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When Evil Met Science: Nazi Medicine and Eugenics

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When Science Meets Evil: Nazi Medicine and Eugenics

Nazi medicine and the Holocaust have always been intriguing subjects to me. Even though they are filled with evil and corruption, I have always been interested in trying to understand the mentality of the killers involved. This research project has allowed me to learn about the history of the eugenics movement and the key factors involved in its popularity in Germany. While some followers truly believed in the idea of racial cleansing, others were more enticed by the power, money and fame that came along with the positions involved with the movement. Citizens were willing to give up their opinions and freedoms in return for a more stable country instead of the disintegrating pieces left after World War I. I have particularly found the physician's behaviors to be especially captivating. I am planning on attending medical school, which has caused me to have a strong yearning towards discovering the ideologies of the physicians involved in the killings.

Physicians were considered "angels of death" during the Nazi regime. Before this time period, the public sought out the help of doctors for healing and advice. Just before and during World War II, the physicians became a symbol of death. Doctors were submerged and implicated within every killing operation carried out by the Nazis. The younger physicians usually worked the gas chambers, while the more experienced doctors would work in offices, falsifying records and manipulating families. Their motives varied, but it seems that most of them believed they were conducting their biological duty. The government needed them to rid the world of impurities and they

could not turn their back on ostensibly patriotic duties. Longings for power, money and status were usually veiled beneath the love for their country. The only conclusion that I can establish for the physicians' actions is that they were either purely evil or they made themselves believe enough in the Nazi movement that to them, ridding the world of the "mutant species" was indeed necessary. I cannot fathom money and power being the only motivators, yet they did centrally play a strong role in intensifying the movement.

As I reveal the history and genealogy of these ideas, I strive to maintain a neutral tone and perspective. I do not agree and I do not have sympathy for these killers, but throughout this project I sought to understand the origins of this cruelty, and I wanted to give the same options to the reader. Working through the history and the evolution of the ideas led me to a greater understanding of how the pieces fit together for the German government to successfully complete their large-scale exterminations. The perfect amounts of evil, corruption, madness and brilliance seemed to intertwine and come together to build a functional team of killers. If these ideas and conditions can be understood more clearly, then perhaps the human population can try to recognize and avoid any future genocides or boundless murders.

During World War II, millions of innocent people were murdered in Nazi Germany. For Hitler and his followers, having a pure race meant having a strong, unified country, and Germany took this idea to extreme and disturbing lengths. Corruption filled the government at all levels. As physicians were the only people authorized to run the gas chambers, traditional healers became death symbols. The Nazis and their physicians used their power to manipulate and murder for the collective goals of the country, as well as the personal gains that came with the high-end job titles.

The origin of Nazi eugenics can be traced back to Charles Darwin's publication of *On the Origin of Species* in 1859. Illustrating the idea of natural selection, Darwin's book rationalized how certain traits in a population become more or less abundant, depending on how the trait affected the organism. If a trait was beneficial, it was more likely that these organisms would produce and sustain viable offspring. These traits would then be passed on, enabling future generations to express these desirable characteristics. If the trait was undesirable for an organism's survival and reproduction, then it was less likely that these traits would be passed on, as they would eventually diminish from the population. Over time, this causes the population to acquire more beneficial traits and leads to preferred evolution of the species.

Selective breeding is the process by which ideal traits are chosen, along with the corresponding mating partners, for the optimal expression of the desired characteristics. Farmers used this process in abundance to create hybrids and different strains. If two crops with different beneficial traits were crossed, the outcome would ideally be a superior crop. Crops that were tastier, larger and hardier possessed characteristics that allowed them to withstand harsh environments. Being able to choose desired crops permitted farmers to adapt the plants to their needs. This method was also a common practice with livestock. Cattle that were larger would be chosen as mating partners in hopes of producing larger offspring that would ultimately give the farmer more money. The idea of choosing ideal mates was used in the eugenics movement to foster superior races by promoting the breeding of the individuals who were deemed superior.

Scientists began using Charles Darwin's data and theory as evidence for directing the evolution of human populations. Francis Galton, strongly influenced by the ideas of

his cousin, Charles Darwin, is known as the founder of eugenics, coining the term in 1883. He believed that people are influenced by their genes and their environment, with genes playing the most influential role in what traits the individual would express (“Galton, Francis,” 2008). Welfare and aid to weaker populations mitigated against natural selection. It was thought that naturally these individuals would not be able to survive on their own and that over time, their negative traits would die out in the population. The most well adapted individuals would be the most likely to survive and therefore pass on their superior traits while leading the nation to become more superior overall. This idea, which became known as Social Darwinism, took Charles Darwin’s ideas and put them into a social and political context. Social Darwinism became the main justification used during the eugenics movement for sterilization and later euthanasia.

Galton developed questionnaires in order to assess an individual’s intelligence by using a score, which were then used to rank different races and families (“Galton, Francis,” 2008). He concluded that the people who scored the highest on his examinations were superior and therefore should reproduce the most frequently since characteristics such as intelligence were passed on through genes (“Galton, Francis,” 2008). This practice would lead the country to have a smarter, stronger population leading to a superior nation overall.

Experiments continued in order to gain further evidence in support of categorizing superior and inferior populations. The Italian criminologist Cesare Lombroso used criminals as his research subjects (Sills, 1968). *The Criminal Man* was his most popular set of papers, which illustrate his data of anatomical measurements of the faces and skulls of criminals. He used this data to group together the characteristics that a criminal

possessed. As well as physical features, physiological and social roles could also define an individual as a possible criminal (Sills, 1968). He argued that these individual's phenotypes and behaviors matched those of primates and he concluded that criminals were stuck in an earlier stage of evolution (Sills, 1968). Later, in his research he extended this designation to the handicapped, to individuals in lower classes, and to gypsies (Friedlander, 1995). All of these groups were later targeted by Nazi Germany.

In 1905 the German Society for Racial Hygiene was founded by Alfred Ploetz. Like many other scientists of his era, he wanted to find a method to save his country from rapid growth and overpopulation ("Deadly Medicine", 2004). He followed Lombroso's ideas closely and agreed that anatomical features dictate a person's social behavior and he used these ideas to dissect brains of executed criminals ("Deadly Medicine", 2004). Ploetz was also the first to use the phrase racial hygiene as an alternative way to describe eugenics ("Deadly Medicine", 2004).

Charles Davenport, another key figure in the advancement of the movement, became a prominent leader in the eugenics movement in America and founded the Eugenics Record Office in 1910. He believed that marriage partners should be chosen in order to increase the possibility of having offspring with "positive" characteristics (Davenport, 1910). He explains his beliefs in his book *Eugenics: The Science of Human Improvement by Better Breeding*, which was published in 1910: "So definite and certain is the result of the marriage of two imbeciles, and so disastrous is the reproduction by an imbecile under any conditions that it is a disgrace of the first magnitude that thousands of children are annually born in this country of imbecile parents.." (p. 15). He believed that

if people with “negative” traits would stop passing on their genes, than a super human race would ultimately evolve and flourish.

Once these experiments gained support, scientists started developing intelligence tests that were more complex than Galton’s. Alfred Binet developed the IQ test in order to have a more accurate way to measure intelligence (Friedlander, 1995). These tests were given to large groups of people, many of whom were new immigrants that could not speak or read English. The data was then pooled and ranked humans by race, class and ethnicity (Friedlander, 1995). In America, this data was used as scientific evidence to support ranking individuals based on these classifications. Based on these scores, Binet concluded that immigrants and African Americans were inferior (Friedlander, 1995).

By the turn of the century, the eugenics movement was widespread. The first meeting of the International Eugenics Congress in 1912, united many countries to discuss how to move forward with eugenics (Kühl, 2002). The attendees discussed topics including legislation, positive eugenics, and how to stop inferior individuals from reproducing. After this congress, national eugenic associations became more abundant and an international eugenics committee was established to support nations in their eugenics movements (Tanner, 2012).

Policy makers soon began using the data from these ongoing experiments to create laws in support of increasing a superior population. In 1907 Indiana passed the first sterilization laws, with many of the states following close behind. The Johnson Act was passed in the United States in 1924, which restricted immigration because Europeans were deemed inferior.

Germany's eugenics movement closely mirrored that of the United States, although the Germans were slightly behind American developments until World War I. Géza Von Hoffman published a book about the acceptance of the eugenics movement in America while residing in California which subsequently became the framework for the extensive eugenics movement in Germany (Kühl, 2002). He also regularly reported the latest advancements to Germany, where the information was utilized to enhance its own projects (Kühl, 2002).

Even though many countries around the world pushed for racial purity, Germany took the eugenics movement to the extreme. Before World War I, many nations used "positive" eugenics to propel the movement forward (Kerr, 2002). Positive eugenics is the idea that superior individuals should reproduce more frequently, while negative eugenics supports the notion that inferior populations should be discouraged from passing on their genes (Kerr, 2002). After Germany's defeat in WWI and nationalism became popular, the country sought to be stronger and more unified; one solution was to promote an increase in the so-called master race population.

Germany faced devastating economic troubles after World War I, which shifted how the country's resources were allotted. The country needed to conserve its resources and many people believed that those resources were being wasted on the disabled and poor populations. Forcing these populations into asylums, regardless of their mental

health, resulted in overcrowding and caused physician to patient ratios to deteriorate (Kerr, 2002). Officials were also starting to see a pattern with the wars. The best men were sent away to die for their country, while the people rejected by the army stayed in Germany to produce more offspring. This led people to push for further reproductive restrictions upon the populations turned down by recruiters (Kerr, 2002).

Soon the disabled were being portrayed as a burden and people began regarding them as shameful. Children were being taught math skills using problems demonstrating that the disabled needed more resources than the “normal” population and therefore money and food should not be wasted on them, but rather given to others in need (Kerr, 2002). People with learning disabilities or mental health problems were dehumanized and categorized with criminals while the Jewish population started to become known for being prone to degenerative problems (Kerr, 2002).

Shortly after the war, Karl Binding and Alfred Hoche published *The Permission to Destroy Life Unworthy of Life* where they argued that if a person is a burden to themselves or to society then euthanasia is justified, regardless if consent is given. Binding and Hoche maintained that the person was suffering internally, and therefore euthanasia was portrayed as the most merciful outcome for such individuals. The authors proceeded to describe the measures that needed to be taken in order to implement the merciful killing. A committee of physicians would make the decisions, and even if human error was involved, it would not outweigh the greater social value (Kerr, 2002). Moreover, these merciful killings would not only reduce the money spent on keeping these individuals alive, they would also open a whole new door to research possibilities (Kerr, 2002). Shortly, these extreme ideas were not uncommon. In 1925, Ewald Meltzer

conducted a survey that asked parents questions regarding euthanasia of their unfit children. To his surprise, 73% agreed that they would willingly allow the killing of their offspring if the child had serious intellectual problems (Kerr, 2002).

Supporters of the eugenics movement were widespread and included politicians, government officials, educators and physicians. That same year, the German League for National Regeneration and Heredity was formed to provide education about eugenics to the middle class. “National regeneration” was their “positive” message reaching large numbers of people through televisions, pamphlets and fliers circulating throughout Germany. Eugenics offered hope to the people that the bad times could be over if they united to produce a superior nation (“Deadly Medicine”, 2004). Eugenics entered the curriculum in Biology classes; medical schools offered a full section of courses. Thus both the young and the medical professionals were expected to understand the ideas and to begin implementing them in their own lives and careers.

Following the economic crisis in 1929, government officials pushed for sterilization laws (“Deadly Medicine”, 2004). Budgets for mental hospitals and jails were cut but the eugenics advocates were not yet satisfied. They reported the success of sterilization in America in an effort to increase support of the procedure in Germany. Soon health care was reevaluated and only given to people who were deemed superior. Individuals advised not to pass on their genes were likely to be denied health care. Providing health care to the weak meant that doctors were aiding their survival and impeding the natural selection process.

The first sterilization laws were implemented only five months after Hitler became chancellor of Germany. Instead of leaving the choice of reproduction in the

hands of the unintelligent, the government made the decision to stop inferior individuals from reproducing. Starting in 1934, sterilization was performed on over 1.2 million individuals who “needed” the procedure (“Deadly Medicine”, 2004). Surprisingly, these laws faced little opposition. As the government promised positive outcomes, the people not being targeted grew optimistic about having more resources for their family instead of seeing them wasted on support for new yet unfit individuals (“Deadly Medicine”, 2004).

People selected for sterilization were situated within nine categories: Feeble-mindedness, schizophrenia, manic depressive, epilepsy, Huntington’s chorea, blindness, deafness, physical deformities and alcoholism (Kerr, 2002). Physicians and judges determined if an individual fit into these categories. While the traits were thought to be genetically transferred, this idea was never proven. Police and physicians were appointed to work at the designated sterilization hospitals and were instructed to use necessary force to make the patients cooperate.

After sterilization was in effect, two other laws were put into place by the National Socialist hereditary and racial policy. Marriage and sexual intercourse was banned between German Jews and non-Jewish Germans as well as between superior and inferior individuals within the “German-blooded” population (“Deadly Medicine”, 2004). These laws along with the sterilization laws, gave the government power over people. Choices concerning both marriage and sexual partners were now at the discretion of the government. As the Nazi’s met little opposition, they began taking as much power as possible. Yet when officials realized that their sterilization efforts would take thousands

of years before any radical changes would be implemented, they started thinking of more extreme methods to attain their goals.

The first large-scale euthanasia program began in September of 1939 and was known as Operation T-4. This was the first euthanasia program to target adults (Kerr, 2002). Hitler mandated Phillip Bouhler and Karl Brandt to put the “merciful” killing program into place (Kerr, 2002). Populations that were bedridden or unable to work were initially targeted for the program and this practice included all physical and mental handicaps resulting in a patient’s inability to work. These patients were regarded as useless to society and therefore an unacceptable burden to the country. While the Nazi program justified euthanasia by claiming that the mentally unfit were not capable of asking for their lives to be ended, doctors would nonetheless ask their patients if they had the mental capacity to determine their fate. Patients with physical handicaps were also costing the country money that could be saved if the patients no longer were alive. Their lives had no benefit for the country and the Nazi’s were giving the patients the opportunity to serve the fatherland. This program was hidden from the general public’s view by using various techniques using phony names and objectives for both the program and facilities (Friedlander, 1995). Hitler knew that legalizing euthanasia would face hefty opposition, so he tried to keep everything about the program a secret (Kerr, 2002).

The new initiative was hidden within many different offices. The Foundation for the Care of Institutions in the Public Interest became responsible for the budget and other financial tasks. This office billed the patient’s family, even after the patient had been killed; it also ordered and paid for the poisons needed to kill the patients and paid the salaries of the workers involved with T-4 (Kerr, 2002). The administrative office, which

was called The Reich Association of Sanitariums and Nursing Homes misled relatives and other administrative offices about the death of the patient. Its tasks included writing death certificates, returning belongings, and running the mail center between the central office and the killing centers (“Deadly Medicine”, 2004). The Charitable Patient Transport Company managed the transportation of patients to the transition and killing centers, including the days and times of transfers as well as the means. Buses and vans were the common methods used for the transportation of patients. This branch also collected the money from the relatives of the patients for the cost of transportation. The Reich Cooperative for State Hospitals and Nursing Homes dealt with the registration, evaluation and selection of the patients needed for euthanasia. The chief physician of T4, initially Wener Heyde, followed by Paul Nitsche, was in charge of this subunit. They made sure that every building where patients resided was contacted to ensure that the proper paperwork for the patients was completed and received.

After the targeting the populations to be euthanized, researchers needed a method to efficiently relocate and murder these large populations. Carbon monoxide poisoning was deemed the most appropriate and efficient method. A board of psychiatrists would review asylum inmates and would put a positive or negative sign on their forms indicating if they were going to live or die, depending on the person’s file (“Deadly Medicine”, 2004). If the board decided that the patient was unfit for society, they would then transport the person to the institutions for death. These killing centers were old asylums located in rural areas next to major transportation systems. To aid in keeping the program secret, patients would often be held in a transition facility before being moved to

the killing centers, which allowed the officials to contact the families about the transfer and have enough time to falsify a death certificate without much suspicion.

After many years of euthanasia, the killing centers had the procedures down perfectly. Once the patients arrived at the facilities, each patient was undressed and examined. The physician would make an identification mark on the bodies. A cross was put on the back of patients with gold or silver teeth, making them identifiable after their death in order to collect the valuables (“Deadly Medicine”, 2004). The patients were then led to the gas chambers and were often standing pressed against other patients. Once the door was sealed, a physician would turn on the chamber. Within five minutes, almost everyone was unconscious; within ten minutes, everyone would be dead (“Deadly Medicine”, 2004). The chamber would remain sealed for one to two more hours before the corpses would be removed. Some of the bodies were directed to young physicians for autopsies or organ removal for further research purposes (“Deadly Medicine”, 2004).

After the initiation of the program, a secret meeting was held in September 1939, in order to find adequate staff members. Physicians were invited and were informed of the objectives and proposed actions for the program. Many of these physicians had participated in the child euthanasia program; every physician that attended the meeting agreed to participate in the killings. Their participation allowed the euthanasia program to appear to be medical, even though the government could have hired non-medical staff to turn on the gas chambers (“Deadly Medicine”, 2004). None of the staff members were forced to work for the program, yet all were willing to complete the objectives (Kerr, 2002). The physicians’ jobs were turned into the work of a technician with little to no ethical regard (Kerr, 2002).

Officials within Operation T-4 requested data from all the institutions holding targeted adults, including all private and religious centers, in order to recruit the targeted populations efficiently (Friedlander, 1995). Institutions were required to complete questionnaires regarding their patients and the facility in order for the board to determine the type of patients that the location housed. The institutions also were sent registration forms to be filled out by a physician regarding each individual patient's race, condition, work capabilities, and family visitations. These forms were brief and were often misleading (Friedlander, 1995). The medical staff, thinking that the officials were seeking labor workers, would often downplay their patient's ability to work, which proved fatal for their patients.

The paperwork was then submitted to junior medical experts for evaluation of the paperwork, after which one of three senior medical experts reviewed their decisions. The senior experts skimmed through the forms in a hurried fashion and would decide whether to send the patient to the gassing chambers in under five minutes. They would make their decisions based exclusively off the information given to them by the patient's medical staff. Scanning these forms was the least of their concerns as these physicians were head officials of the organization, which entailed many other responsibilities (Kerr, 2002). Their main job as senior experts was to assume the responsibility of the junior medical experts (Kerr, 2002). To recruit more junior medical experts, nominated physicians were invited to attend a meeting where the senior officials would explain the killing operation and give the physicians the option of refusing or joining the program. Physicians were the main people in charge of the T4 project. They decided who would be killed and they staffed the central office, wards, and killing centers. Often the junior experts had not

received their medical certificates prior to becoming involved in the killings, yet they were the ones deciding who would live and die, and often they had little medical experience. They made the decisions based off the short registration forms, without ever examining the patient or consulting their medical records.

The physician's life and death decisions were based primarily on economic reasons: the lower the economic value of a patient, the more likely the patient was to be killed. A patient's economic worth was determined by the forms filled out by the patient's medical supervisors and was based on various factors such as whether the patient could work, the length of their hospitalization and their anticipated release date. If they could not work or if the patients could not support themselves, they were regarded as a burden to society. The Nazi's decided upon a simple equation: if they ended the patient's life, the money burden would be lifted and the country would become stronger.

In the beginning of 1940, the public started catching on to T-4. Inevitably human error was involved; they were trying to cover up more than 70,000 deaths. Relatives would receive hairpins in the ashes of a male relative. A patient would "officially" die from complications in the appendix, yet that organ had been removed years prior. People were seeking religious guidance to confide their suspicions. Gerhard Braune, a priest, compiled details from all the people who had told him their story, listing the date, the location, and the reason for each death. Braune discovered that 200 patients had died in a 40-day period at an asylum with only 100 beds. He bravely sent his findings to Hitler ("Deadly Medicine", 2004). Many local figures that spoke out about their suspicions were arrested, killed or sent to concentration camps (Kerr, 2002).

Due to this increasing public awareness and the achievement of their quota of patients euthanized, the T4 project was halted in August 1941 by the order of Hitler. During the summer of 1941, the euthanasia project had become public knowledge that extended to countries outside of Germany and faced high opposition. Despite orders, Germany slowed but did not halt their euthanasia programs completely until after the termination of the Nazi regime in 1945.

The Nazis, wanting their nation to be strong and pure, believed that Germany would prevail through the elimination of the inferior populations. This idea progressed from the euthanasia of weak individuals to racial cleansing. Since the Nordic race was regarded as the strongest, the government sought to eliminate any races that could reduce the purity of the gene pool. Their two targeted racial groups were the Jews and Gypsies.

In the years preceding the war, the Germans pressured the Jews to leave the country, which many of them did. In 1938, all Jews with Polish citizenships were deported across the German border. November brought violent attacks against Jews and their shops, synagogues and homes were destroyed. Men, women and children were beaten and murdered across Munich. This encouraged large numbers of Jews to leave Germany, but most of the neighboring countries were not allowing any more Jewish refugees to enter.

The gypsies were handled much differently than the Jews. There were far less gypsies living in Germany and they were regarded as more of a nuisance than a threat (Gottfried, 2000). Officials saw the war as an effective way to get rid of the Gypsies. Beginning in 1937, Gypsies would be arrested or placed into concentration camps to

prevent their criminal behavior, which was determined by the Nazis to be a mannerism that all Gypsies possessed through their genealogy (Gottfried, 2000). It is thought that Hitler had nothing to do with their executions and the programs were carried out in an unorganized fashion (Gottfried, 2000).

In 1941, Germany invaded the Soviet Union. Once they entered, their main task was the extermination of the Jews and Gypsies (Kerr, 2002). This was to be known as the “final solution” of the European Jewish question. The army opened fire on cities with the task of killing the targeted racial groups. If the person could work or had other skills, then they might be permitted to live and return to Germany to work in ghettos or camps. Openly murdering populations of people became too public and put a lot of stress on the gunmen. They started looking to the T-4 program for answers on how to mass murder populations behind the public eye.

The first killing center was in Chelmno, in Polish territory under German control. Hitler wanted the killing centers to be located outside of Germany, so that the executions would be implemented on foreign soil. The killings began on December 8, 1941 (Feig, 1981). The killing center based its execution methods off of the T-4 centers but also incorporated new cost saving methods. Gas vans were used to pump gas fumes into the sealed chambers of large trucks. The victims would be packed into the back, and the van would drive to large pits where the bodies would be burned, deep in the woods (Kerr, 2002). As many as 340,000 people lost their life at Chelmno, 99% of them Jews. (Feig, 1981).

The men working at Chelmno operated under a Code of Silence (Feig, 1981). The workers were given special treatments, large bonuses and free tobacco and alcohol (Feig,

1981). Polish workers were allowed to choose Jewish women to meet their needs for a few days before sending them on their way to death (Feig, 1981). They told the Jews coming in that they were going to be relocated for work. They would be paid fair wages and have housing (Feig, 1981). As they arrived, the Jews were told that they needed to take a bath and that their clothes needed to be washed. They proceeded down hallways, eventually leading them into a truck, which they thought would transport them to the bathing center. The guards would close the doors and start the truck, which would start pushing in the toxic fumes. It was expected that by the time they arrived at the location, all of the victims would be dead. On rare occasions, there would be mishaps and Jews in the back of the trucks would survive. When found alive, they would be executed on the spot (Feig, 1981). Jewish workers would then unload the bodies and pull out valuable teeth from the victims. The Nazis compensated these Jews for their work by giving them a few extra weeks to live (Feig, 1981).

As the first killing center opened, three more started functioning in Poland. The goal of opening the centers was to kill all of the Jews in the country. The three killing centers were Belzec, Sobibor and Treblinka, which all opened their doors in 1942. These killing centers used more efficient methods than the killing vans at Chelmno. Diesel motors would push the carbon monoxide fumes into the chambers where the victims waited. Even though each killing center had different facilities, they all had the common goal of racial purification, especially by exterminating Jews.

The first to open was Belzec in March of 1942. The center had no crematories so the bodies were burned in open pits dug deep into the ground. This created an awful stench that protruded into the towns nearby. This camp was specifically used to

exterminate the Jewish population in southeastern Poland. The camp was small and had minimal accommodations. Large numbers of Ukrainians were employed to contain the crowds in the small areas of the killing centers. It was the first camp to have permanent gas chambers (Feig, 1981). The chambers were faulty and often malfunctioned. Prisoners often had to wait hours for their death, jammed elbow to elbow in the gassing chambers. This would cause a delay in the extermination schedule and would lead to a back up. There would be an excess amount of people waiting outside, which the Nazis had to deal with. The guards solved this problem by lining the floors of train cars with Quicklime. The victims then would be forced into the cars. Quicklime is dehydrated calcium oxide and would eat the flesh of the Jews, burning them alive. The camp was eventually shut down in November of 1942, after taking the life of 600,000 people (Feig, 1981).

Sobibor was the next killing center to open its doors in May of 1942. At this killing center, the Nazis kept a small number of prisoners alive to work at the camp. Cooking, cleaning and even working the gas chambers were common duties for these workers (Feig, 1981). At first the bodies were burned in an open pit, but later a new method was discovered. The bodies were laid on top of grates and were burned from underneath. This kept the smoke and stench low, keeping the camp well hidden. Sobibor was known for the brutality of the Nazis. The guards seemed to get pleasure out of seeing other people suffer and would often murder infants and children in front of their mothers (Feig, 1981). In October of 1943, there was a revolt. The prisoners planned an attack on the guards with the goal of escaping. In the end, eleven guards were killed with thirty-eight wounded. That day 600 inmates escaped, with 400 making it past the landmines

alive. This revolt resulted in destruction of the camp, with the camp's final casualties totaling 250,000 lives.

In July of 1942, Treblinka opened. This site was built for the extermination of the Warsaw ghetto Jews. There were two parts to Treblinka: the labor camp and the extermination center. There was a path that led from the labor camp to the killing center that the Nazis called the "Road to Heaven" (Feig, 1981). Unlike the other camps, prisoners tried to spread the truth to the newly arriving victims about their ultimate fate. The Nazis tried to keep everything about the process a secret and would lie to the victims to avoid resistance. In the working camp, Jews became the slaves. They were separated into different working categories to allow the camp to run smoothly and efficiently.

The center used the burning method that was used at Sobibor, but on a much larger scale. A large concrete rectangle was erected with railroad rails on top. The bodies would be sorted and stacked according to how well the body would burn. Old fat women were found to be the best burners while men were stacked on top because they would burn the slowest (Feig, 1981). In August of 1943, the prisoners revolted. The 850 to 1,200 Jewish workers planned an uprising (Feig, 1981). More than twenty Germans were killed with at least two hundred Jews reaching the nearby forests. The center closed in November, taking the lives of 900,000 to 1,200,000 people.

Also in 1942, two concentration camps added killing centers: Auschwitz in Upper Silesia and Majdanek located outside of Lublin. Majdanek opened in October of 1941 as a forced labor settlement. The camp had a large inmate population, which could hold 250,000 people (Feig, 1981). The majority of the prisoners were Jewish but the remaining population was extremely diverse. People were sent to the camp for many different

reasons. Some people were war prisoners, while others had failed the government in some way. A group of 1,000 farmers were sent to the camp because they had failed to reach the quota for their agricultural products (Feig, 1981).

Even though the camp's main goal was not execution, killings took place at Majdanek. The Nazi guards were more creative and they liked to vary how the killings were completed. People were starved, frozen, shot, hung, trampled and beaten to death, often for entertainment of the guards (Feig, 1981). On November 3 of 1943, the largest execution occurred when the Nazis shot 18,400 Jews in less than twenty-four hours. They forced everyone to lay in a ditch before they opened fire. Then the next group was instructed to lay on top of the dead corpses from the previous round. The guards repeated their slaughter into the evening, celebrating with drinks when the day was finished (Feig, 1981). Majdanek was finally closed when the Red Army arrived in July 1944. The army advancement was so prompt that the Nazis had no time to destroy the camp. In less than three years, the camp had taken the lives of at least 360,000 victims (Feig, 1981).

The last and most well known camp was Auschwitz, which opened in June of 1940 with the arrival of 728 prisoners (Feig, 1981). The camp was originally built as a concentration camp, but later developed vast extermination capabilities. The 39 camps that made up Auschwitz were divided into three groups. One of the groups became known as Birkenau; this camp became the center for the gassing of the Jewish population held there.

The two main purposes of the camp were the extermination of the Jews and the utilization of labor. On the train ramp into the camp, Nazi doctors would separate those who could work from those who could not. If the physician decided the person could

work then they would be sent to the camp. If they decided otherwise then the person would be sent directly to the gassing facilities. In order to accommodate the increasing numbers of victims, expansion of the facilities continued until the camp was closed in 1945 . The huts were always overcrowded, often housing double their maximum capacity.

The Auschwitz complex used every kind of torture imaginable on the inmates. Experimentation was especially popular in Auschwitz as well. The inmates were used as guinea pigs for military experiments or other scientific purposes. The facilities had mastered efficient extermination. There were large gassing chambers that pumped in Zyklon B, a cyanide based pesticide, which quickly killed the victims in a more reliable fashion. There was an undressing room and a shaving room prior to entering the gassing chambers. These rooms provided organization to allow the workers and guards to work more quickly.

Auschwitz was the most horrifying camp by far. Survivors reported “feeling death” before they reached the gassing chambers (Feig, 1981). If the horrendous living conditions did not kill the prisoner, then the gas chambers eventually would. The guards were especially evil, treating their victims like rag dolls. The total casualties at Auschwitz are unknown but are estimated upwards of four million.

As new killing centers opened, new methods were developed until the process was perfected. Each killing center had an advantage over the last, until the final camp, Auschwitz, seemed to carry out extermination and torture to perfection. The government kept the killings extremely secretive, keeping victims and bystanders in the dark about

what was really occurring. This kept the chaos and resistance down to a minimum in order for the officials to stay on a flawless schedule.

As the Allied troops began to progress across Europe they encountered thousands of concentration camp prisoners. Soviet forces arrived at Majdanek in July 1944, followed by the discovery of Belzec, Sobibor and Treblinka later that summer. The liberation of Auschwitz occurred in January 1945. The discovery of the camps fully exposed the horrors that occurred during the war.

When the Allied troops invaded Germany in 1945, defeat seemed inevitable. Hitler committed suicide in April, before the Russians had the opportunity to capture him. Thousands of Nazis, either fearing punishment or avoiding dishonor, committed suicide that year. The remaining living officials were eventually captured and punished for their involvement in the holocaust. The Nuremberg trials tried senior national officials for their war crimes. Out of the 185 defendants, 24 were sentenced to death, 107 received time in prison, 35 were found not guilty while 19 were acquitted for various reasons (Goda, 2013).

In Conclusion:

The Nazi's racial cleansing program began by encouraging superior bloodlines to reproduce and escalated the project through the sterilization of the disabled and feebleminded. Then the extermination projects started with children and moved on to murdering disabled adults. Finally, killing centers in isolated cities hidden by the

escalation of the war were developed to exterminate entire races. Workers were sworn to secrecy and almost all were at least willing, if not enthusiastic, about ridding their country of impurities or gaining personal power and fame.

Hitler wanted Germany to be a superior power that controlled the world and he believed that this could only be accomplished by creating a strong, purified race. Through the elimination of inferior individuals with intellectual and physical disabilities, he was ridding Germany of people who could not strengthen the country. Weak individuals had no place in Germany, and Hitler sought to eliminate them.

Not only did Hitler believe these ideas, millions of others did as well. Some people had long been believers of racial cleansing, while others started following Hitler at the beginning of his movement. The officials were treated well and gained a heightened sense of power. While some of the workers only completed their required tasks, others made the killings into a game of torture. Workers justified their torture by the fact that their victims were going to die anyway and that they deserved the punishment.

Physicians helped to legitimize the science behind the killings by giving the movement a medical cover. Hitler ordered that only physicians should kill patients, resulting in many of them working in the killing centers. Physicians were also necessary for other tasks such as checking medical records, determining plausible causes of death for death certificates and giving the killing centers the façade of hospitals, which aided in the secrecy of the operation.

The exact reasons for a physician's desire to do harm are not clear and vary by person. A physician is a professional with the same amount of yearning for power and money as any other skilled individual. The killing centers promised wealth to the workers

there, especially the physicians (Friedlander, 1995). Young individuals with specialties in eugenics were often willing to work in the gassing chambers (Friedlander, 1995). Many felt overqualified for turning a gas valve on, yet they did the work with little hesitation. Older physicians found conducting research on patients rewarding. Experiments were performed on patients in the hopes of finding information to enhance the German army and air force. Looking at the experiments this way seemed to help physicians justify their actions.

Often, the physicians believed strongly in racial purification. The medical schools in Germany were centered on eugenics and the corresponding science behind the arguments (Kühl, 2002). Special courses taught the students why racial cleansing was important, and many of them did not question the arguments. The physicians directly involved in the murders believed they were completing their biomedical duty (Friedlander, 1995). This reason alone does not seem sufficient to cause physicians to murder large populations of people, but it appears that a combination of national duty, and financial and career incentives were their final motivators.

Nazism became popular in Germany for many different reasons as well. After the Great Depression, the country's economy and social structures were collapsing and the weak conditions allowed for Hitler to diminish people's rights for the greater good of the nation. Individuals in the community were expected to be obedient to their leaders, and the majority let Hitler run their lives without opposition. The Nazi party members used their power to their advantage and were extremely controlling: once the killings began to take place, requiring each party member to believe strongly in racial cleansing found little

to no objections from the workers. Thus, the Nazis could display their power over people whom they believed to be unworthy of life.

The killings met opposition from the public, but the majority did not know about them or simply refused to acknowledge them. Hitler made sure to keep the centers private: they were disguised as hospitals, their locations were secluded, and the workers were sworn to secrecy. The war served as a cover for the killings. Even if people knew of the massive crimes being committed, the war seemed to present a bigger, more pressing problem. The Nazis were able to get away with the genocide of millions of people. Ideas about eugenics and racial purity, which originated in the 19th century were used to justify, rationalize, and support Hitler and his government. Many Germans truly believed that they were killing people who did not possess a right to life. Highly placed professionals exercised major roles in the killings, proving that even highly trained physicians are not immune to immoral actions and decisions. Determination, evil and corruption surrounded the Holocaust, but by studying its lessons perhaps we can make sure that such large-scale torture and murder of innocent civilians never happens again.

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