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Introduction

Science and genocide

On 4 March 1945 liberated Auschwitz prisoner doctors made an international declaration on how prisoners had been treated as experimental animals. They urged the Allies and neutral states to bring to trial those responsible.¹ They hoped that prosecuting perpetrators would prevent coerced human experiments and medical atrocities from recurring in the future. Survivors and witnesses of human experiments called for documentation of Nazi medical abuses, justice and compensation. Their role in alerting the Allies to medical atrocities, and in declaring the need for a humane and ethical medicine oriented to consent of the patient and research subject merits historical recognition.

Survivors created a deep impression on scientific intelligence officers, who set out to collect evidence of human experiments. After inspecting several German university clinics, an Allied scientific intelligence officer – John Thompson (a US citizen in the Royal Canadian Air Force Office seconded to British scientific intelligence) – declared that 90 per cent of the research of leading German medical scientists was criminal. He coined a new concept – that of a ‘medical war crime’. He and fellow intelligence officers were aghast at the perversions of science under Nazism. Their mission had been to investigate German scientific achievements in the war. But they all too often found evidence of fragmented and low-grade research, and inhumane practices. Linking medical research to war crimes spurred American, British and French military authorities to document the criminality of medicine under National Socialism.²

The wide-ranging investigations of medical atrocities between the end of the Second World War and the onset of the Cold War culminated in the Nuremberg Medical Trial. The Trial, which ran from December 1946 to August 1947, scrutinised German racial research, bacteriology and experimental medicine. Prosecutors and defendants clashed over the place of medical research in the Nazi power structure. The military

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tribunal set out to unravel complex issues of medical power in the Nazi war machine.

One crucial issue was the extent that the Allies recognised the criminality of eugenics and preventive medicine. The medical war crimes investigators confronted a series of problems about Nazi medicine:

1. What was the relation of medical research to the war aims and racial policies of the Nazi state?
2. Were the German experiments path-breaking science, or depraved 'pseudo-science'?
3. How did the human experiments relate to eugenics and genocide? Could the experiments on poison gas be seen as pilot studies for the gas chambers of the Holocaust?
4. Did the verdict on the 23 defendants apply more broadly to German medicine under National Socialism?

The victims and witnesses of the human experiments, and energetic efforts by intelligence officers, amassed devastating evidence on German medical atrocities. The Allies were faced with a number of alternatives:

1. To view the atrocities as mass murder and launch a series of medical trials for the perpetrators of euthanasia, sterilisation, human experiments, and other medical abuses.
2. To document wholesale German medical crimes and allow scientific experts to evaluate them.
3. To consider the ethical failings that led to the crimes and draw up new ethical guidelines.
4. To regard the perpetrators as mentally abnormal and subject their conduct to psychiatric analysis.
5. To exploit German wartime research for defence-related projects.

The revelations on medical war crimes led to an International Scientific Commission (ISC) to document coercive human experiments. It drew the attention of the Nuremberg prosecutors to the genocidal human experiments and to the ethical problems for medical research. Its documentation, which fed into the Trial, showed how the deaths and maiming of tens of thousands of victims in the concentration camps arose from the unscrupulous callousness of German doctors, whose profession had once led the world in scientific research. Given the significance of German medical research in the modernisation of medicine on an experimental basis, the journalist Werner Süsskind commented, the Medical Trial formed 'a dark chapter of modern cultural history'.³

Medical knowledge and the legacy of total war

Allied investigators of German military medicine were confronted by the choice of exploiting captured personnel and documents for weapons research, or prosecuting war crimes. The Allies had a high regard for the ability of German aviation medicine to solve problems of high-altitude flight. The Atom bomb required knowledge about the hazards of radiation, and German chemical weapons and nerve gas might be deployed against the Japanese and then against the Soviets. The British and Americans feared that German scientists would opt wholesale to work for the Russians. The Allies faced a conflict between exploiting German medical know-how and prosecuting its criminality.

The American Medical Association (AMA) and British Medical Association (BMA) were concerned that releasing news of the German atrocities would undermine public confidence in medical research. Formulating new ethical standards became a priority to ensure the future viability of research-based clinical medicine. The Nuremberg Code on the conduct of human experiments promulgated at the close of the Trial was a response to such concerns. The consent of the research subject, and the right to know and participate voluntarily in medical research remained central issues in clinical research. At the same time, the Trial revealed much about the structures and values attached to research on both the German and Allied sides. The German defence counter-attacked by challenging the ethical standards and practices in Allied medical research.

The Nuremberg prosecutors saw medicine as a crucial component of the regime's racial and social policies. The chilling mass of documentation on euthanasia and sterilisation was supplemented by the testimonies of victims of racial atrocities.⁴ The Trial opened on 9 December 1946, just before the United Nations on 11 December took steps to declare genocide a crime under international law. States should legislate to prevent and punish genocide, and the United Nations was to draw up a Genocide Convention.⁵ The two events drew on common impulses: preventing doctors perpetrating mass killing for racial purification was an aim. Raphael Lemkin, who in 1943 first conceived the term 'genocide' to describe the Nazi measures to destroy nations deemed degenerate, was the prime mover for the UN Declaration.⁶ When Lemkin advised Mickey Marcus, chief of the war crimes division, he argued for the genocide concept to be applied to medical abuses. Controversy persists over the extent that the Nuremberg Medical Trial was a genocide trial.

While the Medical Trial was the first of twelve US military tribunals at Nuremberg, it drew legitimacy from international law as developed for the four-power International Military Tribunal (IMT). International support came from victim states, notably Czechoslovakia and Poland, as well as from abused ethnic groups. Survivors drew attention to numerous medical miscreants, and singled out Josef Mengele as a prime candidate for eventual

trial. The Trial opened up the controversial issue of links between the concentration camps and mainstream academic medicine.

The prosecution accused German medical and scientific research of complicity in aggressive war, crimes against humanity and genocide. Evidence was amassed on how the experiments were to assist the Nazi schemes for conquest and German military endeavours. Suspicion surrounded the Kaiser Wilhelm Gesellschaft (KWG) and the German universities for harnessing science for military expansion, autarky and mass murder of racial and social undesirables. The accusation went to the heart of a German academic enterprise as serving the twin gods of racial research and national glory, and threatened German academic efforts to sustain the continuity of academic personnel and institutions.

The IMT judged the SS guilty as a criminal organisation, but was the Medical Trial a trial of German medicine as a whole? German professorial and clinical leaders denied that they collectively betrayed their ethical calling for the benefit of Nazi racial expansionism. Those on trial were fanatical purveyors of an ideologically debased pseudo-science, while German university professors and physicians acted with dignity and honour under the stresses of Nazism and Hitler's war. As German public opinion became increasingly vocal against 'victors' justice', the German medical profession insisted that it had defended ethical standards with honour and dignity in the face of Nazi barbarism.

Verdicts on the Trial have emphasised a coercive state, rather than how medical researchers and their representative bodies manipulated the state to gain resources for the conduct of ruthless experiments. Since the Trial the paradigm has been one of the state as instigating ethical violations. Some commentators went so far as to see the historical basis for medical crimes in Bismarck's system of state-regulated sickness insurance, introduced in 1883.⁷ By way of contrast, the opportunity of resurrecting the idea of an individual citizen's right to health care voiced in 1847 by the Berlin medical reformer Saloman Neumann, who saw health as the 'highest individual right of every person' and an accountable medical profession, was overlooked in favour of a paternalistic professionalism. The World Medical Association took a highly critical view of the socialisation of medical services while defending clinical autonomy. The *Journal of the American Medical Association* in a special issue marking the 50th anniversary of the Medical Trial in November 1996 drew the lesson that 'medicine can be distorted by the state', and that social and political forces distort 'the medical ethos'.⁸ Seen at such a generalised level, the conclusion is that the threat to patients and widespread coercion arose through the socialisation of medicine. The danger of such a paradigm is that it could exonerate the medical profession and scientific research under National Socialism as unblemished. Indeed, there has of late been a new stress on the scientific achievements of German medicine under National Socialism, while playing down its criminality and the numbers of victims of human experiments.⁹

Against such retrospective legitimations can be set views of eugenic commitments in German medicine, and the close links between the German medical profession and the Nazi Party.¹⁰ Michael Kater sees the problem in terms of 'medicalising' political ideology.¹¹ The tendency has been to see the state as the source of abuse, while the profession by definition is benign. A science-based profession held particular dangers, following the critical insights of Ivan Illich and Michel Foucault that medical power and biological knowledge were a potentially lethal combination. Since the 1970s, there has been a critical understanding of ideology in science, and how the rise of German eugenics undermined civil rights. The expansive dynamic of medical science and professional structures posed dangers to patients, the socially vulnerable, and, more broadly, to civil society. This study seeks to critically examine the paradigm of a malevolent and manipulative state exploiting an essentially beneficent medical profession, as researchers actively lobbied the military and SS for research facilities.

On top of professional solidarity against the state came the growing political opposition to Allied war crimes trials. American conservatives objected to the sheer expense of mounting trials, and to the wisdom of prosecuting veteran anti-communists, patriotic generals and enterprising industrialists. The onset of the Cold War meant these conservatives found themselves in league with German nationalists waging an unrelenting campaign against the trials. Nationalists blamed the Allied defeat for depriving Germans of homes, subjecting them to mass starvation and fuel shortages, and detaining and punitively denazifying dedicated public health officials and university academics. Many Nuremberg defendants were rapidly rehabilitated, and further prosecutions lapsed. A coalition of unrepentant ex-Nazis, conservatives, and leading physicians denigrated the trials as 'Victors' Justice'.

The Allied military medical investigators tended to work backwards from the German military and SS structures of control over medicine, which they found in 1945. This revealed the structures of co-ordination welding medicine to a regime geared to aggressive war and racial extermination, and implied that researchers were prepared to exploit the war and concentration camps for advancing medical knowledge in society. Chief Prosecutor Telford Taylor argued that Nazism debased teaching and research in German medical faculties. He cited the views of American, British and French experts that 'practically nothing of value to medicine resulted' from the human experiments in the concentration camps, and medical standards suffered severely under the Nazis.¹² Observing that medical abuses caused a vast loss of life, he placed the prime guilt on the German military-industrial complex, not least because of the rapacious ambitions of IG-Farben seeking to develop new products by means of experiments in concentration camps.

Historians have tended to judge eugenics, euthanasia and sterilisation as marginal to the Medical Trial's prime concern with human experiments. Taylor, however, saw human experiments as pilot studies for genocide. The

prosecution provided the chilling details of how Jews were culled from Auschwitz and killed for a gruesome skeleton collection, intended to grace the 'Reich University Strassburg'. The physiological experiments were construed as studies in the physiology of death, and poison gas experiments were pilot studies for the extermination camps. The taking of thousands of brains from euthanasia victims showed how medical research was linked to the psychiatric killings. The experimental X-ray sterilisations and other efforts to make women infertile bridged sterilisation and the Holocaust. The prosecutors claimed – with much justice given the massive scale of Nazi euthanasia – that there were half a million victims of medical abuses under Nazism.

What was at stake was far more than a trial of sixteen Nazi doctors, four non-Party physicians and three SS administrators. Frequently and erroneously described as twenty or indeed 'the twenty-three SS doctors', the defendants were conventionally depicted as servile agents of the autocratic Nazi state. Links were made to the SS, army, air force and state public health institutions. The diagnosis of an excess of state power suited three groups: firstly, those keen to portray the Nazi state as totalitarian – with the implicit message that the Soviet Union and other communist states could repeat such atrocities; secondly, it suited medical campaigners against socialised medical services; and thirdly, it reinforced an interpretation of the Nazi state as ruled by corporate industrial and commercial interests, welded to the war economy. By way of contrast, German medical researchers and practitioners claimed to be innocent victims preyed on by Nazi pseudo-scientists and fanatic racists.

But this diagnosis obscured how the defendants had strong links to the German academic elite, who saw human experiments in terms of qualifications, promotion and the building up of research installations. The key issue was how academics sought to steer and exploit the state's new powers under Nazism. What were the motives for human experiments at the various phases of the war, not least for intensifying medical research during 1944 when Germany was manifestly losing? These issues can be seen as significant for a nation, which prided itself on the exceptional excellence of its research and professional training. The Trial raised issues concerning the role of the university academics in an era of total war, and how the structures of German research fared under National Socialism. In confronting the extent that medicine under National Socialism was a science of mass destruction, the Allies mounted dual policies of exploitation of discoveries and prosecuting perpetrators of inhumane experiments.

Recovering the origins of the Trial

This book is the third volume of an informal trilogy on German medical atrocities. The first of these studies, *Health, Race and German Politics between*

National Unification and Nazism, 1870–1945, assesses the impact of German “‘racial hygiene’” on public health, and how widespread chronic diseases like tuberculosis and sexually transmitted diseases were branded racial poisons.¹³ Its counterpart, *Epidemics and Genocide in Eastern Europe*, covers the broader field of ‘hygiene’, involving bacteriology and disease eradication between the triumphs of Robert Koch and the abuse of disinfection in the Holocaust.¹⁴ The three volumes combine to analyse how medicine became caught up in politically messianic schemes for racial rejuvenation, and how these involved extermination of peoples designated as biologically inferior and reservoirs of lethal pathogens.

In 1994 I was researching how German bacteriologists collaborated with the Pasteur Institute in the Second World War. The archivist, Denise Ogilvie, brought to my attention documents relating to the ISC meetings in Paris in 1946. How, I wondered, could a Code requiring consent of the experimental subject have been discussed in the summer of 1946, when the Nuremberg Code dates from August 1947? Rather than generated by court proceedings and promulgated by judges, this earlier Code was formulated by physiologists. I set out to document the links in the chain of evidence stretching from the survivors of the experiments to the eventual Code.

Among the overlooked sources are the papers of Andrew Ivy in Laramie, the voluminous Bayle documentation in Paris, and the records of the British, French, American and Canadian war crimes and scientific intelligence organisations in respective national archives. The papers of scientific intelligence officers and advisors – Leo Alexander and Detlev Bronk – provide a further rich source of information. Christian Pross, Robert J. Lifton and Jürgen Peiffer pioneered studies of Alexander’s diaries, as does Michael Shevell’s study of Alexander’s reports and correspondence. The Alexander papers in Durham, NC, Boston University and those held by his family, but also the rich archives of Pross, Lifton and Peiffer, have proved fundamental resources. Leo Alexander’s daughter, Phyllis Grable, the intelligence officer Hugh Iltis, who sorted Himmler’s papers, and his colleague Ivan Brown provided vivid memories about this energetic and insightful medical expert. The cornucopia of hitherto overlooked sources allows the Trial to be located within a meaningful context on the inter-Allied investigation of medical war crimes, and shows the intensity, depth and tenacity of the Allied investigations and judicial proceedings.

The history of German medical crimes is still living history. Survivors of medical atrocities are able to confront history and point to the inadequacies of care and compensation. I was privileged to meet survivors of experiments at Sachsenhausen, Ravensbrück and Auschwitz, when in 2002 Hubert Markl as President of the Max-Planck Gesellschaft, reflected on the horror of the scientific atrocities, and apologised for the role of the KWG and the broader community of medical researchers in these.¹⁵ It is salutary for the historian to be reminded that victims are living, perceptive, inquiring individuals.

Sadly, the issue of compensation for the victims of human experiments remains unresolved and an open wound in the post-war process of obtaining justice.

Observers and investigators of the Trial generously responded to my inquiries. Alice Ricciardi-von Platen recollected her 'dark period' of working in Mitscherlich's team of German medical observers at Nuremberg. The Royal Army Medical Corps (RAMC) pathologist and Ravensbrück investigator Keith Mant warmly supported my exhuming the issue of medical war crimes. He drew my attention to the importance of the mercurial John Thompson, who had escaped the attention of historians. Keith's lecture on Nazi medical war crimes constituted the highlight of a symposium, which I arranged in Oxford on 14 March 1997 to mark the 50th anniversary of the Medical Trial.¹⁶ The symposium focused on the Trial as an historical event. Major symposia held in Washington DC, Boston, and by the IPPNW at Nuremberg looked at the ethical legacy of the Trial from the perspective of the abusive state. The Paris symposium raised the survivors' perspective, when the bland apologetics of the ICRC were rebuffed.¹⁷

I discussed the Medical Trial with Telford Taylor, Chief Prosecutor at Nuremberg, and the medical historian Saul Jarcho (as member of the New York Academy of Medicine's Committee on the Medical Trial Documents) in 1996. The assistant prosecutor, Ben Ferencz, and documents analyst, Hedy Epstein (*née* Wachenheimer) generously responded to my questions. I am grateful to Joseph Meier and to Walter Freud for recollections of their period as war crimes investigators. The families of Leo Alexander and John Thompson (extended to the family and students of his closest friend, the psychiatrist Milton Rosenbaum), and Madame Christiane Lépine, have provided a wealth of biographical recollections. Children of two of the accused shared their memories of the end of the war and the impact of the Trial on their families. The travel and research were made possible by the Wellcome Trust as part of its support for my position as Research Professor at Oxford Brookes, and with a project on Clinical Abuses and Nazi Medicine.

The Nuremberg Trials confronted the problem of whether the state and its agencies were taken over by avaricious professionals, or – to put the matter more indulgently – were well-intentioned physicians manipulated by militant leaders and their regenerative ideology? The medical war crimes investigators' and the Trial's efforts to resolve this problem resonate not only for understanding medical dimensions of Germany in the Second World War, but more broadly in a century in which scientific experts sought power while eschewing accountability. Viewing the human experiments from the perspective of the victim, and survivors' demands for an ethically informed medicine, presents a new framework for analysing medical atrocities. Informed consent permeates modern medicine: an understanding of its meaning and implications in the political ordering of human life requires critical historical analysis of the Nuremberg medical maelstrom.

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