

EUGENICS

In the Name of Public Health — Nazi Racial Hygiene

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In democratic societies, the needs of public health sometimes require citizens to make sacrifices for the greater good, but in Nazi Germany, national or public health — *Volksgesundheit* — took complete precedence over individual health care. Physicians and medically trained academics, many of whom were proponents of “racial hygiene,” or eugenics, legitimized and helped to implement Nazi policies aiming to “cleanse” German society of people viewed as biologic threats to the nation’s health. Racial-hygiene measures began with the mass sterilization of the “genetically diseased” and ended with the near-annihilation of European Jewry.

The concept of racial hygiene had deep roots in Germany. In the late 19th and early 20th centuries, growing numbers of medical and public health professionals decried Germany’s declining birth rate and the perceived biologic “degeneration” of the nation and proposed reforms to improve the quantity and quality of the population. Rapid industrialization and urbanization had created overcrowded cities, with attendant conditions of extensive poverty and crime; the spread of tuberculosis, syphilis, gonorrhea, and other contagious diseases; and expanding numbers of persons identified by psychiatrists as mentally ill or retarded, who required special care. These changes coincided with a blossoming of medical research and the establishment of dozens of new institutes and laboratories. Breakthroughs in bacteriology and the emerging field of genetics — the publication of August Weismann’s theory of immutable germ-plasm in the 1890s and the “rediscovery” of Gregor Mendel’s laws of heredity in 1900 — seemed to promise biologic or medical solutions to Germany’s problems. Physicians and medical researchers began to view themselves as the guides to a healthy, moral, industrious Germany.¹

The loss of nearly 2 million German men in World War I exacerbated fears about population and spurred new interest in genetics and eugenics as the path to salvation. Under the postwar Weimar Republic, two government-sponsored research institutes opened, one focusing on psychiatry, and the other on anthropology, human heredity, and eugenics. In the 1920s, many German medical students

took courses in genetics that integrated the subject of racial hygiene.

Before 1933, eugenics proposals, such as the sterilization of mentally retarded and ill persons, failed to win wide support, but the Nazi “revolution,” beginning that year with Adolf Hitler’s assumption of power, upset the status quo. Political opposition to eugenics was swept aside, giving way to an unfettered, coercive, and racist Nazi variety. In *Mein Kampf*, Hitler wrote that “the national state . . . must see to it that only the healthy beget children” using “modern medical means.” The Nazi drive to create a healthy German people was tied to ultranationalistic and militaristic goals: many more fit workers, farmers, and soldiers were needed for Germany to expand its territory and become a dominant world power.

Some physicians and biologists who supported eugenics had to accommodate themselves to Nazism’s rabid anti-Semitism. But in return for accepting the persecution of Jews as a source of biologic degeneration, many in the medical community welcomed the new emphasis on biology and heredity, increased research funding, and new career opportunities — including openings created



Figure 1. Conducting Twin Studies at the Institute for Anthropology, Human Heredity, and Eugenics in Berlin, February 1928.

Geneticist Otmar von Verschuer examined hundreds of pairs of twins to study hereditary links to criminality, mental retardation, tuberculosis, and cancer. From the Archiv zur Geschichte der Max-Planck-Gesellschaft, Berlin.

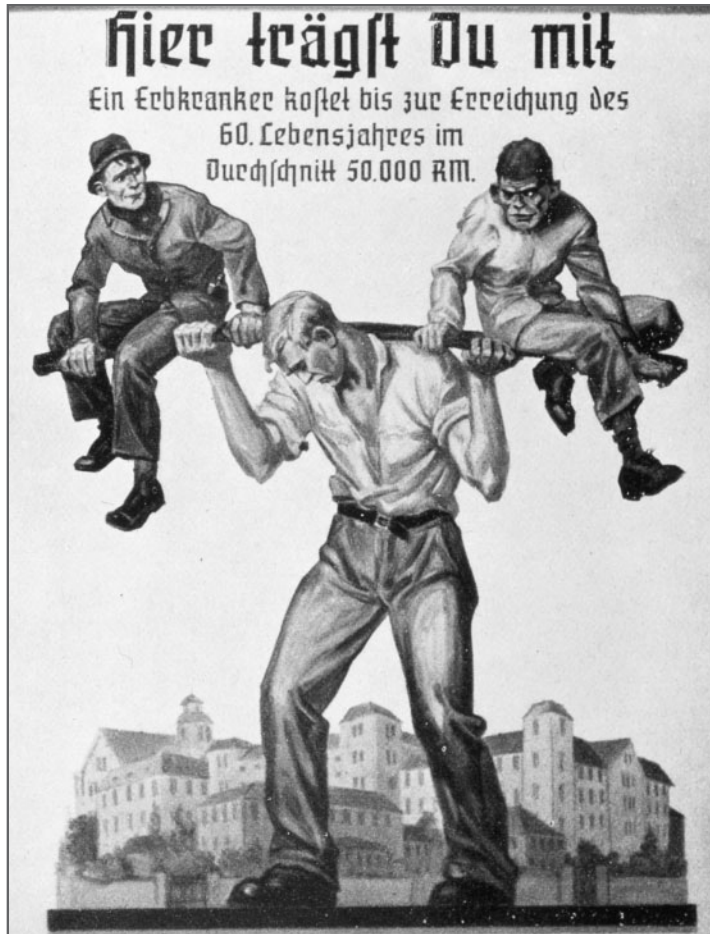


Figure 2. "You Also Bear the Burden!"

A Nazi-era high-school biology book warns that "a hereditarily ill person costs 50,000 reichsmarks on average up to the age of sixty." From the U.S. Holocaust Memorial Museum, Washington, D.C.

by the purge of Jews and leftists from the medical and public health fields.²

Senior, influential members of the first generation of racial hygienists collaborated with the Nazi regime. Ernst Rüdin, director of the Munich psychiatric institute and internationally known for his work using genealogical data banks to study the prognosis of psychiatric illnesses, helped to draft the regime's 1933 compulsory sterilization law. Eugen Fischer, the medically trained director of the Berlin eugenics institute, and Otmar von Verschuer, a geneticist known for his research on twins (see Figure 1) and the mentor of Dr. Josef Mengele (who later became notorious for research on twins conducted at Auschwitz–Birkenau), served as medical judges on new Hereditary Health Courts. They and

hundreds of other medical and psychiatric specialists allowed the courts to present evidence supporting the state's case for sterilization, such as family genealogies tracking purported inherited taints and intelligence tests containing education-based questions.

By 1945, some 400,000 Germans had been forcibly sterilized. The highly elastic diagnosis of "feeble-mindedness" provided legal grounds in most cases; the diagnosis of schizophrenia accounted for the second-largest group. Other illnesses covered under the 1933 law were manic-depressive disorder, genetic epilepsy, Huntington's chorea, genetic blindness, genetic deafness, severe physical deformity, and chronic alcoholism. Severing of the fallopian tubes was the typical method of sterilizing women, and vasectomy was the common procedure for men. As many as 5000 persons died as a result of the surgery, most of them women.³

To build public support for this coercive program, posters, documentary films, and high-school biology textbooks (see Figure 2) argued the case for sterilization: "an easy surgical procedure, a humane means by which the nation can be protected from boundless misery." The propaganda campaign portrayed its targets as less than fully human. Although more strident in tone, its content mirrored health pamphlets, displays, and films produced during the 1920s in other countries where ideas about "race betterment" had spread, from Great Britain, the United States, Sweden, and Denmark to the Soviet Union, Brazil, and Japan.

Proponents of eugenics in the early 20th century argued that modern medicine interfered with Darwinian natural selection by keeping the weak alive; that mentally retarded and ill persons were reproducing at a much faster rate than valuable, productive persons; and that costs were escalating for maintaining "defectives" in special homes, hospitals, schools, and prisons.⁴ In the United States, eugenicists helped to pass sterilization laws in many states, and before 1933, German racial hygienists cited this experience to buttress their own proposals for a sterilization law. Between 1907 and 1945, 40,000 eugenic sterilization operations were recorded in the United States, half of them in California, where patients in state mental hospitals were the main targets. Sterilization laws were also introduced in the western Canadian provinces, certain Swiss cantons, and Scandinavia. But nowhere did the number of sterilizations approach that in Germany.

The Nazi sterilization effort was integrated into

a comprehensive program of racial hygiene. Other key elements included the banning of marriages between “hereditarily healthy” Germans and persons deemed genetically unfit or infected with tuberculosis or venereal diseases and between Jews and non-Jews. Propaganda posters announcing the new crime of “racial defilement” portrayed Jews as black, and German officials often mentioned U.S. antimiscegenation laws in defense of their own discriminatory legislation. To enforce its racial-hygiene measures, the Hitler regime established hundreds of “hereditary and racial care clinics” that examined people’s family histories. Staffed by thousands of physicians and assistant physicians, the clinics operated under the aegis of regional public health offices and created vast hereditary data banks for the regime’s future use.

Echoing old fears about the declining German birth rate, officials also implemented “positive” eugenic measures, promoting large (“child-rich”) families for the Aryan fit, setting aside houses in new subdivisions for eugenically qualified families, and issuing the Honor Cross of German Motherhood to healthy, “German-blooded” women who had at least four children (see Figure 3). Public health campaigns advised pregnant women to eschew alcohol and nicotine and other “genetic poisons” that were harmful to the fetus.

After German forces invaded Poland in 1939, Nazi racial hygiene took a radical turn, from controlling reproduction and marriage to the mass murder of persons regarded as biologic threats. Between 1939 and 1945, an estimated 200,000 Germans — ranging from infants born with Down’s syndrome and other birth defects to elderly psychiatric patients judged to be “incurably ill” — were killed in “euthanasia” programs. Lethal doses of drugs, starvation, and gassing were the methods of killing, administered by physicians and nurses.⁵ The use of gas chambers disguised as showers provided the model for the mass murder of Jews, which began in 1942 at the Nazi camps in Poland.⁶ The war, and the lowering of moral barriers in a time of conflict and chaos, provided the opportunity to enlist medical professionals in conducting these murderous programs in the name of the regeneration of the Fatherland.

In 1946 and 1947, the American military tribunal at Nuremberg tried 20 German physicians and 3 lay accomplices for medical experiments using prisoners of Nazi concentration camps. But most



Figure 3. Bronze Honor Cross of German Motherhood.

The Nazi regime awarded bronze medals to “fit” Germanic women who had four or five children, silver medals to those who had six or seven, and gold medals to those with eight or more. From the U.S. Holocaust Memorial Museum, Washington, D.C.

of the German scientists and physicians who had helped to legitimize and implement Nazi racial-hygiene policies were not prosecuted or called to a moral accounting of any kind, and many went on with their careers. Verschuer, for example, established one of West Germany’s largest genetic research centers. The neuropathologist Julius Hallervorden, who had used the children’s euthanasia program as an opportunity to amass new specimens for study, resumed his brain research. Globally, the Holocaust helped to discredit eugenics, and the term itself became taboo in the scientific community. Even so, the sterilization of mentally retarded and ill persons continued in some parts of Scandinavia and Canada after the war, and sterilization remained part of social policy in Virginia, North Carolina, and Georgia into the 1970s.

Over the past six decades, the science of human heredity has advanced greatly, from knowledge of the operation of DNA to the mapping of the human genome. Such progress holds great promise for medical advances but also inspires new, utopian visions of perfecting humankind. The history of Nazi racial-hygiene policies and eugenics reminds us of the importance of maintaining democratic checks and balances in the application of biomedical research and of always guarding against the use of genetics for the purpose of discriminating against persons or groups.

From the U.S. Holocaust Memorial Museum, Washington, D.C., where a special exhibition, "Deadly Medicine: Creating the Master Race," will be open through October 16, 2005. The exhibition exam-

ines the critical role German physicians, public health officials, and academic experts played in supporting and implementing the Nazis' program of racial eugenics, which culminated in the Holocaust.

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