MENGELE’S ETHICS: AN ANALYTICAL APPROACH TO UNDERSTANDING JOSEF MENGELE’S MOTIVES

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ABSTRACT

Dr. Josef Mengele’s pseudo-scientific research at the Auschwitz concentration camp during World War II led to immeasurable suffering amongst the camp’s children. I have decided to focus on the Auschwitz children due to Mengele’s contradictory behavior towards these specific prisoners. Furthermore, I am to research his experimental trails and apply accepted medical ethics to these results in an effort to determine if they have any redeeming value, or should be completely discarded. I also plan to document Mengele’s upbringing and his personal impetus for conducting these heinous experiments. I will then analyze Mengele’s behavior through philosophical ethics in an effort to determine his ultimate goals and motivations. Moreover, I will build an ethical framework of Dr. Mengele’s research by comparing its nature to the medical trials conducted by fellow SS doctors employed in Auschwitz. Finally, I will ask whether or not it is ethical to utilize research findings collected from unethical research. My hypothesis states that Josef Mengele’s research on children is both scientifically immaterial and wholly unethical.

This thesis will begin by detailing Mengele’s evolution as a Racial Hygienist, specifically from his early roots in the Gunzburg Nazi Part to his devastating research conducted on the children of Auschwitz. I will apply both accepted medical ethics such as ‘do no harm’ and several philosophical constructs such as ‘utilitarianism’, to
Mengele’s work in an attempt to eliminate any ethical ambiguity. The thesis will further analyze the overall historical impact of Josef Mengele, and determine whether or not the infamous SS doctor continued his research while evading capture in South America.

The research methods utilized were mainly available in Georgetown University’s libraries. I accessed several historical and ethical writings held in the Bioethics Research library and Lauinger Library. Furthermore, I reviewed several works from fellow DC institutions such as Catholic University and American University. Moreover, I interviewed a post-doctoral research assistant at Princeton University to gain a modern ethical perspective. Finally, I traveled to the Auschwitz concentration camp located in Oswiecim, Poland. During my visit, I gained a deeper perspective of the camp conditions and a broader understanding of the research conducted by Josef Mengele.

Unlike many of his fellow SS officers, Josef Mengele was not motivated by virulent anti-Semitism. Rather, he accepted the post to Auschwitz in an attempt to unlock the programmability of genetics. Josef Mengele eschewed his professional and social ethics in an attempt to advance his academic career, and relished the power he held over the prisoners of Auschwitz.

In conclusion, Josef Mengele’s experiments were so heinous and so evil that no good could ever have come from his trials. No matter how one assesses Mengele’s pseudo scientific merit or analyzes his results through an ethical spectrum, only one conclusion can be reached. This author strongly believes that the research conducted by
Josef Mengele was professionally and philosophically unethical, and any use of his results would likewise be impermissible.
This entire work is dedicated to my wonderful wife, Laura. Without her tireless support and encouragement, I would never have had the opportunity to complete this thesis. I wish to thank Laura for being the source of my inspiration. A caring wife and mother, Laura is my muse. I love you, always and forever.
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CHAPTER I

MENGELE’S BACKGROUND AND AUSCHWITZ YEARS

Without question, the Third Reich’s unique export of genocide is the most influential characteristic of the twentieth century. In total, upwards of twenty-one million souls were murdered during the Nazi reign either in concentration camps or by mobilized killing squads such as the Einsatzgruppen. A primary component to the Holocaust was the research conducted by Nazi physicians on uninformed and unsuspecting prisoners. Educated and trained to aid and ensure quality of life, the physicians collaborated with the Third Reich to create unfathomable feats of torture and murder in the name of science. Adolf Hitler’s shining beacon of the Final Solution, the Auschwitz concentration camp, was called home by possibly the most infamous Nazi physician. Josef Mengele worked tirelessly in Auschwitz to unlock the programmability of human genetics by experimenting on young children. This paper will detail Mengele’s research and deconstruct the changing medical and deontological ethical landscape which promulgated the environment of government supported human torture. I will attempt to understand how Mengele justified his research and if it has any redeeming qualities.

Josef Mengele’s upbringing in the small Bavarian hamlet of Gunzburg, Germany was aristocratic, albeit nothing spectacular. His family prospered financially due to the machinery factory founded by his father, Karl, and operated by the stern matriarch. Josef, unlike his brothers, was wholly disinterested in learning the family trade. Instead, he dreamed of distinction in scientific academia. At a young age, Josef
struggled with his marks in grade school, earning only average grades, certainly nothing inspiring that foretold his future academic achievements. Mengele instead spent his formative years parading around town with his brothers in the most fashionable outfits, cavorting with the young local girls at cafes and theatres. He often effused to his schoolmates that the Mengele name would be heard on the radio and all would be proud to know him.\(^1\) Josef Mengele was only partially correct in his prediction, for his enthusiastic drive for achievement ultimately led him to commit the most heinous of atrocities on the most innocent of victims.

Early in his education Mengele chose courses in anatomy and science, hoping to further his career in a broad medical research field rather than confining himself to a specific discipline. “He opted instead for medicine with an emphasis on “anthropology and human genetics, so [he] could study the whole range of medicine.”\(^2\) Zealous industriousness enabled Mengele to earn doctorates in Anthropology from Munich University and in Medicine from Frankfurt University. During this period Mengele did not advertise virulent anti-Semitism, though he was already a rising member of the Nazi Party. While his original doctoral thesis focused on the jaw structure and the construction of four separate racial groups, there is nothing present which articulates racial motivations. Mengele’s two theses, accepted by each university, were panned as rather dry and uninspiring.

Simultaneously, more important political storms were brewing in Germany. Years before, in Gunzburg, Mengele had joined the Nazi Party but only seemed


\(^2\) Ibid.
moderately interested in their politics. As he advanced professionally in Munich, the racial hygienic aspect of the Nazi platform became increasingly attractive. It is difficult to pinpoint a definitive date at which Mengele became fully engrossed in Nazi racial propaganda. However, it is possible that his immersion is a result of “. . . the political climate and that his real interest in genetics and evolution happened to coincide with the developing concept that some human beings afflicted by disorders were unfit to reproduce, even to live.” Josef Mengele’s scientific aspirations soon became influenced by specific ideologies and professional mentors which would shape the research of Cell Block 10 in the Auschwitz concentration camp.

The most influential figure in Mengele’s early career wasOtmar Freiherr von Verschuer, considered the most respected racial hygienist in Germany. It was von Verschuer who pushed Mengele into the study of twin genetics. “Under his [von Verschuer’s] aegis, Mengele learned that it was acceptable – even desirable – to experiment on human beings if it advanced a scientific cause.” Moreover, von Verschuer imparted to Mengele the necessity of using innumerable experimental subjects. Josef’s dedication and tutelage would ideally result in tenure with the highest German universities, a notoriety which Mengele seriously craved.

A primary legislative influence on the young doctor was the enactment of the Law for the Protection of Hereditary Health. This extreme governmental measure detailed the sterilization qualifications for several groups categorized as subhuman. Chief among those groups were schizophrenics, manic depressives, alcoholics, the

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3 Ibid.
blind, any individual suffering physical deformities, and homosexuals, among others.\textsuperscript{5} This legislation gave Mengele the political impetus to operate free from prosecution. He was now fully engrossed with the Nazi cause of racial hygienics. “He was convinced he served a great cause, an attempt by Hitler to prevent mankind from self-destructing . . . . He became the incarnation of Nazism in its extreme.”\textsuperscript{6} Several mitigating factors, from the centuries old European seedling of anti-Semitism to the experimental freedom Nazism provided, from the influence of von Verschuer to the changing political landscape resulted in a potent recipe for mass murder.

Mengele’s reputation grew quickly through the upper echelon of the Nazi government, and he was soon charged by Heinrich Himmler to craft a directive for the occupied territories of the lebensraum. Mengele succeeded in working with Himmler on an extensive four point plan:

(1) The annexed territories were to be thoroughly cleansed of non-Germans;

(2) persons claiming any German blood would be classified according to documentary evidence first, and lacking that, by racial examination; those in doubtful categories as well as “renegade” {anti-Nazi or “Polish minded”}.

(3) Germans would be segregated and subjected to special conditions to ensure “re-education and good behavior persons exhibiting Germanic features would also undergo racial examinations to determine if their ancestors had been “Polanized”; positive cases would be removed from Poland for better re-Germanization in the Reich proper;


\textsuperscript{6} Posner and Ware, Mengele: The Complete Story, 15.
similar procedures would be carried out upon orphans from Polish orphanages as well as children coming under public care. It is the section under ‘racial examinations’ that Mengele contributed the most expertise. Through his work with Himmler, Mengele procured the legality of extensively studying each minute anatomical characteristic with the understanding that doctors could decipher any undesirable ancestral blood by simple physical examination. That diagnosis would forever change the life of the patient as imprisonment, exile, or death was oftentimes the result.

Furthermore, in 1933, the Law for the Prevention of Progeny With Hereditary Disease was ratified. This piece of legislation further skewed reality with regard to legalizing unethical behavior. “It is from this frame of reference that the concept of “special treatment” must be approached . . . . These efforts on behalf of “national health” and the “integrity of the German people” can thus be classified under three main headings:

1. The euthanasia program for the “incurably sick.”
2. The direct extermination, by means of “special treatment,” of racial groups and patients considered undesirable.
3. Preliminary experimental work in mass sterilization. This proclamation, combined with the overall provisions established in the Law for the Protection of Hereditary Health, provided Mengele with the opportunity to accumulate

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disposable experimental subjects. For the next decade, Mengele grew more emboldened and became more willing to take science past the levels of acceptability.

World War II soon erupted, and Mengele accepted appointment to the elite medical division of the Waffen SS. Early in his deployment with the SS he was awarded two medals: the Black Badge for the Wounded and the Medal for the Care of the German People. Under heavy fire, Mengele had administered aid to two fellow soldiers and was instrumental in saving their lives. These medals were proudly displayed by Mengele in the following years, even while administering selection at the Auschwitz death camp.

Josef Mengele would emerge as the medical symbol of the Nazi concentration camps. His stoic nature and high military fashion became the enduring illustration of the macabre selections at Auschwitz. “Josef Mengele had become . . . the incarnation of its monstrosity – cool, detached, and always immaculately prepared for the long-drawn-out rituals of death . . . .”9 With the simple wave of his gloved hand, Mengele appropriated hundreds of thousands of men, women, and children immediately to the gas chambers. Those poor souls, unfortunately, were lucky. For it was the children, and most especially twins, which caught Mengele’s eye. Nazi medicinal dogma mandated that the Aryan race could be categorically bread to perfection. By doing so, the German state could reproduce at an astounding rate, thereby populating their rightful lands and defeating the treachery of Jews, Gypsies, homosexuals, and other undesirables.

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In order to achieve this utopia, Mengele would have to unlock the programmability of human reproduction. For many years he was lacking what he envisioned as the ideal situation, namely unlimited human experimentation. However, through the cavalcade of political evolutions and societal acceptability, Mengele would soon enjoy the freedom of experimentation and responsibility that only the Auschwitz concentration camp could offer. By standing guard at the selection ramps, Mengele was able to personally select his human test subjects each day. He often proclaimed his astonishment at both the number of available subjects and the remarkable power he held over the prisoners.

Mengele’s primary aim in research was to prove that certain traits were inherited and thusly could be bred out of existence. Included in these traits were eye color, obesity, and certain nasal features. “The ultimate goal was to produce an ideal race of Aryan men and women endowed with only the finest genetic traits, who would rapidly multiply and rule the world.”10 This potential medical breakthrough and the manipulation of traits through careful breeding practices would make Mengele universally famous. Mengele understood he could only achieve professional success through industrious determination, for he knew he was not as gifted as his contemporaries. He held that “. . . if he only worked hard enough, performed enough experimental studies, tested a sufficient number of twins, then he would be recognized as the great scientist he thought he was.”11 It may even be that Mengele’s monstrous

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10 Lucette Matalon Lagnado and Sheila Cohn Dekel, *Children of the Flames: Dr. Josef Mengele and the Untold Story of the Twins at Auschwitz*, 61.

11 Ibid., 69.
experiments were the physical manifestation of subconscious feelings of ineptitude. Primary among these being that von Verschuer was the racial hygienist mastermind. It was von Verschuer who was admitted to the American Eugenics Society, not Mengele. It was von Verschuer who stayed out of the desolate concentration camps and worked at the Kaiser Wilhelm Institute (later renamed the Max Planck Institute) while Mengele was forced to be away from his wife and newborn son. “But despite his dedication and fanaticism, the mediocre student of Gunzburg never possessed any real brilliance. The tests, questionnaires, and many of the experiments themselves appear to have been the brainchild of Verschuer.”\textsuperscript{12} Mengele’s reality did not match his delusions. He was only the lackey of von Verschuer, not the medical genius he had hoped.

Undaunted, Mengele strove to out-research his more respected contemporaries. “Auschwitz experiments were seen by Mengele as being crucial in achieving his personal goal of an academic career. They were to be used as part of his “habilitation,” which was required for university appointment.”\textsuperscript{13} He began to push the ethical boundaries of his profession, and experienced no professional backlash. The outcome was so called legalized human experimentation and unchecked torture conducted solely for personal gain.

The litany of crimes committed by Mengele at Auschwitz is astonishing. It is humanly incomprehensible that the institutionalized torture and murder of children occurred in plain view at Cell Block 10. Mengele was transfixed by the uniqueness of

\textsuperscript{12} Ibid.

the twins in Auschwitz, and he finally supervised his own laboratory, free from the direct supervision of von Verschuer. Even though Dr. Eduard Wirths was stationed as the Chief SS doctor at Auschwitz, Mengele’s power was never monitored or questioned.

Mengele began to experiment with children immediately after placement in the small Polish town of Oswiecim. “Children, strapped to slabs of marble, had their spines, eyes, and inner organs probed, injected, and cut, often with unknown chemicals and without anesthetic.”\textsuperscript{14} However, Mengele’s experiments were incomplete. While Auschwitz provided Mengele with identical twins and the opportunity to use one as the control in his experiments, he was not presented a detailed medical history of each patient, thereby rendering his experiments baseless. Each individual brought to the Auschwitz gate was not required to bring their medical history; therefore Mengele could not discern which characteristic was genetic and which was environmental. This incomplete knowledge would have been understood by a professional such as Mengele, unfortunately it did not seem to sufficiently matter.

Furthermore, Nazi political pressure pushed Mengele to increase his number of experiments. “This was especially interesting to the Nazi regime, in particular with regard to a desired increase in the birth rate through medically manipulated increase in the number of births of twins.”\textsuperscript{15} One trait Mengele researched is the occurrence of twins having different colored eye pigmentation. Subsequently, Mengele began to experiment with the eye pigmentation in an attempt to discover the cause for the difference or, conversely, to determine if he could alter the pigmentation.

\textsuperscript{14} Posner and Ware, \textit{Mengele: The Complete Story}, 3.

\textsuperscript{15} Ibid., 31.
“Thirty-six children from one barrack in Birkenau were used for the eye tests, which resulted in painful infections and sometimes blindness. After the tests the children served no further use, and so they were gassed.”\(^\text{16}\) After gassing the eyes were removed and shipped back to the Kaiser Wilhelm Institute, presumably to von Verschuer. In Auschwitz, this pattern of experimentation then gassing became typical under Mengele. Once a child was judged as unnecessary or the experiments were complete, that child was murdered.

Following selection, a child would be brought to a special camp section which solely housed Mengele’s specimens. These young prisoners were given better shelter, healthcare, and food than the other Auschwitz residents for the purpose that Mengele needed the children in enhanced health for his experiments. It must have been surreal to watch Mengele interact with the children. Moments after motioning the rest of a child’s family to the gas chambers, he would dote on the young orphan and ensure that any needs were accommodated. “’Uncle Mengele,’ as they called him, delighted them with candy, joked with them, hugged and kissed them.”\(^\text{17}\) There exist camp survivor stories of present day adults fondly remembering this aspect of imprisonment. While the torture and medical practices were barbaric, Mengele routinely treated the children better than most SS officers.

Moreover, Mengele was violently protective of his children and presided over upwards of six hundred prisoners at one time. The camp had a special wing, B2F, from

\(^\text{16}\) Ibid., 34.

\(^\text{17}\) Lagnado and Dekel, *Children of the Flames: Dr. Josef Mengele and the Untold Story of the Twins at Auschwitz*, 9.
which Mengele conducted his ‘in vivo’ experiments; that is, experiments conducted while the children were alive, oftentimes without anesthetics. In many cases, typhus and tuberculosis were injected into one ‘healthy’ twin to see how each reacted to the disease. Once again, the moment the study was completed, the children were murdered.

Several times Mengele rushed to save his subjects from premature death at the hands of the gas chambers. “At one point towards the end of the war I was scheduled to go to the chambers . . . that’s when I saw Mengele. We were taken off the truck. He stopped the whole procession because they were going to kill his twins.”¹⁸ In the same People Magazine article Rene’s sister, Irene, recalls the selection ramp with Mengele, impeccably dressed, repeatedly bellowing out for twins. Dr. Martina Puzyna, a prisoner doctor, recollects on the time she witnessed Mengele running alongside a cattle car of Hungarian Jews screaming for twins to emerge. Dr. Puzyna remembers Mengele “. . . shrieking in a loud voice . . .”¹⁹ and acting quite maniacally. He exhibited unimaginable fury at the prospect of missing out on more research subjects.

Once chosen by Mengele, the children were taken to the hospital, cleaned, deloused, and intensely examined. One of Mengele’s captive doctors, Martina Puzyna, was responsible for these examinations. Each measurement was painstakingly noted, and Puzyna often worked to delay the processing, for once the measurements were complete the children were available to Mengele.


¹⁹ Posner and Ware, Mengele: The Complete Story, 29-30.
A witness, Vera Alexander, described one of Mengele’s experiments:

One day Mengele brought chocolate and special clothes. The next day, SS men came and took two children away. They were two of my pets, Tito and Nino. One of them was a hunchback. Two or three days later, an SS man brought them back in a terrible state. They had been cut. The hunchback was sewn to the other child, back to back, their wrists back to back too. There was a terrible smell of gangrene. The cuts were dirty and the children cried every night.\(^\text{20}\)

Alexander went on to describe blood transfusions between twins so that Mengele could observe each child’s reaction. Oftentimes the children endured high fevers and terrible headaches and if the child cried too often as a result of the pain, he or she was gassed. Mengele worked tirelessly to ensure his test subjects died at precisely the same time. This would ensure the internal reaction to any stimulus could be accurately documented.

Following Germany’s defeat 1945, a West German Indictment listed Mengele amongst its criminals. The indictment alleges as follows:

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\ldots Mengele \text{ had } 100 \text{ children shot in the back of the head for his autopsies. He is also said to have lured some of the more unwilling children to the crematorium from the experimental block by offering them sweets and then shooting them on the way. One of his most common methods of ensuring simultaneous deaths was to inject chloroform into their hearts, coagulating the blood and causing heart failure.}^{\text{21}}
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Mengele soon ordered the construction of an updated research and pathology division to better conduct autopsies.

Mengele acted in explicitly destructive ways to newborns and their mothers.

“He is said to have stood on pregnant women’s stomachs until the fetuses were expelled; he is even said to have dissected a one-year-old while the child was still

\(^{20}\) Ibid., 37.

\(^{21}\) Ibid., 39.
alive.\textsuperscript{22} Mengele ordered mothers to cover their breasts with tape and they were prohibited from nourishing the child. In several cases, sympathetic nurses smuggled morphine from the hospital so the mothers could mercy-kill the child. Furthermore, Mengele is “. . . said to have thrown a newborn baby onto a stove, angered at the mother’s pregnancy which the selection doctors had failed to spot and which would have normally qualified her for the gas chamber . . .”\textsuperscript{23} Due to the lack of decent medical facilities available to the prisoners, Josef Mengele ordered all pregnant women to be immediately gassed.

Many times, children Mengele deemed unworthy for his most important experimentation received immediate and terrible deaths. A survivor, Annani Silovich Pet’ko, gave a sworn statement to the following:

After a while a large group [of SS officers] arrived on motorcycles, Mengele among them. They drove into the yard and got off their motorcycles. Upon arriving they circled the flames; it burned horizontally. We watched to see what would follow. After a while trucks arrived, dump trucks, with children inside. There were about ten of these trucks. After they had entered the yard an officer gave an order and the trucks backed up to the fire and they started throwing those children right into the fire, into the pit. The children started to scream; some of them managed to crawl out of the burning pit; an officer walked around it with sticks and pushed back those who managed to get out. Hoess and Mengele were present and were giving order . . . They were all under five years old.\textsuperscript{24}

Mengele’s insatiable need to experiment continued to escalate. It is estimated that only a hundred or so set of twins survived Auschwitz out of the nearly three thousand that

\textsuperscript{22} Ibid., 44.

\textsuperscript{23} Arrest warrant and indictment issues in Frankfurt am Main on January 19, 1981, by the Landgericht 22. Strafkammer (State Court Number 22), file number (22)50/L Js340/68. Gerald L Posner and John Ware, \textit{Mengele: The Complete Story}, 37.

\textsuperscript{24} Posner and Ware, \textit{Mengele: The Complete Story}, 44.
entered. “So obsessed was he with finding vast numbers of twins that he attended railhead selections even when it was not his turn; he could be seen bargaining with the SS physicians on duty to set the twins aside for him.”25 While many of the other SS doctors turned to alcohol to cope with their regular duties of railhead selection, Mengele bartered for more opportunities. He often dressed in his Waffen-SS best and stood sentry for hours.

An important voice to the medical horrors of Auschwitz comes from Miklos Nyiszli. The Jewish Hungarian doctor was transported to Auschwitz with his wife and daughter in 1944 and soon became employed as Mengele’s personal pathologist. Immediately following the war, Nyiszli published a detailed account of what he witnessed as part of the Jewish sonderkommando. He begins by explaining the benefits of experimenting in a concentration camp:

The confines of the KZ [Auschwitz Concentration Camp] offered vast possibilities for research, first in the field of forensic medicine, because of the high suicide rate, and also in the field of pathology, because of the relatively high percentage of dwarfs, giants and other abnormal types of human beings. The abundance – unequaled elsewhere in the world – of corpses, and the fact that one could dispose of them freely for purposes of research, opened wider horizons.26

Nyiszli reaffirms the fact that, with regard to scientific experimentation, the need for fresh corpses to autopsy was paramount. The uniqueness of having so many twins living in a centralized location was especially appealing to the Nazis, for it presented a capacity for research unavailable throughout human history.

25 Ibid., 31.

Unfortunately, in order to detail precisely how one twin reacted to an injection or stimulus, both specimens had to die at precisely the same time. Nyiszli details his horror at discovering this practice:

I began the dissection of one set of twins and recorded each phase of my work . . . . In the exterior coat of the left ventricle was a small red spot caused by a hypodermic injects . . . . There could be no mistake . . . . Normally the blood contained in the left ventricle is taken out and weighed. This method could not be employed in the present case, because the blood was coagulated into a compact mass. I extracted the coagulum with the forceps and brought it to my nose. I was struck by the characteristic odor of chloroform. The victim had received an injection of chloroform to the heart . . . and cause instantaneous death by heart failure . . . . Not only did they [Third Reich] kill with gas, but also with injections of chloroform into the heart.27

Nyiszli further notes that Mengele had spoken with the pathologist following his gruesome discovery. As you can see, Mengele remarked, these children suffered from syphilis and would have suffered a slow and gruesome death. The Third Reich did not have the medical capacity to prevent their suffering, and therefore, Mengele was quietly saving the children from further pain.

The absurdity with which Mengele performed his experiments is infinite. He would order twin sisters to have pre-pubescent sex with other twin boys to determine if this would provide a higher rate of twin babies. “When we objected that such an experiment was impermissible he told us that we were prisoners and that we had no say in the matter.”28 Mengele soon began a routine of shooting or ordering the gassing of any patient who dissented.

27 Ibid., 61-62.

28 Posner and Ware, Mengele: The Complete Story, 37-38.
The appearance of Mengele’s personality ‘doubling’ was often on full display. It manifested itself in how he treated the children first and foremost, but most especially how he treated pregnant women. Mengele was seen treating a pregnant inmate through the labor process; especially taking “... all correct medical precautions during childbirth, rigorously observing all aseptic principles, cutting the umbilical cord with the greatest care, etc.”29 No more than thirty minutes later, Mengele dispatched the mother and newborn to be gassed. In this case the two sides of Mengele, the beneficent doctor and the murderer, were both present. Mengele’s physician side eased the labor suffering of the mother, and when that task was complete, the Auschwitz Mengele reemerged, immediately marking the woman and newborn for death.

Moreover, Mengele was instrumental in resolving unique problems with the extermination process. Mengele once witnessed a bottleneck at the crematorium, which was rendering the gassing process inefficient. The Nazi doctor resolved the issue by ordering trenches to be dug and filled with gasoline. “Both the dead and the living, adults as well as children and infants, were thrown bodily into these pits to be destroyed under Mengele’s supervision.”30 This resolved the immediate issue of the bottleneck, and the gassing soon resumed acceptable levels of efficiency.

Marc Berkowitz and his sister Francesca were brought to Auschwitz from Czechoslovakia with their parents in early 1944. Marc and Francesca were quickly

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selected by Mengele for experimentation. “They put us in freezing baths, smeared chemicals on our skin, but it was the needles we were most afraid of. After the first 150 injections I stopped counting . . . .” Berkowitz even witnessed his mother marching toward the gas chamber, after which Mengele mocked the child by asking if he still believed in God.

Moshe Offer is a survivor of Mengele’s experiments. He witnessed the slow murder of his brother, Tibi, while in Auschwitz. “One surgery on his spine left my brother paralyzed. He could not walk anymore. Then they took out his sexual organs. After the fourth operation, I did not see Tibi anymore.” Auschwitz had taken Offer’s mother, father, and two older brothers at the selection ramp, and now Moshe witnessed the slow murder of his only remaining relative at the hands of Josef Mengele.

Mengele’s experiments lacked any sense of professionalism, and his dissections were oftentimes stodgy and ill-prepared. An Aryan-looking Jew from Poland, Josef Rosenblum, came to Auschwitz and worked his way as a slave employee into Mengele’s care. Unbeknownst to his guards, Rosenblum understood German. As a result, Rosenblum was able to document many conversations Mengele had with his staff in the hospital.

First and foremost, Rosenblum tells of the sloppiness with which the experiments were conducted. “It [autopsy] indeed was a mess. All the corpses had been cut into bloody pieces. There were piles of body parts on the wooden tables,

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which were about twelve feet long and four feet wide, peppered with numerous bloodstained nicks.” However, there was a side to Mengele, the other side of his ‘doubling,’ which saved Rosenblum from certain death. For several months Rosenblum had worked tirelessly to clean Mengele’s office, the offices of his subordinate physicians, and even polished Mengele’s boots once a day. This was done strictly out of self-preservation, and it ultimately proved helpful. Rosenblum developed an infection behind his Mastoid bone, which nearly killed the young Pole. Joe was operated on by Mengele, and even given anesthetics. The surgery was arranged by a fellow inmate called only “Father,” and done because Mengele wished to reward Joe for his diligence in cleaning the office. Following the surgery, Rosenblum was permitted to recuperate in the hospital, an honor never before bestowed upon a Jewish prisoner. Joe was provided warm farina, buttered bread, and milk for the several days of his recovery. Once or twice a day, Mengele would stop by Rosenblum’s bed and inquire as to how his incision was healing. After a week or two, Rosenblum was simply allowed to pack up his new clothes, given to him by the hospital staff, and walk out of the front door back into the main camp. Rosenblum directly attributes his camp survival to the operation and care Mengele provided.

Meanwhile, Mengele would return to the selection platform, the location where he spent a vast majority of his free time. “Mengele would dress himself in his military best, no matter the weather, and separate the incoming prisoners for hours on end.”

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34 Ibid., 188.
As the German war effort devolved and more German men and boys were being recruited into the fighting forces, the need for slave labor increased. During the earlier selections, Mengele routinely gassed mothers with their children. Now, however, Mengele began sending the mothers to the work camps. Rosenblum notes that, following this separation, the children were still executed. The change in behavior was not a noble gesture; Mengele was still ordering the murder of innocent children. Only now, the mothers were kept alive, knowing full well the fate of their offspring.

On one unique day, Rosenblum overheard Mengele discussing the war with several of his subordinates. While cleaning the office, Rosenblum took notes when the discussion turned to the justifications behind the genocide. Unlike most Nazis, Mengele seemed to function without any overriding sense of anti-Semitism. Rather, he authorized the gassing of Jewish prisoners on a more philosophical level. "Actually, we never had anything against the Jewish people . . . . Hitler wanted to be smarter than the rest of the world, so we had to eliminate the Jews . . . they never did anything to us." Mengele went on to exclaim that the Jews were highly successful in business, science, and the arts. The Aryan race desired supremacy among all human endeavors and therefore the Jewish population could not continue. The world could not support the coexistence of two master races. Summarily, the Aryan leadership had decided to eradicate the Jews from civilization. To see such a startling acknowledgement from Mengele is chilling, as it adds another layer to his rationalization for the Auschwitz experiments. Mengele was, by most accounts, actively murdering innocent children in an effort to advance his career in post-war Germany.

After Auschwitz was liberated, Mengele escaped prosecution with the help of Nazi sympathizers and settled in South America. A reasonable query is if Mengele was, indeed, remorseful for his behavior. His son, Rolf, who had only briefly met Mengele when he was very young, traveled to South America to confront his father and ask that very pointed question. Mengele remarked as follows:

. . . his job was to clarify only “able to work” and “unable to work”. He graded people as “able to work” as often as possible. He thinks he saved the lives of several thousand people that way. He didn’t order the extermination and he was not responsible. He said the twins owe their lives to him. He said he never harmed anybody personally, and he got very excited at this point.\(^{36}\)

Rolf departed the bungalow with a vibrant disgust for his father and what he had committed. Josef Mengele, the butcher of children at Auschwitz, had somehow turned himself into a victim.

The town of Candido Godoi, Brazil is often cited as the prime example of Mengele continuing his experimentation into twin reproduction. There are reports of a higher concentration of twin births in this town, and it is fact that Mengele visited there several times while in hiding. However, to associate Mengele as being instrumental in Candido Godoi’s high twin birth rate is misleading. There are two main points of contention:

1. It turns out that Cândido Godói experienced no notable change in the twin birth rate in the 1960's. According to the town's baptismal records, twins had been unusually common in the town since at least the 1920's, decades before Mengele's arrival. Twin births are still common in the town today, decades after Mengele's death. Even if Mengele had developed some ovulation induction drug, it would have affected only that generation; he had no knowledge or ability to modify genetic code, which would have been necessary to pass the trait to future generations.

\(^{36}\) Posner and Ware, Mengele: The Complete Story, 30.
2. Cândido Godói's twin rate is very high, but not extraordinarily high compared to similar towns in the region. It turns out that many such communities, not only in South America but worldwide, consisting of small, isolated populations, often expatriates, have high twin rates. In particular, isolated villages in Nigeria and Romania have similar histories and similar twin rates.\(^{37}\)

While Mengele did spend time in Candido Godoi, there is no evidence to prove that he conducted any experimentation in the town. While in South America, Mengele posed as a farm worker, a veterinarian, and worked many menial jobs. However, he never practiced medicine on humans again, aside from allegedly treating Martin Bormann’s stomach cancer and performing the occasional illegal abortion.

Josef Mengele conducted experiments on an untold number of children at the Auschwitz concentration camp. His research caused the mutilation and murder of a high percentage of its young prisoners, and Mengele successfully evaded prosecution for his crimes, ultimately drowning in a Brazilian lake in 1979. What remains behind is a catalogue of scientific data for future generations to assess. The quest then becomes to determine which factors changed in Germany that allowed for Mengele’s experiments. While documenting the horrific tales of children in the Auschwitz concentration camp, it is important to note that Josef Mengele committed no crime due to the specific nature of German law. The morphing political, professional, and deontological ethics within Germany created an environment which allowed for the acceptability of Mengele’s torture of children.

CHAPTER II
MENGELE’S PROFESSIONAL ETHICS

German society of the early twentieth century was considered enlightened and civilized. Yet in this educated society the systematic extermination of millions was enabled, and chief among these facilitators was the medical profession. Close analysis of the German medical ideal of ‘lebenswurten lebens’, or life unworthy of life, allows a picture to form as to how the medical community encouraged the establishment of camps such as Auschwitz.

The total number of men, women, and children murdered by the Third Reich was not strictly limited to European Jews. The entire figure more likely approached “. . . 21 million men, women, handicapped, aged, sick, prisoners of war, forced laborers, camp inmates, critics, homosexuals, Jews, Slavs, Serbs, Czechs, Italians, Poles, Frenchmen, Ukrainians, and so on.”¹ It is estimated that this number includes roughly one million children. The true number could easily be higher, and this killing environment emerged through the collaboration of doctors and legislators. The evolving ethics of the German medical profession led to a frigid environment where the life of the patient no longer mattered.

Before Josef Mengele was authorized to conduct an experiment, he was obligated to submit a classification report detailing his study and categorizing the nature of each trial. The two classifications were state-sponsored and educational research. The state sponsored category was well regulated and quite limiting in its scope.

second, and more dangerous, did not have the same structures and parameters as the state-sponsored experiment.

Even though the state sponsored research carried with it a strict set of guidelines, Mengele was not confined to its regulations. Mengele’s research fell within the educational parameters, and therefore he did not have to present any findings to an oversight board. As a fellow doctor in Auschwitz would later write, Mengele’s method “. . . was descriptive, the amassing of data, and I know of no evidence that he had any significantly original scientific ideas.”\(^2\) Mengele marked his research as educational by arguing that the data-generating would be useful to future researchers. Therefore, any non-scientific research was not identified and prohibited. As a result, the only superior he was responsible to was von Verschuer, who encouraged Mengele to utilize the Auschwitz children.

The grouping of Josef Mengele’s research by educational criteria meant that any government oversight was nonexistent, and Mengele’s desire to out-research his colleagues led him to bend the rules of acceptability. “All personal feelings should be forgotten in consultations, the good of the patients ought to be the chief and only consideration.”\(^3\) In each case during this period, the German state superseded the patient, oftentimes to the detriment of the infirmed. Furthermore, the demarcation of another set of guidelines removed any oversight.


These guidelines were as follows:

. . . distinguished explicitly between therapeutic and nontherapeutic research. Without exception, nontherapeutic studies could be conducted only with the subject’s formal informed consent. Therapeutic research, however, was possible without consent in a medical emergency and if deemed in the patient’s best interest. These categorizations were open for interpretation by the researchers.4

Josef Mengele ensured the categorization of his research as therapeutic, thereby eliminating the necessity of informed consent. By arguing the research was for the betterment of the German state in general and that his findings would ease the pain of the German people, Mengele was roundly supported by the Nazi government. The categorical language was ambiguous specifically so that it would be interpreted by the practitioner in a manner that best suited the experiment.

The Hippocratic maxim of ‘do no harm’ seemingly would invalidate Mengele’s Auschwitz research. It is vitally important, however, not to impose the professional ethics of modern society on research conducted seventy years ago. To Josef Mengele, ‘do no harm’ was quite applicable to Auschwitz. The overriding German anti-Semitism which existed promoted treating the Jews not as human beings, with the requisite respect for the person, but rather as an infestation or disease. “Out of respect for human life, I would remove a purulent appendix from a diseased body. The Jew is the purulent appendix in the body of Europe.”5 This sentiment is mirrored by many physicians who participated in the Holocaust, who were questioned on how they justified these actions. Illustrating the common mentality, historian Ihor Kamenetsky quietly responded


with “When you find diseased appendix, you must remove it.” Ultimately, the categorization of a race as subhuman removes any concern regarding what is considered murder.

Legislative actions passed in prior years, specifically those enacted against the Jewish populations, allowed for such an environment. The “...mass killing [of] the Jews was more akin to pest extermination... than to killing human beings.” Evolving professional medical ethics did not allow for even a paternalistic protection of the so-called subspecies. This mind frame is difficult to understand today, but the current ethical code would be equally foreign to Josef Mengele.

Despite the subhuman categorization, the Nazi doctors still sought professional justification for the Auschwitz research. This was not a result of some altruistic concern for the patient. Rather, it was a front to show the Red Cross that each examination and experiment was ethically conducted. Even selection was administered in such a way that it appeared medically legitimate. “Since no medical examinations [at the selection ramp] were done and no medical skill was required for this function, the Nazis apparently sought to invest it with medical authority and represent it as a medical procedure.” Even more than simply appealing for Red Cross validity, there was a practical reason for this behavior as it prevented prisoner revolt. Whereas the inmates

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inside the barbed wires had been systematically stripped of humanity, and likewise their resistance, the captives emerging from the cattle cars were slightly healthier and could be physically able to resist. While not at their peak strength, owing to several days in the transport cars, these inmates could reasonably become volatile once aware of the camp conditions. “After the selection, the same SS doctor would enter the ambulance-like vehicle with a red cross and together with the SDG (a medical technician) . . . ride to the gas chamber. At the gas chamber, the gas would be administered under the doctor’s technical supervision.” 9 The charade continued to the very end; inmates were permitted to log their suitcases and personal effects in preparation for retrieval. After the gas chamber doors were locked, the sonderkommando would enter and remove all personal items to “Kanada,” the location where the contents were catalogued and valuables dispersed throughout Germany.

The twisted truism of ‘do no harm’ seems to be the ultimate maxim under which the Nazi medical leaders operated. The war provided the front by which the social disease was removed to better the life of the German people and the Reich. “Another more significant level of medicalized killing was the idea of killing as a therapeutic imperative.” 10 Years of economic depression and disruption led to unrest, and it became a healing mechanism to blame, and ultimately murder, the Jews for their culpability.

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9 Ibid., 37.
10 Ibid., 38.
It is important to note that Josef Mengele believed his actions to be ethical and, under German law, he committed no actual crimes in Auschwitz. Nazi dogma viewed the changing landscape and the coming victory in the Second World War as the advent of a new civilization, and this revolution would forever change the medical profession. “Away with all that is unfit to live, for the restoration of a sound and healthy people. Away with all the biologically inferior, forward to a new biological superiority.” The elimination of those unworthy of life would help create a new Aryan world order in which physician approved legislation would determine who is fit to live.

The Nazis were notorious for selecting key passages from ethical codes and amending each as justification for Auschwitz. “There was a mercy killing dimension in all this, a kind of pseudo-Nietzschean expression of will toward asserting the most powerful and strong elements in the race while getting rid of the weak elements.” Josef Mengele’s experiments were not simply a singular crime rooted in anti-semitism or psychosis. His ethical construct was the result of an education strengthened in German universities, where he was introduced to the ethics of racial hygienics. Ingrained in Mengele was more than simply eradicating a world pest, it was a noble stand of defiance. The Jews held high ranking positions in industry and banking, but it was theorized that this success would still not satisfy the voracious Jewish appetite for power. The Protocols of Zion mandated a new Jewish global leadership, and Mengele was taught that this revolution would begin with the eradication of the German

\[11\] Ibid., 37.
\[12\] Ibid., 38.
intelligentsia. “The Nazi doctors blamed the victim in many ways. They blamed the Jews for being non-human, for being the threatening factor.”¹³ Mengele saw that unlocking the programmability of twin reproduction as paramount in preventing the German demise.

Another unethical means by which the Auschwitz doctors killed was the refusal of treatment. With the imprisonment of over one hundred thousand malnourished and ill treated persons, communicable diseases decimated the population. An outbreak of cholera or typhus, of which several occurred, could not only wipe out the slave labor supporting the war effort, but also could threaten to disrupt the camp’s infrastructure. “Doctors also conducted a form of murderous epidemiology by wiping out wards or people when they became ill with an epidemic condition like typhus.”¹⁴ Josef Mengele successfully charted a strategy and its implementation prevented an outbreak of typhus in the women’s camp. His method, unfortunately, called for eliminating one entire bunk of women captives. Mengele ordered for roughly three thousand women to be immediately gassed. The bunk was cleaned, and after delousing, residents of a separate bunk took in their new residence. The vacated bunk was cleaned and freshly deloused prisoners were moved in and the process continued. By ordering the gassing of a few thousand innocent women, Josef Mengele received a commendation for his efforts.

In the presence of close family and friends, Mengele could be loving and tender. Moreover, he exhibited normal benevolent professional behavior in the camp by

¹³ Ibid., 41.

¹⁴ Ibid., 37.
providing chocolates to the children and aiding a pregnant prisoner through a tough labor. Conversely, when agitated, Mengele exhibited characteristics of psychotic doubling. “On the one hand, Mengele had normal human feelings. He had befriended this inmate doctor . . . he would save a drowning gypsy, give him medication, keep him alive—only the next moment to send him to the gas chamber.”

Whatever his mental state, the deadly actions were still, by German law, ethical practices. The evil face of Mengele’s killing personality was cognizant of the era’s legislation. Simply put, Mengele was acutely aware of the new role of ethics in his profession. He previously helped to develop legislation built upon the ethical foundations he learned in German universities.

Historian Paul Weindling thoroughly researched the complicity of the medical profession in Nazi war crimes and “. . . insists that there were never any protests from highly compromised medical elite against such atrocities, and that after the war careers continued with no sense of having violated medical ethics.” It is inaccurate to assume the Nazi physicians discarded long held ethical beliefs in Auschwitz. Each trial and study was well within the state mandated guidelines. An SS colleague of Mengele’s was quoted as saying that “. . . ethics was not a word used in Auschwitz. Doctors and others spoke only about how to do things most efficiently, about what worked best.”

15 Ibid., 42.


A cold and emotionless medical environment came to dominate Germany and within the confines of Auschwitz this setting became normal.

A difficulty in applying ethics to Josef Mengele is avoiding the temptation of utilizing constructs which were not available prior to 1945. Any attempt to retroactively analyze Mengele’s experiments in such a way would be disingenuous. However, there are four main ethical principles of which Josef Mengele most likely had intimate knowledge. These four main principles are:

1. **Nonmaleficence** – from the Hippocratic writings we have retained the maxim “First of all, do no harm.” This remains an important principle, though it is well recognized that virtually no treatment options are free from potentially harmful side effects.

2. **Beneficence** – we should do what is in the patient’s **best interests**.

3. **Autonomy** – patients have a right to make their own decisions about medical treatment.

4. **Justice** – we should treat patients without favoritism or discrimination. Thus, if two patients have a similar condition, we should offer the same recommendations and treatments to them rather than giving preference to one or the other based on status or our potentially biased assessment of them.\(^{18}\)

The Nazis altered the nonmaleficence ethics of bullet point number one by posturing that allowing the Jewish race to live would be doing irreparable harm to the global society. However, Nazi dogmatic ideals cannot validate experiments with bullet points two through four. It is not in a child’s best interest to remove pre-pubescent testicles or to be injected with typhus. The Auschwitz children did not have the autonomy to research and authorize any experiment, nor did their guardians. Finally, Mengele

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operated with extreme degrees of favoritism and preference. A child emerging from the transport car who was not part of a set of twins was selected to go directly to the gas chamber. Moreover, as seen with Joe Rosenblum, Josef Mengele would protect any child if they provided a valuable service.

Professional ethics has strong roots in the Golden Rule. The logical result of practicing the Golden Rule is an increase in the overall societal good. Realistically, it is too simplistic to label the Holocaust as unethical in this prism. Through the eyes of the German public, who had endured an embarrassing defeat in World War I and suffered through the economic wasteland that was the Weimar Republic, blame fell entirely to the Jews. In Nazi Germany in the 1930s and 1940s, it would have been inconceivable to apply the Golden Rule to European Jews. Furthermore, the Golden Rule could not apply to Jews as they were not legally considered human.

Another foundation for medical ethics is ideal care for the individual. Using the Jews as research subjects only causes injustice to the patient. The patient’s best interests were not being identified and protected in Auschwitz, as Jewish inmates were routinely denied proper medical care. These necessities were refused not because of an actual crime, but because of Nazi racism. “On this view, determining that someone should not receive care because species-typical functioning cannot be achieved for them would be to deepen the injustice . . . . On this basis, it would be discriminatory.”

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Again, eliminating the Jews protected the state, and the German state was of the utmost 
importance.

One principle goal of medicine is to prevent disease. Each physician has “. . . an 
almost sacred duty to combat all known causes of death.” Yet in Auschwitz many 
known causes of death were permitted to flourish. Overworked and malnourished, 
Auschwitz prisoners went through their daily routine of back breaking labor, poor 
sanitation, and severe beatings at the hands of the SS. No aid was administered to a 
prisoner who contracted typhus or dysentery. Likewise, no aid was administered in the 
event of a broken bone or other physical malady. The inmate was typically executed 
and another prisoner inserted into the role.

Informed consent requires attention to two “. . . basic components: the nature of 
the study, the procedures to be administered, the risks and potential benefits (if any), 
alternatives to participation, and the right to decline or withdraw participation without 
penalty. Second, subjects must voluntarily agree to participate under these 
conditions.” Mengele did not provide his test subjects with the opportunity to 
research his test, nor did he obtain signed informed consent from a guardian. Mengele 
also did not arrange to provide suitable accommodations for post surgery recovery and 
failed to provide adequate trial information to even his closest colleagues. Furthermore,

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there are several key provisions which protect involvement in a clinical study, as follows:

These include procedures to protect privacy and confidentiality, monitoring the condition of research subjects to assure their safety, terminating study participation in the case of adverse events, and informing enrolled subjects about risks and benefits discovered in the course of research.\(^{22}\)

The camp’s children were not treated in a manner consistent with these provisions. Even the camp infirmary was commonly referred to as the waiting room for the gas chamber.

Nazi racial hygienics would argue that these provisions have no bearing on Jewish subjects. Due to the passing of several race laws, Jews were not treated as humans, and “...once a human being has been stripped of his human and given a paranthropoid identity, the normal moral impediments cease to operate.”\(^{23}\) Again, viewing Jews as subhuman was not a new idea. The belief was reinforced over many years and this belief was deeply ingrained in German society, but this categorization prevented the ethical treatment of Jewish patients.

Josef Mengele’s professional aspirations drove him in Auschwitz, as he saw the opportunity to autopsy fresh corpses as the medical breakthrough he needed. Mengele, and his contemporaries, were “...attracted to the Nazi party by promises that the National Socialists will remove the Jewish predominance from the profession (60% of the physicians in Berlin were Jewish) and restore the prestige, honor, and dignity of the

\(^{22}\) Ibid., 384.

Aryan physicians.” By eliminating professional colleagues, Mengele’s could now apply for many different open positions which were previously unavailable. Therefore, his professional ambitions could more easily be realized.

The war-crimes trial in Nuremberg highlighted a disconcerting reality regarding the medical profession. Testimony showed that “. . . the medical profession lacked a written charta, a statement of principles professing its traditional ethos, which had been deemed self-understood and sufficient.” Prior to the establishment of the Declaration of Geneva in 1948, German physicians were free to operate by whatever ethical code best suited the experiment. It was common to see these codes amended depending on the study.

The change in philosophy meant that the Nazi state was infinitely more important than the individual. “One of the more influential factors was a significant shift in perspective from the emphasis on the care and cure of the individual and the community to the “treatment” of the body politic . . . as a whole.” German physicians eagerly modified their practices to align with this new paradigm. In doing so, German research is fostered not by the paternalistic care and protection of subhumans, but rather by utilizing Jews as a disposable commodity in improving Aryan life. The

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26 Ibid., 595.
“... [Nuremberg] Tribunal acknowledged that scientists justified human experiments on the basis that they yield results for the good of human society that could not be produced by other means of study.”\textsuperscript{27} The ascension of German academia to global esteem would be borne on the back of human test subjects. These subjects would allow for immeasurable research and a new enlightened era would emerge.

This fundamental emotive change in German society is paramount. The new Aryan-German citizen was hard working and tough. Generosity and compassion for others had fostered a weak society unable to emerge victorious from World War I. Full devotion to the Aryan platform and callous disregard for outsiders became commonplace. The snowballing fanaticism was not exclusive to the German military; it also permeated the medical field. “Whereas physicians generally perceive the preservation of life as their prime goal, death had become a core value in their overall belief system.”\textsuperscript{28} Death had become synonymous with progress, and experimenting on the inmate children was only the means to an end. “Complicating the issue was the fact that there existed no international consensus among doctors about the use of humans in experimental research.”\textsuperscript{29} This resulted in an unfortunate environment of promoting the state’s needs to the detriment of the patient’s best needs.

The cultural shift resulted from decades of war failure, economic devastation, anti-Semitism, and fear mongering. As Germany struggled to recover, the race laws

\textsuperscript{27} Ibid., 603.

\textsuperscript{28} Ibid., 601.

\textsuperscript{29} Ibid., 602.
enacted by Hitler mirrored societal trends. Certain rights were restricted by the
government, which was allowed to overstep its bounds by a frustrated public. “In times
of war . . . government modifies its sovereignty by overriding the legal system and
exerting power on human beings who cease to be citizens protected by civil rights and
are now seen as biological units . . . .” Under extreme duress, national governments
are often allowed to take an increased role in a citizen’s life, even to the detriment of
civil rights.

Josef Mengele’s experiments, while unacceptable, did ultimately lead to the
international establishment of a professional code of ethics. There have been
substantive measures taken to ensure another medical Holocaust is prevented.

The experiment must be scientific, not a random game of trial and error. It must
be based on a sound protocol with the area of inquiry, the hypothesis and the
nature of the clinical tryout so well defined that the need for using human
subjects is demonstrated. Normally, this means that earlier scientific
investigation, including tryouts on animals, as preceded clinical research on
human subjects.

The Declaration of Geneva was the important first step in protecting patient’s rights.
The current ethical landscape owes its strictness to physicians such as Josef Mengele,
however disturbing it is to give him a certain modicum of credit.

As for the dilemma on whether to use Mengele’s research, Stephen G Post
concludes in the most appropriate manner when he writes that by using “. . . the data

30 M.H. Kottow, “Should Medical Ethics Justify Violence?,” Journal of Medical Ethics Vol. 32

31 Frank P. Grad, “Medical Ethics and the Law,” Annals of the American Academy of Political and
without the consent of those who were violated is to violate the violated anew.”32

Furthermore, many Jewish historians and survivors have commented on this ethical predicament. As representatives of those most directly affected by the Holocaust, each is an important voice into answering this very question. Baruch Cohen, a lawyer, best summarizes these thoughts by writing:

The issue of whether to use the Nazi data is a smokescreen from the reality of human suffering. Instead of the word “data,” I suggest that we replace it with an Auschwitz bar of soap. This horrible bar of soap is the remains of murdered Jews. The image sensitizes and personalizes our dilemma. Imagine the extreme feeling of discomfort and the mortified look of horror upon discovering that one just showered with the remains of murdered Jews. The ghastly thought of Nazis melting human beings (and perhaps even one’s close relatives) together for a bar of soap precludes any consideration of its use. How could any civilized person divorce the horror from the carnage without numbing one’s self to the screams of the tortured and ravaged faces of the Holocaust? Indeed it is only with this enhanced sensitivity to the suffering that one can accurately deal with the Nazi “data.”33

With that position in mind, I contacted a post-doctoral research assistant in Virology at Princeton University. I conducted a brief interview with Stuart McGregor Dallas, who earned his Master’s Degree from the University of Edinburgh, Scotland and his Ph.D from Cambridge University. Below I have included an excerpt from our conversation.

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1) Please describe your educational background, your doctoral thesis, and your present day research.

I obtained my undergraduate degree with honors in Medical Microbiology & Infection from The University of Edinburgh. Subsequently, I spent a year doing research towards my Masters degree in Infectious Disease Research at The University of Edinburgh examining the mouse immune response during infection by a persistent mouse herpesvirus, known as MHV-68, which is commonly used as a model for the pathogenesis of the human herpesvirus Epstein-Barr virus (EBV) which is the causative agent of infectious mononucleosis and Burkitt’s lymphoma. I then did my PhD at The University of Cambridge and spent three years examining the molecular aspects of Human Cytomegalovirus latency and the mechanisms by which the virus establishes a life long persistent infection of its host. I have just recently moved to America to start a lecturing and research job at Princeton University. My research here will also concentrate on examining the pathology, molecular biology and pathogenesis of the human herpesviruses that infect and cause varying degrees of illness in such a large number people worldwide.

2) As a Virologist, is there a code of ethics you are mandated to follow?

As a research scientist I am obliged to obtain ethical approval and consent when carrying out any work that involves animals or donated tissues. It is my reasonability to not use more animals than is necessary to obtain the data I require and to perform my experiments in a manner that does not cause any waste of life, any excess harm or any undue distress.
3) Would you welcome the opportunity to conduct research on identical twins? Would it affect you if they were not willing participants, even though the research was approved?

I would in no instance be ethically willing to conduct any experiments upon any individual or obtains samples from any individual without their full consent.

4) Would you research on children? Why or why not?

I think it’s very important to do research on children especially when there are so many genetic conditions that effect many children from a young age and potentially decrease their quality of life and in some cases shorten their life expectancy. The research done on children must be carried out with extreme prejudice and in an extremely careful manner. As always, this should be done in a manner that in not overtly invasive, does not harm the child and in a way that does not cause distress or excess stress to the subject which may affect the outcome of their condition. In my view, there must also be very strict controls upon what procedures can be carried out, vigorous examination of the ethical nature of the work, informed consent from the legal guardians and a strong basis that the research will eventually lead to a greater understanding of the disease that will directly result in an improved quality of life for those afflicted.

5) How do the doctors in your field view Josef Mengele and his research?

I think there is a common opinion that although a brilliant soldier and a decorated field medic that his conduct would not be one that many could call professional or acceptable. His ‘scientific research’ is widely frowned upon and not considered to have
been of any benefit to our understanding of human genetics or medical science, but simply a waste of human life.

6) Given the same political and racist impetus, could you imagine yourself researching at the Auschwitz Concentration Camp?

The scientific world is one that is very strong driven by my competition and lead by individuals who often strive, at all costs, to find an answer to a question. Even in this modern age there are many people who still conduct their science in an unethical manner, most notably and most commonly those scientist conducting their research on human stem cells. I think for many people in science there is a great temptation to do just about anything in order to achieve ‘greatness’, given the same impetus as existed during the Nazi era I think many people would have willingly been involved in this type of research. I like to think that I am not one of those people due to my upbringing and my personal feelings about preventing human suffering.

7) Do you believe that the physician's actions can be justified in any way?

I’m not sure we can judge Mengele by our own modern standards. His research was at the extreme end of what can be considered ethical, however there were many medical practices that were conducted up until the late 1960’s that would in this modern age be equally condemned. There are many people who currently object to research involving animals, however I think the important justification that has to be made (prior to any experiments being undertaken) is whether the research and discoveries made justify the lives of those sacrificed, be they human or animal. In the past they commonly did not, which is why we must strive to control the practices undertaken in the name of medical
science. For that simple reason I don’t think Mengele actions can be justified under any circumstances due to suffering that was caused to his subjects.

8) **Is it ever right to take away someone's autonomy? (Would you adhere to a court order?)**

I think this is very difficult to answer due to the various ways and reason for which a court might decide to take away someone’s rights to govern their own medical care. In most cases this will be due to mental illness or an inability to make conscious or conscientious decisions regarding what is ‘best’ for them. I think that in only a very small number of instances that this results in the most beneficial outcome for the individual, however this is a grey area that is often clouded by multiple factors and never an easy thing to decide.

9) **Should we completely discount Mengele’s research as useless, or could there be something gained from it?**

I do not believe that there is anything to be gained from the work that Mengele carried out at Auschwitz and that since that time far more credible work has been carried out under far better conditions, using more informed practices and far more ethical techniques. This work alone has been able to further our understanding of genetics and hereditary illnesses. It has proven Mengele’s approaches to be misguided in many ways and simply irrelevant.

10) **When should a physician step in to stop a cultural practice?**

In my opinion it is the responsibility of a physician to protect the health of their patient whilst observing their wishes and beliefs. I think the only stage at which there should be any form intervention is when it becomes clear that a cultural practice may cause harm,
prolonged suffering or the death of a patient. This topic is a minefield and should therefore be governed by an informed ethical committee in my view, however I think the patient’s wishes should for the most part be observed, even when euthanasia is being considered.\textsuperscript{34}

\textsuperscript{34} Stuart McGregor Dallas, interview by author, 7 December 2010, Washington, DC, email correspondence.
CHAPTER III

APPLYING ETHICAL THEORIES TO NAZISM

Aristotle (384 BC – 322 BC) is widely considered one of the most influential philosophers in recorded history. His writings have created an entire discipline of published literature in philosophy, ethics, and more. While he lived and died thousands of years before Josef Mengele, Aristotle’s influence still permeated German social ethics of the early twentieth century. By analyzing the philosophy behind the social changes in Nazi Germany, I hope to answer the question on whether it is ethical to use Mengele’s research.

Aristotle does not specifically address the ethical question of state sponsored genocide in his writings. He does, however, address certain behaviors perpetrated by the Nazis in their push for European supremacy. Scholars and modern philosophers routinely attempt to apply Aristotle’s philosophy to World War II, and a prominent scholar, Lloyd Gerson, argues that the largest obstacle Aristotle would see with state sponsored genocide is that he does not believe nation states should operate as moral entities.

The mistake is to suppose that nations are moral agents. If one supposes this, then whatever theory of morality one wishes to defend, one will assume that that theory applies to nations. Thus, if one, say, defends a version of utilitarianism or some sort of deontological theory, one will then go on to claim its applicability to nations, treating them as if they were moral agents.1

Therefore, states should not intervene in the affairs of other nation-states, such as occupying Austria or invading Poland, even if the government believes the intentions to be righteous. Gerson believes that Aristotle would argue Germany should not concern

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itself with the ethnic affairs in Europe or with being an Aryan bulwark in the racial struggle.

Gerson concludes that Aristotle would approve of a nation acting as a legitimate international agent as long as the nation does not violently impose its moral beliefs on its neighbors. Subsequently, this author believes Aristotle would argue that the Final Solution should never have been authorized, as Nazi Germany had no moral right to forcefully evacuate Jews from sovereign European countries.

Furthermore, a contemporary of Gerson’s, author Fred Miller, believes that Aristotle would have disapproved of German expansion under the guise of finding adequate living space for ethnic Germans. This lebensraum initiative included acts of violence and mayhem against Germany’s neighbors. Aristotle writes that “. . . the political life entails the just treatment of foreigners and fellow citizens alike.”

Predating the later creation of concentration and forced labor camps, early measures enacted by Hitler’s government violated several sovereign nations’ autonomy and are thusly unethical.

However, that is not to say Aristotle is opposed to political change. Allowing for the rise of the Nazi Party, Aristotle would argue that if a system is unjust or unfair, it is morally appropriate to amend a government’s constitution. “He [Aristotle] makes it clear that a subjective feeling of injustice is sufficient as a cause of dissidence . . .”

The inequities of the Treaty of Versailles and the financial ruin suffered under the

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Weimar Republic were seen as adequate justification for the Nazi ascension to power. Aristotle could have agreed that the dire financial and social depression in Germany during the 1920s and 1930s were substantial motivations for political change. This is not to say that Aristotle would have supported Nazism, simply that political change was warranted because the Weimar Republic was failing.

When analyzing Josef Mengele through the prism of ethical theories, one must determine why Utilitarianism is ideal. There exist many different theories which could be utilized to determine whether one’s behavior is ethical. These include the Golden Rule, which states that you must do unto others only as you would have them do unto you. Kant’s Categorical Imperative states that you should only act in a way that you would be willing to see become universal law. The Revelation Ethic of the modern philosophical era encourages one to pray, to whichever god the individual believes in, for support and guidance⁴. However, for Mengele’s purpose, the Utilitarian Principle is preferable:

The principle of utilitarianism is, therefore, a consequential principle, or as stated earlier a teleological principle. In its simplest form, utilitarianism asserts that ‘we should always act so as to produce the greatest ratio of good to evil for everyone’ . . . one should take that course of action that represents the ‘greatest good for the greatest number’.⁵

Utilitarianism is the ethic by which the Nazi Party justified the Holocaust. Therefore, it is justice to use this same principle in analyzing Josef Mengele.

As seen in the previous chapter, Mengele was likely aware of his era’s predominant professional ethics. With the intense and extensive education he received


⁵ Ibid., 294.
in Germany, he very likely would also have been cognizant of the popular ethical theories and how they related to the rising Nazi party. Opponents of Nazi party politics would have argued that the National Socialista politics were in stark violation of Utilitarianism. However, as seen previously, the Nazis skewed Utilitarianism so that it actually supported the party’s aims and means. Thereafter, once in power, the Nazis began a secret process of eliminating those considered unfit to live. A program was enacted to systematically murder the mentally handicapped and physically deformed.

There is an argument within Utilitarianism which supports eliminating the weaker societal elements. This, in part, states:

(1) The morally right thing to do, on any occasion, is whatever would bring about the greatest balance of happiness over unhappiness.

(2) On at least some occasions, the greatest balance of happiness over unhappiness may be brought about by mercy killing.

(3) Therefore, on at least some occasions, mercy killing may be morally right.\(^6\)

It is this last Utilitarian point, stating that mercy killings may actually be morally right, which could have encouraged the Nazis to pursue systematic liquidation. However, it is this author’s belief that the definition of ‘mercy killing’ in this passage refers to ending the life of someone gravely suffering from a terminal disease or condition, and not to exterminating the Jews, the handicapped, and others under the political motivations of the Third Reich. Therefore, any justification of euthanasia or ‘mercy killing’ by means of Utilitarianism is erroneous.

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The Nazis began to integrate decades of Social Darwinist writings into their legislation and Hitler, as the party leader, began to pass measures aimed at curtailing the liberties of the sub-species, Jews and Gypsies especially, because he believed each to be an unacceptable existence. “He [Hitler] considered them inferior beings that before the advent of Christian and humanitarian ethics would have died out in the struggle for existence.”7 Hitler even signed a document freeing physicians from legal prosecution if they committed mercy killings, even though this act was still technically illegal under German law.

It is possible to refute Utilitarianism by means of an alternative ethical theory. The theory of Professional Ethics states that one “. . . should only do that which can be explained before a committee of your peers.”8 In this case, the coworkers of the Nazi Party happen to be Mengele’s peers. These colleagues supported his research regardless of its violent human rights violations. Through the cold eyes of German physicians, the utilization of murder was not ideal, but the results were necessary to establish a greater Germany. By applying this principle, one could argue that it was ethical for the German government to support Mengele’s research, and his behavior was likely politically supported. However, it is the opinion of this author that the application of Utilitarianism must include Jews, Slavs, and Gypsies among the ‘greater good’ and therefore is more relevant than the Professional Ethics theory.


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The German Social Darwinist ideal of ‘survival of the fittest’ increasingly gained popularity and combined with other ethical doctrines, such as those which state that in “. . . assessing consequences, the only that thing that matters is the amount of happiness or unhappiness that is caused. Everything else is irrelevant. Thus right actions are those that produce the greatest balance of happiness over unhappiness.”

The question of Jewish happiness was not a matter for German ethicists or leaders. Viewed as subhuman, the only concern was for those considered Aryan or ‘good’.

The struggle for Aryan supremacy was a fight based on philosophical beliefs:

As Darwinists consistently taught, the struggle for existence necessarily resulted in mass death for the “unfit,” which caused evolutionary progress. Hitler – along with some other Darwinists – believed that the right to life only belonged to the “fit,” which they interpreted as the healthy and strong.

Hitler blamed Christian ideals for the social aversion to murdering the weaker elements of society. He blamed western philosophy for engendering a belief in ‘right to life’ for all human beings. Hitler argued that, as within the animal kingdom, there exists a hierarchy amongst humans and that some are more important to preserve than others. “Here Hitler clearly expressed his belief that the evolutionary struggle should eliminate all humanitarian considerations, including the conception of a natural right to life for all humans, which was a fundamental element of Western human rights philosophy.”

This changing philosophy took the bite out of killing, it took the guilt out of beating an

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11 Ibid., 183.
elderly individual, and it took the stigma away from being violent. As it was all part and parcel of the evolutionary process, it became acceptable and honorable.

Backed by Nazi dogma, killing became accepted normative behavior. It became unacceptable to allow for the degenerate to live and unthinkable to allow the degenerate to procreate. “No condition that would possibly present a danger of degeneracy was to be overlooked, and it was considered a patriotic duty of all Germans to watch over the health and purity of their offspring.”12 German scientists and intellectuals began to produce literature which promoted this belief and promulgated the acceptability of murder. While Josef Mengele’s doctoral work did not show any overt sense of racism, it mirrored the belief that heredity alone determine whether one was fit to live. “Without any evidence, scientists concluded that human differences were hereditary and unalterable, and in doing so, they “precluded redemption” because they imposed “the additional burden of intrinsic inferiority upon despised groups.”13 While Kant would argue that each person’s rights are paramount and should not be violated, the German Nazi government and medical elite worked in tandem to create a society in which murder was more than just acceptable, it was philosophically just. This is the society in which Josef Mengele was educated and encouraged to make his mark on history.

Subsequently, the question remains on how to utilize the data amassed by the Nazis in research conducted in the present day. Understandably, this is an uneasy subject, but the ethical arguments are available to form a definitive conclusion.

12 Diane Plotkin, ed. Harry James Cargas, Problems Unique to the Holocaust (Lexington, The University of Kentucky Press, 1999), 85.

The first argument in support of using Mengele’s research states that while the means by which his research was obtained was wholly deplorable, the information still exists and therefore should be used to increase the overall health. Furthermore, Stephen G. Post writes that the Nazi data “. . . can be used so long as the purpose is an important one, and the data is presented with a clear moral denunciation of how it was obtained.”\textsuperscript{14} Perhaps the opinions of ethical theorists, survivors, and historians would differ greatly if the research unlocked the cure for a major disease. For example, if the Nazis discovered a cure for cancer, then in that case it would be ethically responsible to utilize the data. However, the Nazis did not discover a cure for cancer and so this argument is irrelevant.

To accuse a present day physician of condoning Mengele’s research and as complicit in the Nazi holocaust due to the use of data is unfair and inaccurate. It is “. . . entirely unreasonable to suggest that by using Nazi data, scientists become party to the evil of Dachau. By analogy, a physician who makes use of the body of a murder victim or of an aborted fetus is neither a murderer nor an abortionist.”\textsuperscript{15} Researchers who would utilize the Nazi research do not necessarily agree with the methods by which the information was obtained. However unfortunate the circumstance, the information still exists and should be available for use if it will better the collective health of humans.

Conversely, ethics will argue that the research was stolen and unethical in its original nature, and therefore should be banished from use. “The data . . . should be


\textsuperscript{15} Ibid., 433.
condemned to oblivion and never used by science, although the descriptions of the experiments can be republished as a reminder of the Nazi horror."16 Because of the depravity with which the research was obtained, any use of that data would be inflicting more injury and offense to every victim of the Holocaust. Concentration camp survivors have even expressed opinions on the matter. Rose Kaplovitz, a camp survivor, states that “. . . she did not want to see the data used because no one should be indebted to the Nazis.”17 This is not to say that the medical complicity in the Holocaust should be ignored; only that the research should not be used as a source in the present day.

Furthermore, the Nazi data “. . . has been stolen through forced extraction from the bodies of the Jews, so that if anyone should control the data’s use, it should be the Jews themselves. They have the right, then, to insist that the data not be used, because the data was pillaged from their ravaged bodies alone.”18 There has been no documentation of Jewish groups expressing favor of utilizing the Nazi research. As a representation of the ethnicity most gravely affected by the concentration camps, this denunciation must be acknowledged and heeded.

The evolving political, professional, and deontological structure of Germany after World War I allowed for the creation of camps such as Auschwitz. Furthermore, institutionalized murder was accepted, facilitated, and promoted by the medical community. Moreover, the entire philosophical subject of Social Darwinism was

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16 Ibid., 429.
17 Ibid., 430.
18 Ibid., 432.
“... conspicuously absent from British and German deontological literature until the end of World War II.”\textsuperscript{19} Therefore, any international pressure to halt this murderous new system was nonexistent. Thankfully, following World War II, the Allied Powers were determined to prevent another medically-induced Holocaust from reoccurring. Subsequently, a system of statutes collectively called the Nuremberg Code was passed shortly after the end of the war. It details a strict system of medical assurances which are concrete and leave nothing open to interpretation or abuse. It states, in part:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have the legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force/fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who, initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicals also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage if he has probable cause to believe, in the exercise of good faith, superior skill, and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.\textsuperscript{20}

As difficult as it is to give credit to Josef Mengele, his atrocious behavior helped directly lead to the world of today, where patient rights are protected and abuse is limited.

In conclusion, most ethical theories, when applied to Josef Mengele, would disapprove of the means by which he amassed his data. Furthermore, these theories, combined with survivor statements, arrive at a single conclusion; Josef Mengele’s research was conducted unethically. Even with taking Stephen Post’s point of view into consideration, this author believes that the utilization of Nazi research in

modern medical trials would be entirely unethical due to the nature by which the research was conducted.
CHAPTER IV
MENGELE’S COLLEAGUES IN AUSCHWITZ

The horrific experience of Auschwitz did not consist solely of Josef Mengele’s experiments. Auschwitz I, Auschwitz II – Birkenau, and Auschwitz III – Monowitz all combined to hold upwards of one hundred thousand souls from all over Europe. Many inhabitants never came into contact with Josef Mengele, but their experiences were no less gruesome. This chapter will describe Josef Mengele’s medical colleagues, as well as give a rough overview of concentration camp life.

The original deployment of Nazi physicians to Auschwitz was perhaps a welcoming sight to the initial Polish and Russian prisoners of the concentration camp. However, this excitement was quickly erased when the inmates realized that the physicians were not there to keep the prisoners healthy, but rather to conduct heinous experiments in the name of Nazi science. Realistically, the physicians were deployed to Auschwitz for two main reasons. The first reason included discovering new ways of curing disease, programming German reproduction, and helping German soldiers endure extreme conditions on the war front. The second reason was to facilitate the systematic murder of Auschwitz’s inmates. “The SS doctor did no direct medical work. His primary function was to carry out Auschwitz’s institutional program of medicalized genocide.”¹ Nazi physicians were encouraged to conduct limitless research trials due to the innumerable test subjects. However, even with unfettered access to research

subjects and no adherence to medical ethics, nothing substantial ever emerged from the physicians’ work.

While Auschwitz was one of the largest concentration camps, and certainly the one in which the most Jews were murdered, it was not the first concentration camp to employ doctors among the inmates. “The medical blocks probably existed because of prior concentration camp practice, concern about epidemics . . . and above all the broad Nazi impulse toward medical legitimation of killing.” The combination of the Nazi drive for medical professional elitism and the availability of test subjects, sprinkled with the fear of typhus and dysentery, provided the perfect storm for the medical deployment to the Polish countryside. Auschwitz would soon stand alone as the most diabolical Nazi beacon of Aryan science and power.

In contrast to the Nazi ideal of superiority, the actual physicians who were conscripted to work in the camps were not, in mass, the medical elite. Of course there were renowned physicians and researchers in their midst, such as Josef Mengele, but the general practitioners in the camps were rather unremarkable. “The SS doctors assigned to the . . . concentration camps tended to be medically undistinguished, strong in their Nazi ties, and personally self-aggrandizing.” This led to a majority of the experiments being conducted rather shoddily by those professionals who had no business operating in that discipline. Unfortunately, this unprofessionalism also led to a rampant increase in patient suffering.

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2 Ibid., 87.

3 Ibid., 154.
With the research largely resulting in the death of the test subject, the Nazi physicians organized a way to catalogue each death by means of natural causes. Doctors authorized “... false death certificates, attributing each death of an Auschwitz inmate or an outsider brought there to be killed to a specific illness (cardiac, respiratory, infectious, or whatever).”\(^4\) It is important to note that those prisoners unloaded from the transport cars and sent directly to the gas chambers were never entered into the camp’s registrar and therefore no alternative cause of death was necessary.

These lower tier medical professionals were also responsible for administering selection on a daily basis. More than that, however, the doctors were involved in the entire killing process, from the transport car to the gas chambers. Their participation was as follows:

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\text{... first, the chief doctor’s assignments to his subordinates concerning duty schedules and immediate selection 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.}\]

\(^5\) This was done primarily to trick the prisoners into walking towards the gas chambers without inciting violence or revolt. Impeccably dressed, the doctors were respected and

\(^4\) Ibid., 149.

\(^5\) Ibid., 166.
trusted by the new inmates. This mirage was intentional and highly successful in keeping order during the unloading chaos.

It would be inappropriate to simply categorize every Nazi physician as an uneducated and myopic believer in the acceptability of murder and human suffering. There did exist physicians working in Auschwitz who were highly regarded prior to the war. One of the most important and tireless reporters on the Auschwitz concentration camp, Hermann Langbein, approached the categorization question and was ultimately able to classify the Nazi doctors as follows:

... 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. 6

There are examples of doctors helping inmates to better medical care or extra rations of food. However, this seems to be the exception rather than the rule.

Furthermore, it was not professionally advantageous for the doctors to act in such a beneficent manner while employed in the concentration camp. German accolades and promotion were only given to those doctors who most closely followed Nazi protocol, not those who aided in keeping a prisoner out of the gas chambers. The highest German military honor was bestowed upon only a few men in Auschwitz:

The recipients were Otto Moll, who was in charge of the gas chambers; Josef Klehr, who administered the largest number of poison injections and later became chief of the “disinfectors”, who had to insert the poison gas; and Hoss himself. These decorations were an unmistakable indication that Himmler approved of the three men’s zeal, and at the same time it underscored the fiction that mass murder in Auschwitz was the equivalent of frontline service. 7

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6 Ibid., 194.

The overall intention of the Auschwitz concentration camp was the medical justification of human experimentation and murder. Those who adhered to this policy with the utmost fervor were celebrated and promoted. This established an environment of increasing violence and suffering among the prisoners.

A unique problem that the Auschwitz doctors encountered was how to deal with camp pregnancies. Typically, a pregnant mother was immediately gassed along with her unborn child. However, some women were able to escape imminent death during selection and in the following months went into labor. Standard medical ethics state that if a mother and child are in peril during the birthing process, the mother must be saved first. In Auschwitz, this extended to immediately after the birth, even if the child was born healthy. Lucie Adelsberger, a prisoner physician, worked extensively with pregnant women while imprisoned in Auschwitz. Unfortunately, she writes that the newborn had to die immediately if the mother’s life were to be saved. Sympathetic prisoner doctors “. . . saved up all the poison we could find in the camp . . . and it still wasn’t enough. It’s amazing what newborns can bear. They simply slept off otherwise lethal doses of poison . . . without any apparent damage.”8 In some cases the child’s life was spared and the birth was hidden. However, in most cases the child was either killed by the SS or the mother chose to walk with her newborn into the gas chambers because she refused to be separated.

One of the more ruthless Auschwitz physicians was Dr. Freidrich Entress, who became an expert at administering phenol injections directly into the heart cavity, which

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would cause almost immediate death. Dr. Entress is one of the doctors that Hermann Langbein would have categorized as one of the zealots who did extra work in order to curry favor with his SS superiors. In fact, Dr. Entress took a routine order from the Auschwitz Central Office as an excuse to increase his killing capabilities. He soon pioneered the use of phenol injections in the infirmary, which was previously unknown to that extent, and organized it “. . . in such a way that any of the ss [sic] medics to whom Entress soon entrusted this dirty work could easily and without a hitch kill a hundred or more patients by means of phenol injections.”

This deadly work could be concluded in the matter of a few short hours, and by lunch the former patients were burning in the crematorium.

Dr. Entress was also responsible for the infirmary selections conducted to prevent overcrowding in the hospital. Entress would routinely order the patients to strip naked prior to his arrival, and then Entress would only give a cursory peek at the patient before making his decision. “. . . Entress contented himself with just glancing at the naked patients presented to him in the clinic before he made the decision. However, he reported to Wirths that all those he had destined for death had tuberculosis.” Because the Nazi authorities did not question ‘tuberculosis’ as an ailment and desperately wished to avoid a tuberculosis outbreak, the categorization of this illness was not questioned and Entress was permitted to continue with his selections.

Another infamous Auschwitz physician was Professor Carl Clauberg, who experimented with ways of sterilizing the Jewish population. Heinrich Himmler had

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10 Ibid., 335.
been searching for a way to effectively sterilize the entire population, as systematic liquidation of the Jewish people was proving somewhat ineffective and labor intensive. “Clauberg was to find an answer to a question that occupied the heads of all concentration and extermination camps: how can offensive peoples still be eradicated while still making use of their labor for the arms industry?” As the German war effort became increasingly bereft of men and munitions, the need for a slave labor force increased. Whereas a principle goal of concentration camps had been to forcefully exterminate those considered subhuman, this was amended to include a workforce producing wartime commodities. In fact, the third sub-camp of Auschwitz, called Auschwitz III – Monowitz, was an IG Farben production plant for synthetic rubber, commonly referred to as Buna.

Clauberg routinely injected mixtures into a woman’s womb to produce sterility but his colleague Dr. Horst Schumann, experimented freely on both women and men in an effort to increase a population’s sterility. Differing from Clauberg in his methods, Schumann routinely utilized radiation as the means for sterilization, considered an extremely painful procedure. Furthermore, Schumann had no professional training with regard to radiation treatment. During his trial following the war, Schumann acknowledged in court that “. . . he had no psychiatric training that would have enabled him to judge mental illnesses; and when he began his series of experiments in Auschwitz, he did not know any more than that about radiation treatment.” Dr. Schumann is emblematic of the Nazi environment in that he was not trained in the

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11 Ibid., 342.
12 Ibid., 344.
specific discipline he was responsible for; rather, he was simply an SS doctor who was willing to radiate the genitals of men and women and seemed to suffer no ill mental effects from the responsibility.

A general concern in the Nazi infirmary was that some members of the slave labor force were intentionally becoming ill to avoid the harshest work. This manner of escaping service was also present in the Wehrmacht (German Armed Forces), which was losing numbers at an astounding rate. Ultimately, it fell to Dr. Emil Kaschub to devise an experiment which would best determine if the infirmed was legitimately ill or if the illness was faked. “By means of subcutaneous injections and ointments. . .pus, sewage, and unknown chemicals – [Emil] Kaschub gave his test subjects cellulitis, which he repeatedly photographed and lanced . . .”\(^{13}\) Due to the malaise within the German army, the doctors in Auschwitz were hopeful of creating an experiment which would decrease the number of Wehrmacht patients. That experiment was created and fostered in the flesh of Auschwitz prisoners, but it was ultimately unsuccessful.

While Dr. Entress frequently only glanced at his patients during selection, the majority of Auschwitz physicians conducted actual physical examinations. Even though the physicians did not spend very long with each individual patient, there was at least some consensus as to the criteria needed for selection.

Dr. Horst Fischer was one of these physicians, and attended several meetings which aimed to establish concrete selection parameters.

\(^{13}\) Ibid., 345.
Dr. Fischer explains how the criteria for selections were conducted:

There were a number of conferences of all ss physicians in Auschwitz for the purpose of working out firm criteria for selections. These discussions produced essentially the following characteristics as prerequisites for the selections: starvation edemas; the complete lack of fatty tissue in the buttocks (to diagnose this the physicians had the naked inmates turn around); the suspicion of TB (because of the deficient medical equipment actual TB was difficult to diagnose, and it evidently seemed too bothersome to perform X rays in the main camp); accidents that caused broken bones; and severe suppuration. Roughly speaking, these were the cases in which selections appeared to be indicated.\textsuperscript{14}

Examples of these cases were numerous in the infirmaries frequented by the slave labor force. As such, an SS physician did not have a difficult time finding those qualified for the gas chambers.

One of the most senior physicians in the camp, Dr. Eduard Wirths, was consistently at odds with men such as Entress and Clauberg, among others. This was not due to Wirths’ beneficence, as he is charged with removing the reproductive organs of large quantities of women without reason and without their consent. However, Wirths classified his experiments as true science, while he felt that Entress was simply a mad man. After requesting to be transferred out of the camp, Wirths decided to stay and following this decision, the “... lethal injections in the infirmaries were stopped... Entress and Klehr, were removed from their key positions... epidemics were brought under control; the supervision of nutrition was improved...”\textsuperscript{15} Wirths also entrusted more responsibility to inmate doctors, who were more sympathetic to their fellow prisoners. These actions did not cease his experiments however, and following the war

\textsuperscript{14} Ibid., 364.

\textsuperscript{15} Ibid., 379.
Dr. Wirths committed suicide before he was brought to trial. Even with his heinous experiments, Wirths is remembered fondly by some SS and inmate physicians.

Corruption in Auschwitz was endemic, with many SS men being bought off by items stolen from ‘Canada’. These favors sometimes brought an extra ration of bread or saved an inmate from selection. Sometimes, inmates were even able to get word out to loved ones across Europe or permitted to obtain a bottle of alcohol from the SS. Dr. Wirths, conversely, did not partake in the corruption. “It is part of Wirths’s personality profile that he and his family lived on his food ration coupons . . . . In this he was the lone exception in the jungle of corruption.”\(^{16}\) Dr. Wirths would not be considered one of the true and good ‘benevolent Nazis’, but he was fondly remembered by many of those with whom he had daily contact.

The stereotype of the SS officer as being cold, uneducated, and violent may not actually be true. Composed with an elite officer unit, the SS was comprised of men who came from educated and powerful families, and whose future was not solely tied to the military. Karl Brandt was the embodiment of this classification of leadership. Men such as Brandt were typically “. . . from an aristocratic or professional, often medical family whose general cultivation and pre-Nazi ethical concerns seemed strikingly at odds with the depth of his Nazi commitment.”\(^ {17}\) Brandt became the personification of the educated Nazi, one who was worldly and well read yet still bought into the machinations of systematic murder.

\(^{16}\) Ibid., 380.

Karl Brandt was a powerful Nazi well before the founding of the Auschwitz concentration camp. He had become a commanding administrator in the Nazi Party, and in “. . . the autumn of 1939, Karl Brandt and Philipp Bouhler, head of the Chancellery of the Fuhrer, were personally entrusted by Hitler to organize and implement the ‘euthanasia’ programme.”\textsuperscript{18} Brandt’s participation in the euthanasia program increased, and he contributed to the first German case of killing a severely physically disabled newborn. The case is shrouded in mystery and the name of the child may never be known, but Brandt’s involvement has been catalogued. Following the end of World War II, Brandt was taken into Allied custody and interrogated on his professional exploits and ethics. When the subject of euthanasia was broached, he spoke openly about the decisions behind Hitler’s initiative to purify the German race. Brandt’s depositions propose that those who participated “. . . were not ignorant of the fact that their action was illegal. Hitler, Brandt . . . even the parents knew that what they were doing was outside the law and generally accepted medical conduct.”\textsuperscript{19} Brandt seemed to suffer no remorse resulting from his killing of the innocent child, a reaction which was validated soon thereafter, at the advent of 1940, when he participated in the “. . . first deadly injections in the adult ‘euthanasia’ programme.”\textsuperscript{20} New ground had been broken with regard to medical contributions in government sanctioned killings, and Brandt was head of the new vanguard.


\textsuperscript{19} Ibid., 120.

\textsuperscript{20} Ibid., 122.
Karl Brandt was able to operate without fear of prosecution from the German government and this allowed him to lobby for an enlarged euthanasia program. Brandt, and his fellow SS elite, knew “. . . that their action was (still) against the law and contrary to medical ethics. As long as there was no official government legislation, they felt that their actions had to remain secret.”

Furthermore, those joining in the euthanasia initiative had a collective vested interest in keeping the program quiet. While the German government may accommodate and approve of the initiative, most likely the same would not be said for the global community. Therefore, the euthanasia program spearheaded by Karl Brandt was kept relatively quiet and out of the public view.

While in Allied custody, Brandt was routinely asked how he could reconcile his actions with his professional ethics. His explanation haunted the interrogators when he responded:

. . . doctors could not violate medical ethics, not because they were unable to inflict harm on humans, but because they were doctors. Their professional status freed them from any kind of moral and ethical responsibility towards their patients, and gave them immunity from medical ethics violations.

Brandt must have been fully indoctrinated in the Nazi beliefs to believe that doctors could not inflict harm on human beings, especially considering he was most likely well aware of the medical experiments occurring in horrific places such as Auschwitz. However, when pressed by his captors on this precise question, Brandt stood apart from the physicians of the concentration camps. “Rather than showing a callous disregard for

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21 Ibid., 123.
22 Ibid., 256.
the life and dignity of subjects used for research in concentration camps . . . Brandt was largely indifferent to the ethics of human experimentation.”

Brandt simply did not concern himself with ethical measure such as informed consent, do no harm, and other medical ethical principles.

There were two main racial justifications for the establishment of concentration camps. The first justification was that the Jew was inherently evil and the staunch enemy of the European community, most especially the Aryan race. Therefore, killing of Jews became not only acceptable, but appropriate because it protected the life and rights of Aryans. The second justification is on more of a physical level:

The . . . non-material motive for getting a Jew to work was the satisfaction it gave his German masters, by providing them with the pleasing sight of a laboring Jew and by demonstrating their ability to subdue the Jew to such a degree that he acts contrary to his nature, namely like an honest man . . . . It fulfilled the psychological need, expressed again and again in Germans’ treatment of Jews, to have total power over Jews.  

The notion of total power extended itself to include power over the life and death of a Jewish prisoner.

The evolution of Auschwitz from conception to killing center is an amazing journey. Auschwitz was not the first concentration camp, nor was it the first liquidation center for the undesirables. However, Auschwitz did become the most notorious concentration camp in the entire Third Reich, and ultimately became the physical embodiment of the evil mankind can enact on each other. The survivor testimonials, which first emerged during the war but grew immensely following liberation, give

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23 Ibid., 255.

insight to the daily horrors that a prisoner endured. It was not simply that an inmate had to avoid experimentation by one of the SS doctors, but also that the malnourished individual lived in constant fear of death at each moment in every day.

The location of Auschwitz was ideal for many reasons. First and foremost, it was not located in Germany, which Hitler had declared would be *judenfrei* (Jew-Free) by the end of 1941. Furthermore, it would be located in the Polish countryside, an area which was easily masked by the creation of a buffer zone around the camp. Upon close examination the “...the concentration camp inspectors saw its benefits: the area had transport connections, it was at a railway junction, and it was easy to close off against the outside world.” Finally, old Polish army barracks existed on the site of Auschwitz I and could be quickly converted to stone barracks which would provide housing for the labor force charged with building the remaining two sub camps.

While Auschwitz I and Auschwitz III – Monowitz were the slave labor component to the entire Auschwitz operation, the “...primary function of Auschwitz... was the murder of every single Jew the Nazis could (in Himmler’s words) lay their hands on anywhere.” With transports arriving from nearly every corner of Europe, it became impossible to exterminate every individual immediately upon their arrival to Auschwitz, and so those selected as ‘fit to work’ were transported away from Auschwitz II – Birkenau.

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26 Ibid., 22.

However, not every one of these new arrivals was physically able to work. Many were elderly or sick and they were accompanied by small children and pregnant mothers. The Nazis claimed they could not provide the sustenance necessary to keep the prisoners in good health; therefore the selection process was introduced. “Indeed, Auschwitz, more than any other camp, reflected the inner Nazi struggle between pragmatic strengthening (through forced labor on war works) and visionary murder.”

No matter how many prisoners were selected as ‘fit to work’ or how many commodities were produced in Auschwitz III – Monowitz could hide the real function of Auschwitz. Auschwitz was created as the epicenter where the European Jews would be eliminated from existence.

The holding pen of Auschwitz II – Birkenau was not comprised entirely with Jews awaiting their turn in the gas chambers. It held vast numbers of nationalities and orientations and languages. Therefore, to keep order, a visible representation of one’s identity was to be worn at all times. This identification was broken down as follows:

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 asocial (for example, prostitutes), green for criminals, and pink for homosexuals. Jews work a triangle (usually red), under which an added yellow triangle was sewn on to form a hexagram (Star of David).

Those individuals seen without their identification were routinely tortured and exterminated. The sense of order was integral to the camp’s structure.

The reality now facing the new prisoners must have been quite confusing. In home countries such as Greece, Italy, Czechoslovakia, Romania, among others, these

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28 Ibid., 157.
29 Ibid., 153.
human beings were packed into transport cars for the long journey to Poland, sometimes having to endure this dank and feces infested environment for days at a time. When one has been subject to that environment for such a period of time, any pretense regarding acceptable public behavior is eliminated. “When the doors finally opened, the survivors, parched and overcome by thirst, threw themselves like unclean animals on the slimy water of the puddles lining the railroad tracks.”

Sadly, this scene of starving and dehydrated inmates consuming any possible semblance of sustenance would be replayed daily in Auschwitz.

The loneliness of the new prisoners was debilitating. Following arrival, selection occurred, and those considered ‘fit to work’ were separated from friends and family and simply ushered into the larger camp.

Imagine now a man who is deprived of everything he loves, and at the same time of his house, his habits, his clothes, in short, of everything he possesses: he will be a hollow man, reduced to suffering and needs, forgetful of dignity and restraint, for he who loses all often easily loses himself.

The slide to the animalistic drive to survive began in earnest at this point. The new camp inductee was alone and subject to the camp’s hierarchy, which may be conducted in a language this individual does not understand. For the Jewish inmates it was worse. While the sending of letters was permitted for certain ethnicities and communal family camps existed for the Sinti and Roma, the Jews were not granted any camp luxury. No word of the outside world, of family or friends, or of the war effort ever made it into the

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Jewish district. As a people, they were alone and hunted by both the Nazis and fellow anti-Semitic inmates.

The camp itself was muddy and stagnant and had stagnant pools of blood adjacent to every bunk and walkway. “The place was crawling with vermin; a constant lack of water made the situation worse, leading to epidemics such as spotted fever and typhus.”32 Bodies were sometimes left lying where the prisoner had died, and so decaying human flesh peppered the air with a heinous stench.

The dehumanizing measures did not cease at that point. These individuals were led through the processing section of the camp where their identification numbers were tattooed on their arms, their bodies were shaved, and they were deloused before heading back into their new home. This process was entirely demeaning, especially for the women inmates:

... like all concentration camp inmates ... were deeply ashamed by the shaving on their bodies. Although men were less traumatized by these experiences than women, even they concurred that compulsory body shaving was just one of the many dehumanizing measures aimed at torturing all concentration camps prisoners. For women it was much harder. Women’s sexual identification is more closely tied to their body and their hair. In concentration camps, public nudity and the shaving of body hair happened simultaneously.33

The public shaming was soon followed by the donning of concentration camp garb, which was comprised of ill fitting thin rags taken off the bodies of the recently deceased.

The new arrival had precious little time to acclimate to the camp’s structure.

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“... new arrivals were assigned hard physical labor, whereas “old numbers” were more likely to get a good detail. The ss did not have to enforce this law rigorously, for it was respected by the inmate hierarchy.”\textsuperscript{3}\textsuperscript{4} The reasoning for this included that the new arrival was likely in better shape to survive the grueling fifteen hour work days of hard labor. More importantly, though, it aided in breaking down the will of the prisoner. Once that will is broken, the inmate becomes concerned only with the daily routine, and would not be interested in participating in an uprising. The skeletons that were the prisoner work force became almost zombies, and a large percentage did not care if they lived or died.

If the new arrival sought the aid and support of experienced camp inmates, he or she was routinely denied even the simplest assistance:

In addition, experienced inmates could hardly help someone who suffered the consequences of a shock. The fact that people in Auschwitz had few chances to think of matters that did not directly concern them was not the only reason. A host of informers made it risky to converse openly with someone whom one did not know well and who had as yet no camp experience. A thoughtless remark or reaction could mean mortal danger not only for the novice but also for his informant. Officially, an inmate was not supposed to know anything about the machinery of mass extermination, and talking about it was taboo. Precisely at the time when a helpless new arrival had the greatest need for support, he remained woefully isolated.\textsuperscript{3}\textsuperscript{5}

The new arrival was now completely and utterly alone. No support network was available, and fellow prisoners were concerned only with their own survival.

Daily life in the Auschwitz concentration camp was nefarious and full of danger. The ever present starvation made the day’s sole focus amassing enough food to survive,

\textsuperscript{3}\textsuperscript{4} Hermann Langbein, \textit{People in Auschwitz}, 70.

\textsuperscript{3}\textsuperscript{5} Ibid., 64-65.
and the experience of starvation was the cause of many of the camp’s maladies. Lucie Adelsberger, an inmate doctor, explains that many despicable acts were perpetrated by prisoners. “. . . things that rightly seem outrageous and monstrous to the outsider, became understandable and to a certain extent excusable when seen from the perspective of starvation.” These behaviors could include beating the weaker prisoners and stealing their rations or eating food encrusted with mold or feces.

Hermann Langbein addresses the reality of starvation by reporting how the Auschwitz survivor Judith Sternberg-Newman saw how her fellow prisoners “. . . stole bread from their dying comrades and ate it even if it was soiled by excrement. She confesses that she pulled a concealed bread ration from under the body of a woman who had just died.” This behavior was highly dangerous, as prisoners who were caught rummaging through the garbage for vestiges of food were severely beaten and denied their rations for a couple of days.

Inmates suffering from starvation were required to attend daily roll calls, which sometimes lasted hours. During these roll calls, it was routine for an SS guard to perform selection and send the weakest of the group to the gas chambers. Due to this knowledge, the prisoners attempted every possible measure to ensure they looked healthier and stronger than the rest of the group. “Some stuffed rags under their clothes to look fatter . . . others rubbed whatever substance they could find on their faces. . . . to overcome pallor and produce color . . . .”


jogging in place to produce color in their faces in hopes of appearing healthy. Hermann Langbein again writes that most prisoners had no illusions of enduring and surviving Auschwitz. However, the small modicum of hope still existed, that perhaps Providence would intervene and allow for the prisoner to survive.

Full immersion in death became an all too real life for Auschwitz’s prisoners. Similar to how the SS men became desensitized to the horrors of the gas chambers, the prisoners became desensitized to seeing fellow inmates dying every day:

It’s amazing how a human being can adjust to living in terrible circumstances. You see a guy die – so what? I never thought of the man who was going to be hanged. I was ten or fifteen yards away from a life about to be snuffed out, and all I could think of was, “Let’s get this over with so I can go back to the barracks and enjoy my free time.” The most important thing was that I wasn’t the man at the end of the rope.  

Public executions were routinely employed by the SS as means of controlling the inmate population. However, after so much blood and death, some of the inmates became wholly unaffected by these actions.

This desensitization is mirrored by Auschwitz survivor Hermann Langbein when he writes that he heard of a capo in the main camp demonstrating a new club grip to a colleague and “. . . called a Jew who happened to be passing by and used him to show how he could kill someone with one blow. The demonstration was successful. No one took notice of it.”  

While there may be time to mourn the death of a fellow

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40 Hermann Langbein, *People in Auschwitz*, 146.
inmate at a later date, assuming one was to survive; all human emotions must be suppressed in the interest of self preservation.

Beatings were also a daily ritual in Auschwitz, following a very strict chain of command. The new arrivals were beaten by camp elders, the elders were beaten by capos, and the capos were beaten by the SS if the roll call numbers were not accurate, a commodity was missing, or if a member of the group was perceived as lazy. There are two examples which best characterize the daily beatings. The first is from a prisoner, Katarina Princz, who was interviewed after the war. Princz witnessed her block elder beating her own cousin nearly to death because the cousin, exhausted, had hidden during roll call. The elder beat her cousin as a result of the beatings she received at the hands of the SS for being one number short. The second example also involves roll call:

Margit Teitelbaum was dormitory elder in Block 23. One day someone from her barracks was missing at the roll call, and the ss was furious. It turned out that a Jewish woman from Holland had hidden in a pallet. Since Teitelbaum was responsible for all inhabitants in her barracks, she was given twenty-five lashes on her behind with a whip in front of all those assembled. The Dutch woman was shot.

Routine beatings became a way for SS guards to instill order and capitulation amongst the prisoner population. No inmate, no matter the relationship with a camp elder or capo or how corrupt the SS guard allowed himself to be, was immune to this threat.

The smoke stacks of the crematorium stood as a constant reminder to each and every inmate that their lives could end in a manner of minutes.

\footnote{Ibid., 73.}
\footnote{Ibid.}
For those unlucky souls who entered the gas chamber, it was undoubtedly a harrowing experience:

Now everyone has undressed. Pitiful skeletons. Their numbers are taken down, and they are chased into the block. The sun is shining, and the snow is glistening and merrily dripping from the roof. No one is in front of my window; all I can see are big piles of dirty prison clothes along the wall. Then I hear footsteps and muted voices from the corridor. I look outside. Now there are long lines of naked inmates. The clerk of our block walks up to each one with file cards in his hand, compares names and numbers, and writes each inmate’s number on their chests; these inmates are already counted among the dead, and there has to be order.

The surreal vision of bright skies and shining snow placed against the backdrop of so much murder and suffering is unfathomable.

There is a difference, however, between those committed to the gas chambers after surviving in Auschwitz for a certain period of time and those who were led to the gas chambers immediately after departing the transport cars. The SS took extreme measures to trick the Jews emerging from the train from start to finish. During deportation from their home countries, they were permitted to bring luggage and personal items, as they were being resettled in a new Jewish establishment in the East. Furthermore, certain SS administrators sold plots of land to the Jews, where they would be able to build a new home and a new life once they arrived.

Once the Jews arrived at Auschwitz, the trickery continued. The gas chambers were equipped with shower heads to fuel the deception. The SS guards told the prisoners that following disinfection, they would be reunited with their loved ones, and oftentimes SS men told the walking dead that coffee and cakes would be available after the showers.

\[43\] Ibid., 107.
The scene was as follows:

On the steps leading to the changing room there hung a panel, in German, French, Greek and Hungarian, showing the arrivals the way to the ‘bathroom’ and the ‘disinfection room.’ Benches and numbered clothes-hooks in the changing room suggested that the prisoners would be returning to their personal effects. Here there were also panels bearing such mottoes as ‘One louse – your death’ and ‘Through cleanliness to freedom.’ On the door to the gas chamber it said ‘Bath and disinfection room,’ and from the ceiling hung sieves mounted on pieces of wood, to look like shower heads. Sometimes the SS handed out soap and towels before they shut the gas chambers, each holding up to 2,000 people.\(^\text{44}\)

Once inside the showers, an SS man trained to handle the Zyklon-B would deposit the poison, and both SS Doctors and SS soldiers were able to watch the macabre scene inside the showers through specially designed peep holes.

For the inmates who had lived and suffered in Auschwitz proper for a period of time, each knew full well what lie at the end of the stairs. For some, resistance was paramount, and beatings were soon to follow. For others, they simply followed orders and proceeded into the chambers unaffected. “The rule was that the inmates, being exhausted unto death, an apathetic mass, let themselves be directed wherever the all-powerful ss [sic] pleased.”\(^\text{45}\) For some this was a form of suicide and others had simply lost all hope of survival. To blame the victims for not resisting the march into the gas chambers is inappropriate, as one cannot comprehend the starvation, beatings, blood, and murder that these inmates experienced on minute by minute basis, and therefore one cannot understand how that experience can completely break a person.

There was, however, one major case of resistance. The Sonderkommando was a special unit mainly comprised of Jews who were responsible for the disposal of corpses.


\(^{45}\) Ibid., 111.
Following the gas chambers’ duties, this group would remove the corpses and load each body into the ovens. On days where the ovens were over worked, the bodies were stacked into trenches and burned. It was an occupation where the prisoners saw untold amounts of death, sometimes of even relatives and friends. The author and activist Elie Wiesel arrived in Auschwitz in 1944, alongside his friend Bela Katz. “Later Katz sent word to his friend that he had been assigned to the Sonderkommando, where he was forced to push his own father into the gas chamber.” It is reasonable to assume that Bela Katz later had to push his dead father’s body into the ovens and watch as it slowly turned to ash.

The Sonderkommando were always working on borrowed time. As witnesses to the most violent atrocities committed by the Nazis at Auschwitz, each Sonderkommando group was itself liquidated after two or three months. Towards the end of the war, when the Nazi defeat was imminent, this knowledge prompted one of the last Sonderkommando groups to stage a rebellion with the assistance of the Polish underground.

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46 Ibid., 194.
The uprising commenced as follows:

An SS prisoner selection finally prompted the uprising: after an attempted escape the SS had murdered 200 members of the Sonderkommando with cyanide in a storage room used for personal effects. Three hundred further prisoners were to follow, and it was the responsibility of the Sonderkommandos of crematoria IV and V to make the selections. When, on the morning of 7 October 1944, the SS announced that those selected were to be transferred to another camp the same day, the same message as had been given to the prisoners murdered in the past, the uprising broke out: just before half-past one in the afternoon prisoners attacked approaching SS men in crematorium IV with stones, axes and iron bars, set the building on fire with smuggled hand-grenades and fled. The smoke alarmed the prisoners in the other crematoria. The SS set up machine-guns in crematorium IV and fired into the crowd of prisoners; those who were not hit immediately were forced into crematorium V, which faced crematorium IV. The rebellion spread to crematorium II, where the prisoners managed to part the barbed wire and flee, at least temporarily. Beyond the ‘outer cordon’ some made it to the adjacent forests, and others to the fish-breeding plants and agricultural estates in Rajska, where they were able to arm themselves and attack the SS. Some of them hid in a barn, where they were locked in and burned alive.47

While none of the rebels survived the uprising, the rebellion was successful in destroying the crematoria in an act of defiance. Not soon thereafter, as a result of the advancing Russian Red Army, the gas chamber operations were ceased. It is reasonable to assume the Sonderkommando activity played a part in shutting down the gassings as well, as Auschwitz no longer had the capability to murder on such a grand level.

In summation, the terrible environment of Auschwitz extended far beyond Josef Mengele. It was a horrific setting in a desolation location, and became the most notorious death factory of the Second World War. While Josef Mengele does not solely define Auschwitz, he is certainly indicative of the Nazis’ Final Solution.

CHAPTER V

REFLECTIONS ON AUSCHWITZ AND FINAL THOUGHTS

While conducting research in the Bioethics Research Library at Georgetown University, I kept arriving at a singular thought. No matter how many survivor testimonials or historical works I studied, I still did not have a complete understanding of Auschwitz. I felt it was important to personally gain a better perspective of the horror that was forced upon millions of innocent men, women, and children. After careful consultation, I ultimately resolved that I would visit Auschwitz. Failure to do so would lead to regret over missing the opportunity to experience such an important historical location.

My attempted arrival to the small town of Oswiecim, Poland was frustrating and postponed. Due to unattended luggage in the Paris airport and a raging ice storm near Katowice, I was stranded in Prague for longer than I had anticipated. Thankfully, I was able to board the final flight out of Prague once the weather had cleared and successfully landed in Poland. Finally, after settling in a hotel in downtown Krakow for the evening, I embarked on the seventy minute bus ride to Oswiecim.

Exploring the small town of Oswiecim was quite interesting. It is a quiet town with very little tourism. Rather derelict and downtrodden, it represented a town whose vibrant days were long past and whose prospects for prosperity were only tied to either the tourism of Auschwitz or one of the few remaining automobile factories located on the town’s outskirts. Even the ancient castle was rather small and unimpressive.

However, I experienced an uneasy feeling while touring the Main Market Square and walking along the Sola River. Somewhere beneath the town’s blue collar
surface, there exists an underlying shame. Even though I was present sixty six years after Auschwitz’s liberation by the Russian Army, I could still feel the effects of the Nazi occupation. By gazing out from the restaurant where I took my lunch, I could see the former aristocratic home that housed Heinrich Himmler during his visit to Auschwitz. I recognized that this is not some abstract town several thousand miles. Rather, this is the site where the terrible crimes of the Nazis occurred. I am standing in the same Market Square frequented by Nazi officials such as Himmler, Wirths, Hoss, and Josef Mengele.

The weather over the course of my trip prior to Auschwitz was rather pleasant for a January in Eastern Europe. The temperature hung around 30 degrees Fahrenheit and the sun shone on most days. Conversely, the morning I visited Auschwitz was extremely cold, and an eerie fog hung over the grounds. As I stood on Auschwitz’s front lawn looking into the main camp, the fog ever so slowly lifted and I could make out the chimney stacks and brick barracks. Before long, the full view of Auschwitz I was revealed. I stood there for a few moments, soaking in the weathered brick buildings and picturing the camp’s former inhabitants.

The structures erected in Auschwitz I, which stood on the site of reconstructed Polish army barracks, are quite monotonous. Each building encompasses three floors, and many come equipped with basements which were used for a variety of activities, mainly torture. After viewing a short film in the museum directly adjacent to the camp’s entrance, I entered Auschwitz I beneath the sign reading “Arbeit Macht Frei”, or “Work Brings Freedom.” Once I stepped into the main camp and stood near where the orchestra was mandated to play twice a day, the atmosphere changed again. While
approaching the camp and standing outside the gates, there was a somber feel in the air. Now, however, the environment felt even more sinister. Any pretense I held regarding my ability to emotionally handle this experience quickly vanished. A sensational wave of emotion rushed through me as we began our guided tour. Each brick building stood as a monument to the victims and as I toured the grounds I couldn’t help but notice the guard towers, barbed wire, and the deadly ‘no man’s land.’ These three locations provided the opportunity for so many lost souls to commit suicide, either by walking into the electrified wires or by being shot for entering ‘no man’s land.’ I soon noticed a simple structure, comprised of a steel bar held horizontal atop three wooden posts. This structure’s sole purpose was for hanging prisoners.

Soon thereafter I stood at the front door of Block 10, the medical experimentation block where Josef Mengele conducted his gruesome trials. While we were not permitted to enter this specific building, it was quite emotional to be standing at the precise location where my thesis subject had caused so much grief and suffering. Not long after, I passed the infirmary, previously noted as being the waiting room of the gas chambers.

One of the blocks that we did enter and tour was Block 11, the main camp’s prison within the prison. This is the location where inmates were severely punished for alleged crimes against the SS. In the basement of Block 11 were a few distinct methods of punishment. In a room known as the ‘starvation room,’ a prisoner was simply locked inside and denied food or water until the inmate died. Across the hall is where the ‘standing room’ was located. Through this form of punishment, four prisoners were locked in an extremely tight space and forced to stand for the entire evening as the
space was too small for even one prisoner to sit down. After spending all night standing in this cell, the inmates were then required to participate in the grueling sixteen hour work day, only to return to the standing cell the following night. Finally, Block 11 housed the ‘suffocation room.’ A prisoner was locked in this air tight space until they had used all of the available oxygen and suffocated to death. Oftentimes these prisoners were hanged with their hands tied behind their back for hours, resulting in the dislocation of the shoulders and excruciating pain. Sometimes SS men would light a candle in the room in order to expedite the suffocation process.

The next Block we entered housed a catalogue of discarded personal belongings. I walked through rooms stacked to the ceiling with suitcases labeled from all over Europe. The next room displayed a collection of prosthetic limbs, and yet another room held potato sacks full of shorn hair, which was converted to rope or used as mattress filler. The final room we entered held an allotment of Zyklon-B canisters. There were too many canisters to count, even though this was only a small representation of the amount of Zyklon-B used in Auschwitz. It is important to note that each canister represented the death of roughly two thousand innocent men, women, and children.

My final destination in Auschwitz I was located in the section of the camp which housed the SS. Located in the open, near the converted bunker, stands the gallows where Rudolph Hess was hanged in 1947. Apropos to his punishment, Hess’ extravagant Auschwitz villa was within sight. After departing the gallows, we entered the converted bunker where the first Polish and Russian victims of Nazi gassing occurred. The room was dark, cold, and quite cramped. At that moment I understood that this room was the genesis of the Auschwitz genocide. This is where the Nazis
successfully experimented with Zyklon-B, and the adjacent ovens were the first to turn Auschwitz victims into ash.

The camp of Auschwitz II – Birkenau is located roughly two kilometers away from the main camp, and thus after a short bus ride I arrived just outside the infamous Birkenau gate. The skies had cleared by this point, and it was quiet as I walked through the gate into the camp. I immediately noticed the immense size of the camp. It stretched as far as I could see, extending to the distant tree line. Most of the wood which comprised the barracks has been removed, taken away by Poles returning to the area and rebuilding their homes after the war. All that remained were innumerable rows of chimneys. However, a few complete bunks remained, and the inside of the barracks were not fit for livestock. The long side of the barrack was full of tri-level bunks, and each level held upwards of 6 prisoners. In the center of the barrack ran the concrete fire tract, where the inmates would cook their food and hopelessly attempt to keep warm. However, it was straightforward to see why so many prisoners froze to death during the harsh Polish winters. I then entered the prisoners’ latrine barrack, which was composed solely of concrete slabs with circular holes. These latrines offered absolutely no privacy or hygienic amenities. Finally, I walked past a transport car at the selection ramp and approached the gas chambers and crematoria. I was able to observe the crematorium which was destroyed by the Sonderkommando in the Autumn of 1944, which was never rebuilt. I reminded myself that I was making a similar walk as those inmates who were not able to avoid selection. What I was seeing very closely resembled the last sights the prisoners ever saw before they were gassed.
I am very thankful that I had the opportunity to travel to Auschwitz. The experience was emotionally stirring and will forever shape how I experience life. Furthermore, the knowledge I gained from being on the Auschwitz soil allowed me a deeper perspective while writing this thesis. Each of the following photographs was taken during my visit to Auschwitz in January of 2011.

Credit: Bryan Vansuch
Josef Mengele does not, by himself, encompass the atrocities committed at the Auschwitz concentration camp. He is, however, widely considered the most infamous Nazi doctor employed anywhere within the Third Reich. Prior to conducting research on this thesis, I was aware of Mengele’s reputation as a gruesome and evil doctor but was not cognizant of his specific activities. In an attempt to unlock the programmability of genetics, Josef Mengele experimented and operated on countless victims, mainly children. He eschewed his professional and social ethics in an attempt to advance his academic career, and relished the power he held over the prisoners of Auschwitz.

Analyzing and documenting Mengele’s scientific research was emotionally draining, but I am glad to have had the experience. Furthermore, in conclusion, Josef Mengele’s experiments were so heinous and so evil that no good could ever have come from his trials. No matter how one assesses Mengele’s pseudo scientific merit or analyzes his results through an ethical spectrum, only one conclusion can be reached. This author strongly believes that the research conducted by Josef Mengele was professionally and philosophically unethical, and any use of his results would likewise be impermissible.
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