less complimentary. Dr. Tadeusz S. told me that "Langbein said he would defend Wirths, and I like Langbein but I said I would testify against Wirths." Dr. Marie L. spoke of Wirths with something approaching disdain. Dr. Jan W., who appreciated Wirths's help but insisted he be included among "the mass murderers," said that Wirths killed himself not as an act of conscience but "because he couldn't face the responsibility [of what he had done]." And Dr. Wanda J., grateful for his help but judging him "a criminal," summed up her view by saying, "Anyhow, he did the decent thing. He killed himself."

Two SS doctors I spoke to considered him an SS bureaucrat. One described him as "correct" and "under the control of the camp commandant." The other considered him a man without much imagination, "rather sterile . . . [and] factual."

And an additional judgment was expressed during a television documentary, by a childhood friend of Wirths trained in law and theology, who was a bitter anti-Nazi. He spoke warmly of Wirths as "among us the most good-natured, softhearted, most capable of pity," but had broken early with him because of their radically different response to the Nazis. In judging father and son, the old friend, who had left the law for theology under National Socialism, put the matter sadly but clearly: "To defend his father I would be the right lawyer. To defend Eduard I would have inhibitions."⁷⁸

Wirths's family members have had to make the most troubled evaluations of all.

His widow tried to cling to a sense of his virtue, avoided any discussions about Auschwitz with the children, and told them "only about personal things." As it became necessary to speak about the subject, she emphasized that Wirths "could do a lot of good, and that they would not have

*In the same correspondence with the family, Lill spoke of Wirths as a man of "rare nobility"; and in one extraordinary letter to Wirths's wife in 1976, Lill, as a dedicated Communist, imagined ideal "human beings of the future" as possessing "the courage, the astuteness, and the self-control" of Wirths, whom Lill "half-jocular[ly]" characterized as "an 'educated Marxist' . . . a comrade Albert Schweitzer."⁷⁷

*Keep them in confusion, do not allow
them general release*

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keep them in confusion, do not allow them general reasoning

The SS was the élite "community within the community," "oath-bound," full of "corps spirit," consistent in its mixture of cruelty and courage. Nazi doctors entering the SS imbibed some of this ethos. Each took the SS oath:

I swear to you, Adolf Hitler—as the Führer and Chancellor of the Reich—loyalty and bravery. I pledge to you and to my superiors, appointed by you, obedience unto death, so help me God!¹⁹—

and thereby became what one observer called an "ideological fighter," whether or not one wore on one's belt buckle (as did ordinary SS men) the SS slogan: "My honor is loyalty" (*Meine Ehre heisst Treue*). That idealism, however eroded by Auschwitz corruption, was a prod for SS doctors in their initial adaptation and part of the ideological call to doubling. We recall Dr. B.'s stress on "faith" in Nazi ideology as a "bridge" to the SS community. That faith in the *Gemeinschaft* became a source of murderous action and a crucial support for the Auschwitz self. For that self was a creation not just of the individual but of the mystical "collective will," the Auschwitz version in fact of the "triumph of the will."

Ordeal and Ethos

Whatever their original recalcitrance toward it, Auschwitz doctors became caught up in the Nazi-German principle of killing as a difficult but necessary form of *personal ordeal*. When asked how he could bring himself to do such terrible things, Heinrich Himmler is said to have referred to the "karma" of "the Germanic world as a whole," for which "a man has to sacrifice himself even though it is often very hard for him; he oughtn't to think of himself."²⁰ Here the killer claims for himself the ordeal of sacrifice. To perform the prescribed ritual slaughter, he offers both himself and his victims to the immortal Germanic people and its hero-deity, Adolf Hitler.

To his high-ranking SS leaders, and on at least one occasion at Auschwitz, Himmler expressed this ethos of killing as an ennobling ordeal. He raised "frankly" the matter of "the annihilation of the Jewish people" and mocked the weak-hearted, even among Party members, each of whom had "his one decent Jew" he wished to save:

Of all those who talk this way, not one has seen it happen, not one has been through it. Most of you must know what it means to see a hundred corpses lie side by side, or five hundred, or a thousand. To

*Thomas Mann captured this principle in his novel *Doctor Faustus* in describing Georges Sorel's pre-First World War *Reflections on Violence* as a precursor of Nazi ideology. Connecting the fate of truth with that of the individual, and indicating for both "a cheapening, a devaluation," *Reflections on Violence* "opened a mocking abyss between truth and power, truth and life, truth and the community," showing that "precedence belonged far more to the community," as truth was abandoned for "community-forming belief."²¹

of a precarious Auschwitz self. Initially revolted by selections, Delmotte felt that they violated his strong SS idealism. His being treated gently by his medical superiors and brought slowly around to doing selections was in keeping with Himmler's dictum of allowance for weakness. I suspect that part of the message conveyed to him by Mengele (as designated head of the "rehabilitation team") was that a true SS officer—a member of the special SS community—takes on, when necessary for his Führer and his race, precisely those tasks he finds repellent. That powerful argument and related pressures held for Delmotte's Auschwitz self—the latter also ironically buttressed by "fatherly" support from his prisoner physician-professor-mentor—only for a year or so until the end of the war. Then, with the collapse of the Auschwitz environment, Delmotte's relatively admirable capacity for guilt, associated with the quick emergence of his humane prior self, undoubtedly contributed greatly to his suicide. But the principle of ordeal on behalf of ethos and community maintained the Auschwitz self sufficiently for Delmotte to perform the deadly task for which he was brought to Auschwitz.*

Here was a vicious circle, in which the very conflicts over killing that may have haunted the Auschwitz self contributed to its sense of ordeal, which in turn diminished further its concern about what it was doing to others. And as the overall ethos took hold in any such Nazi environment, a man could act as he did and promote his Auschwitz self because "it was expected that I do this."²⁹ An incremental tendency might also be present, so that the "ordeal" of the Auschwitz self could gradually be accepted.

Biological Renewal

Nazi doctors were always affected by the unique feature of the revitalization ethos, its focus on biological renewal. They, the medical biologists,

*There are psychological parallels between Delmotte's case and that of the far more prestigious Nazi, General Erich von dem Bach-Zelewski, who headed the *Einsatzgruppen* in Central Russia (see page 159). Himmler took a keen interest in the case of his "favorite general," conferring by telephone with Grawitz, whom he severely chastised for failing to convey a full picture of Bach-Zelewski's condition and for what he considered the doctor's poor psychological treatment.²⁶ Nonetheless, the general recovered sufficiently that a few months later he was back killing Jews as the newly appointed overall chief of anti-partisan formations in Russia. His breakdown had been in early March 1942. In September of that year, he wrote to Himmler recommending himself for the new position as the most experienced higher police leader.²⁷ Bach-Zelewski had a reputation, even within the SS, for his unusual brutality in such activities as putting down the Warsaw rebellion.

As solicitous as Himmler was of Bach-Zelewski during his illness, the Reichsführer bristled when the general, at the time of his breakdown, asked whether the killing of Jews might be stopped in the East, and replied angrily, "That is a Führer order. The Jews are the disseminators of Bolshevism. . . . If you don't keep your nose out of the Jewish business, you'll see what'll happen to you!"²⁸ For one who collapsed under his ordeal, sympathetic therapy was the order of the day—until he could resume that ordeal. Sympathy stopped when the policy behind the ordeal was questioned. We may strongly suspect that both Bach-Zelewski and Delmotte internalized the desire to harden themselves by SS standards as a means of recovering from psychological breakdown.

See
p. 159

✱

✱ a page on Bach-Zelewski's internal processes.

practitioners of the science of life and life processes—as biologically ordained guides to their own and the world's biological destiny. Whatever their hubris, and whatever the elements of pseudo science and scientism in what they actually did, they identified themselves with the science of their time.

They drew upon that science, however, in an apocalyptic, wildly romantic fashion. Hence the merging of the death-haunted, Wagnerian "twilight of the gods" with the most absolute positivism. Whatever the visionary absurdities in projected killing and healing, the logic of science was always, at least in Nazi eyes, close at hand. This combination, apparently manageable in the abstract, required considerable mental effort when acted upon in places like Auschwitz. That combinatory effort was an important struggle of the Auschwitz self, a struggle made possible by the claim of return to the solid ground of science from the most far-flung, romantic stratosphere. The insistence upon rationality and science was as vehement as it was precarious.

The contribution of the actual scientific tradition to this ethos was exemplified by the quintessentially German figure of Ernst Haeckel, that formidable biologist and convert to Darwinism who combined with ardent advocacy of the *Volk* and romantic nationalism, racial regeneration, and anti-Semitism.* He was to become what Daniel Gasman has called "Germany's major prophet of political biology."³⁵ Nonscientific visionaries could combine their Haeckel with occultist racial views of a kind that undoubtedly inspired Hitler and other high-ranking Nazis. Haeckel himself moved in the latter direction when he embellished his own anti-Semitism with a claim that Christ's merits derived from the fact that he was only half Jewish.†

Haeckel embraced a widely held nineteenth-century theme (found in the English naturalist Alfred Wallace, though not as specifically in Darwin) that each of the major races of humanity can be considered a separate species. Haeckel believed that varied races of mankind are endowed with differing hereditary characteristics not only of color but, more important, of intelligence, and that external physical characteristics are a sign of innate intellectual and moral capacity. He, for instance, considered "woolly-haired" Negroes to be "incapable of a true inner culture and of a higher mental development." And the "difference between the reason of a Goethe, a Kant, a Lamarck, or a Darwin, and that of the lowest savage . . . is much greater than the graduated difference between the reason of the latter and that of the most 'rational' mammals, the anthropoid apes." Haeckel went so far as to say, concerning these "lower races," that since they are "psychologically nearer to the mammals (apes and

*Haeckel was a constantly cited authority for the *Archiv für Rassen- und Gesellschaftsbiologie* (Archive of Racial and Social Biology), which was published from 1904 until 1944, and became a chief organ for the dissemination of eugenics ideas and Nazi pseudo science.

†More precisely, Christ's true father was, according to Haeckel, a "Roman officer who had seduced Mary."³⁶

dogs) than to civilized Europeans, we must, therefore, *assign a totally different value to their lives*" (italics added).³⁷ The Auschwitz self could feel a certain national-scientific tradition behind its harsh, apocalyptic, deadly rationality.

In all these ways, Nazi-German ideology and ethos could create in the Auschwitz self an individual form of belief resembling that of primitive people in witchcraft: "The web [of this belief] is not an external structure in which he is enclosed . . . [but] the texture of his thought and he cannot think that his thought is wrong. Nevertheless, his beliefs are not absolutely set but are variable and fluctuating to allow for different situations and to permit empirical observations and even doubts."³⁸

Numbing and Derealization

The Auschwitz self depended upon radically diminished feeling, upon one's not experiencing psychologically what one was doing. I have called that state "psychic numbing," a general category of diminished capacity or inclination to feel. Psychic numbing involves an interruption in psychic action—in the continuous creation and re-creation of images and forms that constitutes the symbolizing or "formative process" characteristic of human mental life. Psychic numbing varies greatly in degree, from everyday blocking of excessive stimuli to extreme manifestations in response to death-saturated environments. But it is probably impossible to kill another human being without numbing oneself toward that victim.³⁹

The Auschwitz self also called upon the related mechanism of "derealization," of divesting oneself from the actuality of what one is part of, not experiencing it as "real."* (That absence of actuality in regard to the killing was not inconsistent with an awareness of the killing policy—that is, of the Final Solution.) Still another pattern is that of "disavowal," or the rejection of what one actually perceives and of its meaning. Disavowal and derealization overlap and are both aspects of the overall numbing process. The key function of numbing in the Auschwitz self is the avoidance of feelings of guilt when one is involved in killing. The Auschwitz self can then engage in medicalized killing, an ultimate form of numbed violence.

To be sure, a Nazi doctor arrived at Auschwitz with his psychic numbing well under way. Much feeling had been blunted by his early involvement with Nazi medicine, including its elimination of Jews and use of terror, as well as by his participation in forced sterilization, his knowledge of or 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 death camps such

*Alexander and Margarete Mitscherlich stress the widespread pattern of derealization among Nazis in general, both during their time in power and afterward.⁴⁰

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of the kind of continual involvement of the self in experiences that would ordinarily produce lots of feeling (see footnote on page 161).

Killing without Killing

The language of the Auschwitz self, and of the Nazis in general, was crucial to the numbing. A leading scholar of the Holocaust told of examining "tens of thousands" of Nazi documents without once encountering the word "killing," until, after many years he finally did discover the word—in reference to an edict concerning dogs.⁴³

For what was being done to the Jews, there were different words, words that perpetuated the numbing of the Auschwitz self by rendering murder nonmurderous. For the doctors specifically, these words suggested responsible military-medical behavior: "ramp duty" (*Rampendienst*) or sometimes even "medical ramp duty" (*ärztlicher Rampendienst*) or "[prisoners] presenting themselves to a doctor" (*Arztvorstellern*). For what was being done to the Jews in general, there was, of course, the "Final Solution of the Jewish question" (*Endlösung der Judenfrage*), "possible solutions" (*Lösungsmöglichkeiten*), "evacuation" (*Aussiedlung* or *Evakuierung*), "transfer" (*Überstellung*), and "resettlement" (*Umsiedlung*, the German word suggesting removal from a danger area). Even when they spoke of a "gassing Kommando" (*Vergasungskommando*), it had the ostensible function of disinfection. The word "selection" (*Selektion*) could imply sorting out the healthy from the sick, or even some form of Darwinian scientific function having to do with "natural selection" (*natürliche Auswahl*), certainly nothing to do with killing.

The Nazi doctor did not literally believe these euphemisms. Even a well-developed Auschwitz self was aware that Jews were not being resettled but killed, and that the "Final Solution" meant killing all of them. But at the same time the language used gave Nazi doctors a discourse in which killing was no longer killing; and need not be experienced, or even perceived, as killing. As they lived increasingly within that language—and they used it with each other—Nazi doctors became imaginatively bound to a psychic realm of derealization, disavowal, and nonfeeling.

As one gradually became habituated to Auschwitz, the Auschwitz self internalized its own requirements. Group support for the adaptation was always present, and life there became "like the weather," except more predictable: part nature, an enveloping reality. When Dr. Magda V. told me, "The thing was, there were never very many Germans around," she was not only commenting on the small number of SS personnel needed to control the camp but also suggesting a sense of automated natural power. As the Auschwitz self enabled a Nazi doctor to go on selecting, with his assistants taking care of all the details and inmates keeping records of all that took place in the camp; as transports arrived and the crematoria smoked; as winter gave way to spring and spring to summer—if the Auschwitz self did not exactly feel that "God is in His heaven,"

own death anxiety. The polarity took on grotesque dimensions in Auschwitz, as Nazi doctors called forth feelings of omnipotence and related sadism on the one hand, and of impotence and sometimes masochism on the other, in order to quiet this death anxiety.

It is difficult for most of us to imagine what it means psychologically to experience the degree of power over the lives and deaths of others held by the Auschwitz self. A prisoner doctor tried to make a similar point in speaking of Nazi doctors as "holding a [form of] power superior to that of the Roman emperors." While the omnipotence was supposed to be limited by policies from above—weak prisoners were to be killed and stronger ones preserved—in actuality the mood or whim of the SS doctor could determine the prisoners' fate. That omnipotence was extended to unlimited manipulative use of the bodies of prisoners, especially Jews, in connection with medical experiments: again a cruel caricature of ordinary patterns touching on omnipotence that can be present in authentic medical researchers.

The omnipotence was given still another dimension by the general degradation of prisoners and by their desperate efforts in camp selections to create the appearance of strength: struggling to march or run vigorously when actually close to death from starvation, stuffing their clothes in order to look more robust, or finding something with which to color their cheeks or lips and hide their extreme pallor. Moreover, both omnipotence and degradation become themselves routine, so that the Auschwitz self came to require them for its function.

Death Control

Yet these all-powerful figures seemed fearful. "They were terribly afraid of death [as Tadeusz S. observed]. The greatest murderers were the greatest cowards." And they appeared "petrified" (as Marianne F. put it) of possible infection and went to extremes to avoid potentially contagious inmates.* There is no doubt that the omnipotent stance of the Auschwitz self clearly served the psychological function of warding off its own death anxiety. Having renounced the commitment to healing which can protect one from some of that anxiety, one had constant need for omnipotence.

I have noted repeatedly how omnipotence merged with sadism: Mengele's "special kind of smile" while performing selections undoubtedly included pleasure in others' suffering. But the suffering inflicted with a constant threat of death can be understood as a maximal expression of

*The sick people to be avoided were mostly Jews, of course, precisely the agents of alleged "contamination" of the entire Nordic race. The Nazis combined these levels of contamination in their slogan "Jews, lice, typhus!" The avoidance of Jewish patients by a Nazi doctor was both a self-fulfilling prophecy (the Nazis forcing Jews into situations where they developed typhus so that they really became infectious and dangerous) and a newly vivid metaphor which could further cement the Nazi doctor's constellation of omnipotence and impulse to victimize Jews.

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