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The Holocaust & (Bio-)Ethics Education: Setting the Context

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introduction

The Holocaust & (Bio-)Ethics Education: Setting the Context

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Abstract

Holocaust education is important for learning how healthcare has been leveraged to influence social change in the past and how it can be used to advocate for ethical social change in the future. By understanding how medical professionals became the social and political leaders of Nazi Germany, today's health professionals can learn how to avoid unethical politicization. By understanding how early twentieth century discourse on medico-social issues used terms and language that are similar, if not the same, as today's debates, proponents of different sides of these debates can understand the troubling subtexts and potential consequences of their – and the opposing side's – positions.

Key-words: *Holocaust education; health professionals; social discourse; bioethics*

Holocaust education has traditionally been seen as a topic of importance in modern Jewish history and, at times, modern European history, yet, regarding the latter, the Holocaust has been used as an example for the consequences of totalitarian politics. As the articles in this issue of *Conatus - Journal of Philosophy* convey, however, examination of the Holocaust simply as a Jewish historical event or as a component of political history misses the importance of Holocaust education as a means to learn how to confront ethical and medicalized social issues that are present in contemporary society. By examining and understanding how medical professionals became the social and political leaders of Nazi Germany and how they became instrumental in implementing the Final Solution, one can learn how the role of healthcare can be leveraged to influence social change. One may also learn how medical professionals themselves can mitigate the

dangers of falling into a politicized role that exacerbates social and political injustice. Similarly, by understanding how early twentieth century discourse on medico-social issues, such as eugenics, euthanasia, and the pathologizing of human diversity, used terms and language that are similar, if not the same, as today's debates on genetic enhancement, death with dignity, and the identity of people with particular (mental and physical) disorders or disabilities, proponents of different sides of the debate can understand the troubling subtexts and potential consequences of their – and the opposing side's – positions. Due to the importance of Holocaust education as a means to learn from history, and not simply to learn history, this issue hopes to show the practical relevance of the Holocaust and Holocaust education for learning tools and gaining social experience to confront the challenges of various medical and political issues contemporary society faces.

As editors for this issue, we would like to use this opportunity to provide some background into our own respective realizations that Holocaust education must necessarily cross boundaries and serve as a practical historical example from which to learn professional competencies and strategies for effective ethical social discourse.

I. Ira Bedzow's Story

I had been made aware of the importance of Holocaust education at a relatively young age, but it was not until I began teaching at a medical school that I realized how ubiquitous and imperative the need for Holocaust education really is. The necessity for Holocaust education is not simply for the sake of understanding the development of codes for ethical conduct in research or even the individual psychologies of those who suffer from trauma. Holocaust education is essential as a way to understand how connotations of medicalized language can push social and political agendas and the implications of those agendas if one does not have the tools to thwart them.

My grandparents and a few of their siblings survived the Holocaust. My grandmother outlived the death campaign in Sobibor, and my grandfather, great-grandmother, and great-aunt and -uncle fought in the Bielski brigade as partisans against the Nazis in the Naliboki forest. As a child, they did not speak of their experiences, yet as I grew to be a teenager, I heard more and more about how they lived when they were of a similar age. Their stories taught me about heroism, survival, and personal resilience and shaped my views on the choices that individuals can and do make. The social assumptions and political positions they held after the Holocaust also shaped what I perceived were ramifications of politicizing civil society and its subsumption by the state.

The major socio-political assumption that my grandparents and their siblings held, that still undergirds many contemporary debates in civil and political society, is an inherent distrust of acculturation. Their perceived inability to be fully accepted and to fully accept the countries which they called home led to a dissonant sense of identity and a deep skepticism in delegating to the state the authority to shape and reinforce social norms.

My grandparents and their siblings lived, and some continue to live, in New York, Atlanta, Miami, and Montreal. As immigrants they all quickly tried to adopt the American and Canadian ethos, to become as American and Canadian as their neighbors. Yet, at the same time that they were striving to live the American and Canadian dream, they continued to recognize that they were something other than American and Canadian. They also sensed that they were being recognized as different than American and Canadian by those around them. Partly, the recognition was driven by their desire to maintain their Jewish heritage and pass their religious and cultural traditions to their children. However, recognition was also due to nationalist or nativist sentiments that periodically grew in political strength, yet was ever present as an underlying social subtext, both in different parts of America and in Quebec. The assumption that, as minorities, they would never be truly accepted by the countries in which they lived, led each of them to be outwardly patriotic yet also proudly Zionist. Though they were grateful to the countries that gave them a new life, I believe that a component of their outward patriotism reflected their need to demonstrate that the country that accepted them, i.e. the people that were already there, did not make a mistake in letting them come. It was as if their patriotism reflected the need to assuage the doubt left by a contingent acceptance.

This sense of contingency was also a major component of their Zionism. Though very proud of the establishment of a Jewish state for religious and cultural reasons, they also possessed the sentiment that they could never be truly safe – physically and socially – unless there was a state to which they could flee if necessary, and they could not fully trust any state except for one that was governed by their brethren. This is not to say that they did not have friends and social relations with people of many different backgrounds. This is also not to say that they did not truly identify with the countries in which they lived. Rather, what this demonstrates is that they continued to see their relationship with their new homes through the lens of their experiences growing up in Eastern Europe, both before the onset of World War II and during the Holocaust. More importantly, it suggests that their experiences before, during, and after the Holocaust were different in degree but not in kind, such that they could make the connection.

I recognize that these perceptions are based on anecdotal evidence and that there cannot be an empirical study to determine whether the Holocaust

caused my grandparents and their siblings to hold these views or whether I am imposing a twenty-first century schema onto their twentieth century outlook. Yet, despite my reservations about the lack of scientific scrutiny to my observations and interpretations, I tell them for two reasons. The first is that these perceptions set the context for much of the research regarding the importance of Holocaust education today. As such, they are like clinical observations, where my recollection of the behavior of my grandparents and great-aunts and -uncles serve to form a hypothesis for further research and study. Indeed, many of the articles in this issue do just that, i.e. provide empirical and qualitative support to embed my suppositions into a larger theory. The second is that these observations align with what I have seen in medical school discussions, in terms of the underlying social and political premises that influence medical ethics and health policy debates. The main difference between the two is that my grandparents speak of their social assumptions in their own language, while the positions communicated in medical schools and other universities are communicated using medical (ethics) terminology and the language of public health.

There is one additional point to consider regarding my grandparents' and their siblings' experience. When minority groups, whether they are ethnic minorities or otherwise, are seen as "others" by majority groups, the volume of social discourse can impact the views of those very minority groups, who both learn to accept their own "otherness" as well as accept that "otherness" is an acceptable norm. This reinforcement of a divisive ethos creates further challenges to critically reflecting on established social norms and in delegating to the state, rather than to civil society, the power to prioritize social values.

Today, the underlying premise that differences create distinctions still undergirds many social and political debates, yet we are not as keen or as explicit as my grandparents in seeing the similarities between contemporary issues and those of their youth. One of the reasons for this is that, though the arguments and terminology used in today's debates are very similar to those that occurred in the early twentieth century, as a society, we do not have the same sense of history as those who have lived through both eras. Our education and our intellectual discourse do not take a long view of history, and when it does look past the present moment, it looks forwards and not backwards. History, like philosophy, has become an academic discipline whose relevance has been relegated to scholars and specialists rather than being seen as social capital, whose wealth of information can serve as lessons for the present and future. As such, medical and social issues that we face today are seen as innovative or *sui generis*, without comparison to what transpired in previous generations.

However, questions regarding the effects of immigration, how to define and ameliorate disabilities, how to distinguish between therapy and enhance-

ment, and how best to set the goals of public health are all questions that were debated in the twentieth century. Moreover, the medicalization of these debates is similar as well, both in terms of creating and using medical terminology to define and discuss the terms of the debate and in terms of health professionals taking the forefront in public discussions. Most importantly, however, is the fact that the underlying social conflict of how to consider people that are different than a (nationalist or nativist) ideal continues to be a major fulcrum for how one leans in the various debates.

It is for this reason that learning about the Holocaust is so valuable, both for medical school education and more generally. For medical training, the Holocaust is especially important because unlike any other genocide, the Holocaust was deliberately framed as a public health campaign. Physicians were the largest professional group to join the Nazi party and were the driving force behind the Holocaust, despite the fact that German medical schools set the standard of excellence for medical training at the time and the German medical profession had strong codes of ethics. Through learning why physicians so quickly joined the Nazi party and became so instrumental in promoting public health at the expense of their individual patients, today's medical students can learn how to avoid the same pitfalls as they become social advocates. As today's social debates continue to utilize medicalized terminology and to frame discussion in terms of public and population health, physicians become more vocal in pushing for social reform and have more power to assert their positions. Learning how to advocate in a way that speaks to public issues without losing professional integrity would be a valuable skill so as to be able to advance the discourse responsibly.

II. Stacy Gallin's Story

Ira's story represents a personal connection to the history of the Holocaust and the importance of that history for contemporary society. I, too, grew up in a Jewish household where I learned about the Holocaust both at home and in academic settings. I remember being told of the rabid anti-Semitism that overtook Europe while my grandparents were growing up and how they came to America looking for a better life. My grandparents survived, but their relatives did not. They were part of the six million who lost their lives because they were Jewish. As a young Jewish girl, I was constantly reminded of the sacrifices my ancestors made for our religion. I, in turn, developed a sense of responsibility to my ancestors to ensure that their fight for freedom, tolerance, and justice lived on through their descendants. Remember the past; protect the future.

As I grew older and learned more about the Holocaust, I realized that I still did not fully comprehend what took place during that time. The narrative

I had been taught remained the same: Hitler hated anyone who did not belong to the Aryan Race – particularly Jews – and eventually devised a plan to exterminate the entire Jewish population. It wasn't until my doctoral program in medical humanities that this narrative began to shift as I learned about the concept of medicalization – taking social issues and transforming them into physical problems that can be diagnosed and treated by health care professionals. I began to study the history of racial science and the ways in which medicalization and dehumanization can work together to create a powerful tool for persecuting vulnerable populations. This led to a personal and professional epiphany as I finally understood the true roots of the Holocaust as medically sanctioned genocide perpetrated not by one megalomaniac, but by a series of esteemed professionals from all walks of life. I began to see the politicization of medicine and the biologization of politics, the confluence of economic, social, cultural, and governmental forces, and the centralization of the media that led to the most successful propaganda campaign in history. For the first time, I saw the situation for what it really was – a well-oiled machine systematically orchestrated to label, persecute and destroy anyone who was not considered socially acceptable by those in power. Those who chose to act as physical barriers to ensure that the hierarchy remained intact and that the “weak” and “unfit” did not threaten society were the very same group entrusted for so long with caring for the most vulnerable. My perspective expanded to focus not only on the victims, but also on the individuals and the culture that perpetrated the Holocaust. The relevance of this historical moment for modern society became clear as the connection between past, present and future was illuminated.

The entire purpose of the Third Reich was to ensure a better future for the *Volk* by using advances in science and medicine to encourage societal progress. But what kind of “advanced society” is based on a system where the strong prey on the weak? Where a small group of those in power get to choose the people and characteristics that are deemed favorable and, thus, allowed to survive? Where a person's worth is based on his or her value to society and not as an individual who is worthy of intrinsic respect and dignity? Where politics, science, medicine, media, law, and a host of other professions can all come together and decide that entire groups of people should be considered “lives not worthy of living?” Perhaps most importantly, what kind of “advanced society” not only allows, but actively participates in the mass murder of millions of innocent victims based on a promise of scientific advancement that will lead to a better future?

Thinking that Nazi Germany did not have a system of morals is arguably the most dangerous mistake we can make when studying the Holocaust. Understanding the ways in which the morals and ethical values of an entire peo-

ple were undermined and perverted by outside forces is absolutely essential to making sure that we do not repeat the mistakes of our past. Once I understood that key fact, I knew what I had to do to fulfill both my responsibility to my ancestors and to my descendants. I started a nonprofit organization, the Maimonides Institute for Medicine, Ethics, and the Holocaust (<http://www.mimeh.org>) to bring the stories of the past into the present and emphasize the contemporary relevance of medicine and the Holocaust for all people. This is a topic that transcends traditional educational boundaries. It is interfaith, interprofessional, international, and intergenerational. It is both the history and the future of humankind. For if we truly want to protect the future, it is not enough to solely remember the past. We must act in the present. We must ensure that all people understand our responsibility to one another as members of humankind. We must strive to instill a moral ethos in each and every individual that values human dignity ahead of social progress and cannot be corrupted by outside forces; be those political, economic, social, or cultural. Creating a venue for discourse on the theoretical foundations and practical applications of bioethics and the Holocaust for modern society is an invaluable step towards fulfilling our generation's promise of "Never Again."

III. The Topics of this Issue

This special issue of the *Conatus - Journal of Philosophy* is a testament to our multi-faceted approach to education regarding bioethics and the Holocaust. We have been incredibly fortunate to have the support of Evangelos Protopapadakis, Editor-in-Chief, and Despina Vertzagia, Managing Editor, whose commitment and dedication to this topic were instrumental to the success of this issue. Our voluntary board of guest editors representing nine countries worked tirelessly to ensure the high quality of each article included in this issue. Finally, we received manuscript submissions from internationally acclaimed scholars representing different academic fields from various stages of their careers. We appreciate the hard work of each of the authors whose work is included in this issue. The enthusiasm of all those who contributed to this project is very promising for the future of the field, and we hope that this is only the beginning of many other collaborations that transcend boundaries.

The articles in this issue can be categorized into four different general topics: Holocaust studies for the sake of understanding the role of professions in society, Holocaust studies for the sake of medical education, Holocaust studies for the sake of ethics in contemporary social discourse, and Holocaust studies for the sake of ethics in research and technological advancement. While each article represents a specific view on a subset of the larger topic, the theme that unites this issue is the contemporary moral

relevance of bioethics and the Holocaust for modern society. Without an understanding of where we have been as a society, we will be lost, without a map or a compass to help us find a better future.