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Normalizing Evil: The National Socialist Physicians Leagues

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Abstract

The National Socialist Physicians League (or NSDÄB), was a professional medical organization founded upon the same ideologies that shaped the broader National Socialist agenda. Despite the vast historical and ethical literature focused on physician involvement in Nazi atrocities during the Holocaust, little attention has been paid to the NSDÄB. However, the establishment of this group is important to understanding the forces shaping physician participation in the Nazi party. Physicians often look to professional medical organizations as a source of moral guidance; thus, ideologies of racism and the active harassment of ethnic or racial minority groups by this professional organization may have contributed to the establishment of this behavior as not only permissive but normal. This article will explore how this organization contributed to normalizing, desensitizing and legitimizing behavior that could not be justified by any normative theory of professional medical ethics.

Key-words: *National Socialist Physicians League; Professional Ethics; Bioethics; Holocaust*

I. Introduction and background

This article will focus on the National Socialist Physicians League (Nationalsozialistischer Deutscher Ärztebund, or NSDÄB), a professional medical organization founded upon the same ideologies as the broader National Socialist agenda. The organization's alliance with and close association to the Nazi party is apparent in its early formative policy. Despite the vast historical and ethical literature focused on physician involvement in Nazi atrocities during the Holocaust, little attention has been paid to the NSDÄB. However, the establishment of this group is important to understanding the forces shaping physician participation in the Nazi party. This article will

explore how this organization contributed to normalizing, desensitizing and legitimizing behavior that could not be justified by any normative theory of professional medical ethics. This work draws from secondary source analysis and primary source materials obtained through archival research in order to examine the ways in which this organization played a role in actively promoting the Nazi party and normalizing radically eugenic ideologies within the medical community. Archival documents show various ethical transgressions perpetrated by the NSDÄB, which sought to aggressively alienate and abuse non-Nazi physicians. Although members described the early NSDÄB as a ‘pacifist’ organization there are numerous disturbing personal accounts from members that tell of how early in the organization’s history it began to terrorize non-Nazi doctors collectively.¹

Prior to and during the Second World War, the Third Reich had attempted to skew traditional patient-centered medical ethics towards notions of utilitarianism (appealing to the greater good) and public health. Policies were created that reoriented patient-centered medical ethics and instructed physicians that individual patients were not their concern. According to these policies, aggregate concerns for the *Volk*, or the people, were to be the focus of the physician.

The primary concern of physicians should be the healthy people who had the most to contribute to the Volk, and not the care of the sick, the weakly, and the useless who are only preserved in an artificial world, such as the artificial world of the mental hospital.²

This idea of physician obligation to the *Volk* and the concept of “the weakly, and the useless [...] preserved in an artificial world,” are critical components of the eugenic ideology.³ Eugenic ideologies were, in fact, extremely formative in shaping medical norms at this time, not only in Germany but internationally.⁴

II. Eugenics and National Socialism

Eugenics first took a stronghold in North America. There, vasectomy was implemented as a means of involuntary sterilization in penal institutions at the

¹ Françoise Bayle, *Croix gammée contre caducée les expériences humaines en Allemagne pendant la deuxième Guerre mondiale* (Neustadt, 1950).

² Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge: Harvard University Press, 1988), 42.

³ Ibid.

⁴ Daniel Kevles, *In the Name of Eugenics* (Cambridge: Harvard University Press, 1998).

beginning of the twentieth century. By 1920, twenty-five states had compulsory sterilization laws for those labeled criminally insane and “inferior.”⁵ A combination of factors, including the cultural changes associated with the Industrial Revolution, resulted in marriages at a relatively older age and producing fewer children. At this time, Darwin’s canonical work, *The Origin of Species*, was rediscovered, introducing the concepts of evolution and natural selection, along with increased understanding about heredity. In other words, science now understood that parents passed traits on to their offspring. These ideas were bolstered by so-called “scientific proof” in the work of Francis Galton, who began to trace the genealogy of the families of reputable men/geniuses, as well as so-called “degenerate families” to show that parents passed both desirable and undesirable traits on to children.⁶ This meant that eugenic ideology took hold at the perfect moment in history: there was a perceived crisis, made visible by newly employed vital statistics, while at the same time there existed a new understanding of heredity, natural selection and evolution.⁷

Beyond that, Francis Galton and others believed that man could perfect evolution. The technologies of the industrial revolution made many believe that mankind could use science and technology to master all. Humankind did not need to wait to improve through natural selection; men could master and accelerate this process. “What nature does blindly, slowly and ruthlessly, man may do providently, quickly and kindly.”⁸

Importantly, Galton and others who believed in the science of eugenics and claimed to understand Darwin’s theories feared that society had created an artificial environment that was supporting the weak – those that would not have survived natural selection. Part of perfecting evolution would have to involve correcting this social error and stopping the weak from procreating.⁹

The eugenics movement was also intimately linked to racism.¹⁰ When eugenics arrived on the scientific scene, ideas of racial medicine were still prevalent. Physicians believed that the races were biologically different and that some (generally non-white individuals) were predisposed to disease.¹¹ They believed that there were both superior and inferior races and that these racial differences determined not only the behavior but also the disease susceptibility of individuals. The racist ideas of biological inferiority that were built

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid., 12.

⁹ Ibid.

¹⁰ Proctor.

¹¹ Ibid.

into eugenic ideology were apparent in Nazi rhetoric and propaganda. Hitler's enthusiasm for eugenics is well-established and can be seen incorporated into *Mein Kampf*. In fact, the invocation of medical rhetoric was one of the ways in which the Nazis successfully legitimized and justified their treatment of Jewish, gypsy, and other populations. As an example, they aligned Jewish people with disease vectors, using medicine to rationalize anti-Semitism by explaining how the Jewish population was biologically predisposed to disease and disorder. It also contributed to the devaluing of the Jewish population, now understood as diseased and in need not only of special treatment but also of segregation (quarantine) for society's protection.

However, the application of eugenics was not limited to propaganda; rather, the Nazi regime understood eugenics as a government responsibility. It was the government's responsibility to ensure the success of its population by ensuring proper breeding and health; this practice was often termed "applied biology."¹² This vision of government work – one aligned with eugenic ideology – meant that physicians were easily drawn into the work of National Socialism. They saw the early eugenic policies of the party as an important application of internationally accepted medical science. Beyond being grounded in science, government work also offered German physicians steady and reliable employment. The promise of professional success (and the framing of government work as medical) was a powerful motivator for physicians during the pre-war years, who were already suffering professionally due to an economic downturn. The Wall Street crash of 1929 and resulting depression were felt across the world, including in Germany, where the impact was even more significant due to reparations being paid after the Great War. Physicians were not immune to the failing economy, and many German doctors suffered economically.¹³

III. Nazi doctors

Physicians joined the Nazi party in greater numbers than any other professional group, and many were in positions of relative power. More than 38,000 physicians joined the Nazi Party, which represented almost half of all German physicians.¹⁴ During this same period, the average income of a German physician rose from only 9,300 marks in 1933 to over 15,000 marks in 1938.¹⁵ During the war 7% of all physicians were members of the SS, which is compar-

¹² Ibid.

¹³ Alexa R. Shipman, "The German Experiment: Health Care without Female or Jewish Doctors," *International Journal of Women's Dermatology* 1, no. 2 (2015): 108-110.

¹⁴ Proctor.

¹⁵ Berg M. Cocks, *Medicine and Modernity: Public Health and Medical Care in Nineteenth and Twentieth Century Germany* (Cambridge: Harvard University Press, 1997).

atively high in comparison with the less than 0.5% of the general population who were members.¹⁶ Physicians were involved in many of the atrocities committed during the Second World War, including forced sterilization, institutionalized killing (Child Euthanasia, T4 Program, Wild Euthanasia, Operation 14f13, The Final Solution), medical experimentation, and more.¹⁷

i. Professional Medical Associations

Moving beyond the overall numbers of individual physicians who joined the party, it is also critical to recognize the communal acceptance of National Socialism within the medical community. Professional medical groups were vocal supporters of Hitler. In 1933, Dr. Alfons Stauber, head of Germany's two major professional associations (including the German Medical Association) wrote to Hitler with emphatic support. He wrote that the Association "welcomes with the greatest joy the declaration of the Reich Government [...] with the promise to faithfully fulfill our duty as servants of the people's health."¹⁸ As Proctor has shown, the support of key professional medical groups was critical to the creation of the *Gleichschaltung* (coordination or Nazification) of German medicine. Among the most important components of *Gleichschaltung* was the *Nationalsozialistischer Deutscher Ärztenbund*, or NSDÄB.¹⁹

ii. Nationalsozialistischer Deutscher Ärztenbund

The NSDÄB was a professional medical organization founded in 1929 by Dr. Leonardo Conti.²⁰ Leonardo Conti was already a member of the National Socialist Workers Party (NSDAP) at that time and would become a member of the SS only a year later. Conti would go on to hold many high-ranking positions of power within the Nazi leadership hierarchy. Many other prominent Nazi physicians were members and went on to contribute to racist policy formation and to take an active role in Nazi wartime atrocities. In total, roughly 2,500 physicians or 6% of the physician population in Germany joined the NSDÄB during the first year.²¹ This organization began independently and would later be formally absorbed into the Nazi Party.²²

¹⁶ Proctor.

¹⁷ Ibid.

¹⁸ Proctor, 70.

¹⁹ Ibid.

²⁰ Bayle.

²¹ Proctor.

²² Bayle.

The power of this group is evidenced in the speeches and writings of Adolf Hitler himself. Not only were eugenic ideologies foundational to *Mein Kampf*, Hitler also specifically addressed their value in an early speech to the NSDÄB, in which he proclaimed that while he could implement his policies without the assistance of other groups, physicians were vital. Hitler urged doctors to become his guardians of the racial hygiene of the Reich, saying “You, you National Socialist doctors, I cannot do without you for a single day, not a single hour, if not for you, if you fail me, then all is lost. For what good are our struggles, if the health of our people is in danger?”²³ The support was reciprocal; these physicians viewed themselves as “biological soldiers” who conceptualized the State as their primary “patient.”²⁴

The NSDÄB listed one of its primary calls to be the promotion of racial hygiene, racial science and eugenic knowledge; it also aimed to provide the Nazi party with “[...] experts in all areas of public health and racial biology.”²⁵ These largely eugenic goals were in line with the Nazi party. The organization’s alliance with and close association to the Nazi party can also be seen in its early formative policy. As an example, the first official charter of the NSDÄB expected adherence to the values and worldview of National Socialism. In the early years, the organization did not yet require party membership. However, this changed in subsequent charters when party membership was mandatory. After Hitler’s rise to power, large numbers of practicing physicians joined the NSDÄB. In fact, membership rose from 2,786 in January 1933, to 11,000 members later that same year, and eventually over 42,000 members in 1942.²⁶ The group also had an official journal, *Ziel und Weg*, which spread its communal views across Germany.

NSDÄB’s influence did not stop with the practicing medical community in Germany. In 1935, the organization inaugurated a chapter of the NSDÄB for medical students in German medical schools.²⁷ This fact points to the far-reaching nature of this organization. Although membership was supposedly optional, those who did not join were suspect and often abused or mis-

²³ George J. Annas, and Michael A. Grodin, *The Nazi Doctors and the Nuremberg Code* (New York: Oxford University Press, 1992), 64.

²⁴ Michael A. Grodin, Erin L. Miller, and Jonathan Kelly, “The Nazi Physicians as Leaders in Eugenics and ‘Euthanasia,’” *American Journal of Public Health* 108, no. 1 (2018): 53-57, 53.

²⁵ Proctor.

²⁶ Paul Weindling, *Health Race and German Politics between National Unification and Nazism, 1870-1945* (Cambridge: Cambridge University Press, 1989).

²⁷ Michael H. Kater, *Doctors under Hitler* (Chapel Hill: The University of North Carolina Press, 2000).

treated.²⁸ After Leonardo Conti took leadership of NSDÄB in 1933, he began an organized program of terrorizing those who did not hold the ideas and values of National Socialism and the Nazi Party.²⁹

Although members described the early NSDÄB as pacifist, it engaged in active harassment. In fact, there are numerous, disturbing accounts telling of how the organization began to terrorize non-Nazi doctors collectively.³⁰ In March of 1933, the NSDÄB began an organized campaign to remove Jewish physicians from the medical profession. As part of this campaign, many Jewish doctors were bullied and brutalized by NSDÄB members.³¹ Thus, this organization played a sinister role in actively promoting the Nazi party and its specifically racist ideology within the medical community by aggressively alienating non-Nazi physicians. Since physicians look to professional medical organizations as a source of moral guidance, the racism and active harassment of ethnic/racial groups by that organization may have established this behavior as not only permissive but perhaps normalized.

An example of the type of organized harassment and brutality occurred on April 1, 1933, when members of NSDÄB (and uniformed members of SA), took Jewish doctors from their bed in the early morning hours, beat them, and drove them to an isolated area for further abuse.³² Here, the Jewish physicians were made to run at gunpoint, while the NSDÄB members laughed and mocked them. They took turns beating them, then left them without care for 24-48 hours. All of the victims were physicians, and some were elderly (80 years of age). The harassment and abuse were the continuation of what had begun a few days earlier when Jewish doctors were invited into NSDÄB member's offices under the pretext of a consultation, and were then driven to the woods, beaten, and abandoned.³³

Clearly, from an ethical perspective, there is no justification for such behavior by anyone towards any fellow human being as it violates basic ethical principles of respect and bodily integrity. This ethical wrongdoing seems to be aggravated by two crucial considerations: First, that human abuse was conducted by medical professionals and members of a national medical association. Normative conceptions of professional medical ethics aim to benefit persons in need, not to terrorize and bully politically ostracized groups. This leads us to the next point – that these medical professionals

²⁸ Bayle.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.

³² Ibid.

³³ Ibid.

abused their peers. Indeed, the fact that they lured Jewish professionals with the pretext of consultation attests to the professional daily interactions they had with their Jewish counterparts and the respect they pretended to have towards them. Membership in a profession includes respect for other members of that group based on mutual training, expertise, and shared community. The abuse of fellow medical professionals represents an abuse of trust and a fracturing of the professional medical community at its core level.

The NSDÄB was a powerful and influential organization that was included as one of only ten options on an internal Nazi statistical survey in 1939, alongside other organizations such as the SS, the SA, and others.³⁴ By 1933, the leader of the NSDÄB represented centralized and concentrated authority. The Führer of the league was not only that but also the head of the Reich Physician's Chamber, the Hartmannbund, the German Medical Association, the Expert Committee for Public Health, and the Association of German Health Insurance Physicians. The same leader was also in charge of three national offices: Public Health, Racial Policy, and Genealogical Research.³⁵ The consolidation of power underscores the influence of this group, which extended to medical literature coordinated by the NSDÄB.³⁶

The NSDÄB's power is also apparent at the end of the war when it was seen as significant enough to warrant severe penalties by liberators and to be included as one of the forty-five groups dissolved along with the Nazi party.³⁷ Furthermore, some of the members who were in leadership positions achieved high ranking within the Nazi hierarchy, telling of their influence. Dr. Leonardo Conti, the founder of the NSDÄB, became Ministerialrat and was put in charge of health services at the Olympic games in Berlin and later became the SS-Gruppenführer and SS-Obergruppenführer.³⁸ Another member, Dr. Walter Gross, was the Founder and Leader of the Information Office for Population Policy and Racial Hygiene and later the leader of Racial Policy Office of the NSDAP until the end of the war.³⁹ Dr. Kurt Blome, who served as second in command of the NSDÄB, became the SA-Gruppenführer, receiving the Gold Party Badge before becoming the SA-Sanitätsgruppenführer.⁴⁰

³⁴ Arolsen Archives, *Survey of Security Staff-SS Members*, 5.1.0, 1939.

³⁵ Proctor.

³⁶ Ibid.

³⁷ Arolsen Archives, *Control Council Proclamations Laws Ordinances: Directive 38*, 6.1.1. (English Version), 1945; Arolsen Archives, *Control Council Proclamations Laws Ordinances: Law no. 5*, 6.1.1 (English Version), 1945.

³⁸ Bayle.

³⁹ Ibid.

⁴⁰ Kater.

Within the practice of healthcare, professional ethics is often drawn from and justified by the ethical codes that have been published and espoused by professional medical institutions, associations, and organizations. These include documents developed by national and international organizations such as Physicians for Human Rights, the American Medical Association, the World Medical Association, and the National Institutes of Health, as well as both domestic and international law and policy. For many physicians, these professional medical organizations are formative and authoritative in their understanding and practice of medical professional ethics, perhaps to a greater extent than the esoteric bioethics literature. Therefore, even for bioethicists, it is essential to include these codes in discussions of professional medical ethics. Furthermore, these codes permit analysis and reflection on the ways in which medical professionals (or those in power) choose to represent their own collective morality.

While these professional medical organizations can and should serve as educators in the moral development of physicians and aide in solving ethical dilemmas that may be encountered during medical practice, physicians' reliance on these organizations may be problematic. As shown here, professional medical organizations have historically been heavily influenced by political ideologies, religion, and popular social values, which shape their policies, missions, and codes. These influences inform the physicians who may look to them for moral guidance.

The NSDÄB was ruthless in its abuse of Jewish and non-Nazi doctors. The organization and broader *Gleichschaltung* of German medicine were forceful in pushing eugenic and National Socialist ideologies on both practicing doctors and medical students. Beyond that, those in command held positions of power and authority within the Nazi organizational structure, often complicit with medical atrocities or the creation of policies that permitted them. This organization was undoubtedly powerful in normalizing, desensitizing and legitimizing behavior that could never be justified by any normative theory of professional medical ethics.

IV. Conclusion

Almost seventy years after the end of the Second World War, the German Medical Association recognized the role that it played in the Holocaust and issued a formal apology. This apology was published as a declaration on May 12, 2012, wherein the delegates of the Physician's Congress unanimously declared a public and formal apology.

We acknowledge the responsibility for the medical crimes committed under the Nazi Regime and regard these events as a warning for the present and the future [...] We pay our respects to all

the victims, those still today and those who have already died, as well as their descendants and ask for their forgiveness.⁴¹

This apology addresses the misinformed belief that the most serious human rights violations originated from the political authorities at the time, and instead takes responsibility for the role of the physicians themselves. The declaration was made from a meeting held in Nuremberg, and states:

The crimes were simply not acts of individual doctors, but rather took place with the substantial involvement of leading representatives of the medical association and medical specialist bodies as well as considerable representatives of university medicine and renowned biomedical research facilities.⁴²

According to this declaration, German physicians were guilty of scores of human rights violations.⁴³ While some estimate that only 350 doctors are known to have specifically committed medical crimes, the proliferation and power of Nazi ideology within the professional community means that the majority of those tolerated the expulsion of their Jewish colleagues and accepted discriminatory policies. The complicity of German medicine during the Holocaust must recognize the communal nature of this support, as well as its widespread proliferation within the broader medical culture.

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⁴¹ Arthur Gale, “A Milestone in Medical History: German Medical Association Finally Apologizes for Atrocities Committed by German Physicians Under the Nazis,” *Missouri Medicine* 110, no. 6 (2014): 486-488.

⁴² *Ibid.*, 486.

⁴³ *Ibid.*

Arolsen Archives. *Control Council Proclamations Laws Ordinances: Directive 38, 6.1.1 (English Version)*. 1945.

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