

Lives Not Worthy?

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My father and uncle fled Czechoslovakia the day before Hitler invaded in March 1939. They traveled as undocumented migrants through southern Europe and found refuge in British occupied Palestine. Their parents and 24 year old sister remained, suffering the loss of their civil rights, seizure of their property and starvation, and were murdered at Auschwitz, probably in 1944. Prior to her death, their sister Ilse suffered gruesome torture in the guise of medical experimentation directed by Dr. Josef Mengele.

Mengele received doctorates in anthropology and medicine and joined the Nazi Party in 1937 and the SS in 1938. He was assigned to Auschwitz in 1943, where, in addition to deadly human experiments, he selected arrivals to be immediately killed or used for slave labor. After the war, he fled to Argentina, and drowned off the Brazilian coast in 1979.

I grew up viewing Mengele as a cruel monster. But I later learned that he was quite typical of most German doctors, and that his concentration camp experiments were the culmination of a long series of inhumane acts by Nazi physicians.

These acts were so profound that after the 1946 trial of Nazi leaders in Nuremberg, 23 doctors were charged with war crimes and crimes against humanity, including exterminating the mentally ill and handicapped, and conducting cruel experiments with non-consenting prisoners.

Much has been written about Nazi medical experiments and this trial's impact on medical ethics and protecting human research subjects, but today I am going to focus instead on the roots of Nazi medicine, how it evolved, the sources of its popularity, and the essential role of doctors in developing and implementing broader Nazi policies. I will explain that Nazi racial policy emerged from the scientific community rather than imposing itself upon it, and that many Nazi programs were based on models from the United States.

The doctors at Nuremberg were a small subset of a corrupted German medical profession, which prior to 1933 was the most prestigious in the world. Nazi ideology was popular and even ordinary among German doctors, who were responsible for both planning and implementing genocide. They ran the sterilization and euthanasia programs, selected individuals for extermination, and falsified death certificates. Nurses assisted in these acts. Health care professionals had central roles as state executioners.

In 1929, the National Socialist Physicians' League was formed to purify the medical community of so-called 'Jewish Bolshevism.' Six percent of doctors joined the league before Hitler came to power in 1933. Doctors joined the Nazi party earlier and more frequently than any other profession. By 1942 half the doctors in Germany had joined the party, compared to 9 percent of the general population. Physicians also joined the elite SS at a rate 14 times higher than other Germans, giving them ultimate control over life and death.

Did they have a choice? In German-occupied Netherlands, doctors actively resisted collaborating with the Nazis, even after 100 were shipped to concentration camps. Leo Alexander, an American psychiatrist who testified for the prosecution in Nuremberg, stated:

“It is obvious that if the medical profession of a small nation under the conqueror’s heel could resist so effectively, the German medical profession could likewise have resisted...”

A.C. Ivey, another prosecution medical expert, stated:

“Had the profession taken a strong stand against the mass killing of sick Germans before the war, it is conceivable that the entire idea and technique of death factories would not have materialized.”

A few German doctors did resist, mainly socialists and communists, but they were rare.

So why was Nazism so popular among German physicians? Well, they were mainly conservative, attracted to racism as a biological concept, and intrigued by medicalizing many societal problems. Jews were disproportionately represented among German doctors in Berlin and in academic positions. The expulsion of these Jews from their jobs starting in 1933 was in the economic interests of Nazi physicians, as the number of Jewish doctors was similar to that of unemployed non-Jewish physicians.

The Nazi medical profession grew, with higher salaries and status. Nazis supported research in ecology, public health, preventive medicine, cancer, human genetics, and criminal biology. They banned smoking in public buildings, supported midwifery, homeopathy, and diets high in fruit and fiber.

Hitler was described as 'Doctor of the German People.' Jews, homosexuals, Roma and communists became illness personified. Nazis referred to their political system as “applied biology.” Medical faculties became the premier academic disciplines, and physician participation lent legitimacy to Nazi policies. In 1943, SS leader Heinrich Himmler ordered that only physicians trained in anthropology could perform selections for the gas chambers.

But this story starts earlier. From the mid-19th century, German physicians felt more responsible for the 'health of the nation' than for individual patients. After World War I, there was rising concern about the cost

of 'defective' and 'inferior' people to society. In 1920, a popular pamphlet entitled *The Sanctioning of the Destruction of Life Unworthy of Living* lamented "what a tremendous amount of capital was being withheld from the gross national product in terms of food, clothing and heat -- all for an unproductive purpose." This pamphlet's main criteria for killing were "lack of productive output," a "state of complete helplessness" and "needing the care of others."

So-called 'racial hygiene' classified superior and inferior races and sought long term preventive care for the German germ plasm. Most of the many university institutes and journals in racial hygiene were established in Germany well before the Nazis came to power.

The 3 main Nazi racial hygiene programs that I will describe were sterilization, the Nuremberg Laws, and euthanasia, and doctors played central roles in all of them.

The 1933 "Law for the Prevention of Progeny of Hereditary Disease" prohibited reproduction of persons deemed "genetically inferior." Doctors were required to register all cases of hereditary illness. A "Genetic Health Court" of one judge and two physicians decided on forced sterilization. The 400,000 sterilization victims included 5,000 deaths, mainly women. Most were German gentiles diagnosed as "feeble-minded," followed by schizophrenia and epilepsy.

Nazis praised other nations with compulsory sterilization laws, like the United States, which they admired as global leader in "race law." Before 1933, the U.S. led the world in forced sterilizations. Eugenics, popular in America and England, sought to improve humanity by limiting reproduction of inferior people and promoting it among the superior. German racial hygienists before the Nazis admired America's achievements and warned that unless Germany made progress, America would become the world's racial leader. Over 65,000 Americans were sterilized under these programs, in some cases into the 1980s.

Eugenics was also popular in Canada, where forced sterilization of psychiatric patients was enacted in Alberta in 1928 and in British Columbia in 1933. Alberta sterilized nearly 3000 and British Columbia up to 400 people through the early 1970s. First Nation peoples were disproportionately affected.

In Germany, though forced sterilization was annulled in 1945, victims received no restitution and were not viewed as Nazi casualties. Meanwhile, among so-called 'healthy Aryans,' sterilization and abortion were illegal under the Nazis, and birth control was severely curtailed.

The Nuremberg Laws of 1935 were the 2nd racial hygiene program, excluding Jews from citizenship and preventing marriage or sexual relations with non-Jews. These were considered public health measures, administered by physicians. The U.S. was admired for its racial policy, where anti-black statutes were stricter

than the Nuremberg laws. In parts of the U.S., a person with 1/32 black ancestry was considered black, while in Germany one could be 1/8 Jewish and still be called Aryan. American laws restricting black-white marriage and other racist statutes were frequently cited in Germany. The Nazis also applauded the extermination of the 'inferior' Native Americans.

Nazi medical journals praised the exclusion of African Americans from the American Medical Association, and this segregation continued until 1965. In turn, the AMA praised Hitler's eugenics program.

In 1941, a prominent doctor, discussing children with intellectual disabilities, called for...

“euthanasia for those hopeless ones who should never have been born--Nature's mistakes... These should be relieved of the burden of living, [which] at no time can produce any good thing at all.”

This quote was from the leading American neurologist Foster Kennedy in 1941. He argued that severely retarded children over 5 should be killed.

In August 1939, the 3rd Nazi racial hygiene law obligated doctors and midwives to register newborns with deformities. Two pediatricians and a child psychiatrist reviewed these reports and decided on life or death. Hitler empowered physicians to kill “patients considered incurable according to the best available human judgment of their state of health.” The term 'euthanasia' was a euphemism for exterminating the mentally ill and handicapped.

Over 70,000 killings occurred at 6 'euthanasia' centers between 1940 and 1941, with detailed records kept of financial savings. In 1941, the staff at the Hadamar death center celebrated their 10,000th death with beer and wine served in the crematorium. Although the official 'euthanasia' program ended in 1941, killings continued in some asylums weeks after Allied occupation.

In July 1945, the prominent neurologist Julius Hallervorden showed his collection of brains to Leo Alexander, the American psychiatrist. Hallervorden said that he requested brains from euthanasia victims because:

“There was wonderful material among these brains, beautiful mental defectives, malformations, and early infantile disease. I accepted these brains, of course. Where they came from and how they came to me was really none of my business.”

The Hallervorden brains were used for research until 1990, when they were finally buried in a Munich cemetery. Many came from children murdered on a single day in October 1940, when Hallervorden was allegedly present. Hallervorden succeeded a dismissed Jew as head of the neuropathology department of the

Kaiser Wilhelm Institute for Brain Research in 1938. After the war he continued his research and died unprosecuted in 1965.

Up to 250,000 handicapped people were killed during World War II, and of the pre-war German psychiatric hospital population, only 15% survived. Most families accepted their relatives' murders, usually with false diagnoses. These killings freed up hospital beds for war casualties. Yet even before 1933, there was concern with the rising costs of psychiatric care and a perception of "growing numbers of hopelessly disabled people who consume so much of the gross national product."

Popular Nazi school math textbook problems included: "The construction of a lunatic asylum costs 6 million marks. How many houses at 15,000 marks each could have been built for that amount?" Another exercise was "how many new housing units could be built and how many marriage allowance loans could be given to newly wedded couples for the amount of money it cost the state to care for the crippled, the criminal and the insane?"

The decision to exterminate Jews and others in gas chambers in 1942 came from prior experience with euthanasia. Killing equipment was moved in 1941 to the concentration camps, and the same doctors, nurses and technicians followed close behind. The 'euthanasia' program was the beginning of the larger medicalized genocide.

Only a handful of Nazi doctors were tried, and many were pardoned after brief sentences. Most remained in their esteemed positions. Many post-war German medical leaders were Nazis. German doctors systematically blocked internal discussion of their complicity with Nazi crimes until 1980. As of 1990, tissue samples from Holocaust victims were still being used at German medical schools.

In 1949, Leo Alexander warned of the dangerous precedent of harsher, dehumanizing attitudes towards the chronically ill and handicapped, starting with the view...

"that there is such a thing as life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included... was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans."

In the United States of 1949, Alexander cautioned that

"...the attitude of easing patients with chronic diseases away from the doors of the best types of treatment facilities available to the actual dispatching of such patients to killing centers is a long but nevertheless logical step..."

Some current events make these warnings compelling today, and I include just a few:

- In 2017, the physician CEO of the Mayo Clinic announced a preference for privately insured patients over those with Medicaid, one of many examples of increasing disparities between the health care available to the rich vs. the poor. And most of the 16 current physician members of the U.S. congress have endorsed policies that increase harm to those in need. Are the lives of the poor less worthy?
- We have seen increases in harsh, dehumanizing immigration enforcement, including border patrol agents who separate families, intern them in concentrations camps they call detention centers, and slash water bottles left for migrants in the desert. Other policies have made immigrants fearful of getting needed health care. Are immigrants' lives less worthy?
- Just last week, a Knoxville, Tennessee pastor said in a sermon that LGBT individuals were "freaks" and "worthy of death."
- And the language we hear from the highest levels of government is growing in divisiveness and devalues the lives of people based on race, religion, and nationality. [PAUSE]

William Seidelman, a Canadian physician, tells of the Greek island of Kos, the birthplace of Hippocrates, where many physicians travel to retake the Hippocratic Oath at the temple of Aesculapius, the Greek god of medicine. Seidelman reflects:

"An oft-visited site in the town of Kos is an ancient plane tree where... Hippocrates taught under its branches. Seeds from... [this] tree... have been distributed around the world... to disseminate the Hippocratic spirit.

In the summer of 1944, Kos was occupied by the German military. On July 23, the 120 Jews of Kos were assembled at the harbor, near the plane tree of Hippocrates. From there they were transported to the Greek mainland, and from there they were conveyed by train to Auschwitz.

Upon arrival at the rail siding in the Birkenau complex, the Jews of Hippocrates' birthplace were met on the ramp by the professional descendants of Hippocrates. Those licensed SS physicians who had been selected to select made a diagnosis on each of the Jews of Kos that he or she was a 'useless life' and should receive the 'Great Therapy of Auschwitz,' which was death in "The Central Hospital' of Auschwitz. There, they all perished.

Seidelman continues: Today the island of Kos and the empty synagogue of Kos, which adjoins the plane tree of Hippocrates, symbolize the spiritual crisis of medicine arising from the Holocaust; a crisis that medicine has failed to recognize, let alone resolve."

Can we recognize current warning signs of harsh and dehumanizing attitudes toward immigrants, the poor and powerless, with increasing racism and economic disparity? Can we awaken our compassion and embrace the whole human race?

I firmly believe that although the arc of the moral universe may be long and sometimes dark, it will bend toward justice. The first principle of Unitarian Universalism calls for the inherent worth and dignity of every person. Together, we can make it so.