Nurses and Midwives in Nazi Germany

The "Euthanasia Programs"

Edited by
Susan Benedict and Linda Shields

ROUTLEDGE

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This book is about the ethics of nursing and midwifery, and how these were abrogated during the Nazi era. Nurses and midwives actively killed their patients, many of whom were disabled children and infants and patients with mental (and other) illnesses or intellectual disabilities. The book gives the facts as well as theoretical perspectives as a lens through which these crimes can be viewed. It also provides a way to teach this history to nursing and midwifery students, and, for the first time, explains the role of one of the world's most historically prominent midwifery leaders in the Nazi crimes.

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This book is dedicated to Traute Lafrenz Page, MD. Since 1997, Dr. Page has accompanied me to many archives in Europe and Israel to obtain documents for this book. She has translated literally thousands of pages from German to English, carefully writing each translation by hand. Without her, this book would not exist.

But perhaps even more importantly, Dr. Page has helped me understand this period of time in German history. As a young medical student at the University of Munich in 1941, she was a member of the anti-Nazi resistance group known as the White Rose. Dr. Page never mentioned this to me for the first few years that I knew her. It was only quite by accident that I found this out and asked her about the group.

Always modest about her own activities, she still inspires. I admire her intellect, her joy in life, her courage, and her sense of what is right. I admire her as a role model for successful aging. At ninety-three, she still travels to Europe, gives presentations, and meets with people who come from around the world to learn from her.

Traute is my most admired person, and I thank her for all of her help throughout the years.

Susan Benedict

We dedicate this book to Hilde Steppe, whose work first brought to light the crimes and circumstances of nurses and midwives under the Nazis. At the time she wrote, in Germany, it must have taken a high degree of courage to do so. Sadly, Hilde Steppe died in 1999.

Importantly, we dedicate this book to those victims—infants, children, and people with mental illnesses, disabilities, and physical illnesses who died by the actions of nurses and midwives during the Nazi era. By invoking their memory, we hope this book will help prevent such actions from occurring again.

Linda Shields and Susan Benedict

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1   Setting the Scene

Linda Shields and Thomas Foth

1.1 INTRODUCTION

The role of physicians in the crimes of the Nazi era in Europe has been extensively studied, but nurses and midwives have been largely ignored. Many of the crimes for which doctors were charged and punished occurred in hospitals, and nurses make up the main work force in any hospital; *ergo*, they, too, were at least complicit in, and often primarily responsible for, many of the same crimes. Nowhere is this more pronounced than in the so-called "euthanasia" programs, where people, including children, were systematically killed because they were considered "life unworthy of life" or "useless feeders". (It is worth noting here that the term "euthanasia" is a misnomer. While the word means "a good death" there was nothing good about how these people died. However, it continues to be used in the context of these crimes.) Midwives were mandated to report infants born with deformities so they could be killed, and the midwives were paid per capita to do so. Psychiatric hospitals were cleared of their patients and used for barracks to house soldiers. Killing took place in the hospitals, and often a crematorium was built on site to dispose of the dead. A telling film exists—now held by and publicly available from the US Holocaust Memorial Museum—which shows a nurse in uniform helping naked men and boys into a gas chamber. The care she takes to put a blanket around their shoulders makes us wonder how a nurse, who is educated and trained to think that caring is the platform on which her/his work is based, can regard killing as a legitimate part of that caring. This is the essence of this book.

While there is a large literature about the roles of the medical profession in the Third Reich, the reason that nursing and midwifery have been largely ignored until recently is open to supposition. Two authors have been dominant in the area (apart from the contributors to this book). A German nurse, Hilde Steppe (1947–1999), first published reports of the role of German nurses in the Nazi era in the early 1980s in German and then in the 1990s in English. Historian Bronwyn McFarland-Icke published a book about psychiatric nurses in Nazi Germany in 1999. Other investigations in the area have been piecemeal, and a conference held in Limerick in Ireland

in 2004 highlighted the dearth of scholarship in this area of nursing and midwifery history. Perhaps this deficit relates to the fact that females have traditionally dominated these professions, and it has been assumed that women would not commit such crimes. It could be due to the fact that people hold nursing and midwifery in high regard, and believe (as we have been told on several occasions) that "nurses would not do those things". Such unenlightened thinking inhibits full and proper examination of a dark side of the history of nursing and midwifery. Unless this is addressed, we cannot develop the professions to their full potential.

This book has eleven chapters. This first introductory chapter, called "Setting the Scene", does just that, with explanations of the primary political theories of fascism and Nazism, how the Nazis came to power, the role of propaganda in influencing the lives of the German people, and a description of the "T4" programs, which were the planned and systematic killing of people with a range of illnesses and disabilities. Chapter 2 examines the role played by eugenics in the development of the racially motivated killings in which nurses were complicit, and Chapter 3 discusses nursing in Nazi Germany, describing how the profession developed and was structured in that era. Chapter 4 explains how psychiatric nursing was structured in Nazi Germany, and how it was the main specialty of nursing under which the killings were done, while Chapter 5 discusses the "euthanasia" programs in detail. Chapter 6 explains the actions of nurses at Meseritz-Obrawalde, one of the psychiatric hospitals that were killing centers, and, using trial transcripts, examines the nurses' justifications for their roles in murder. Chapter 7 includes more detail from another institution and testimonies of the nurses who killed. Chapter 8 describes the role of midwives, while Chapter 9 is a discussion on how the lessons learned from the euthanasia program can be taught to nurses and midwives today. In Chapter 10, there is a discussion of the philosophical and sociological theories that could account for the nurses' and midwives' actions, while Chapter 11 rounds off the discussion with some questions as to whether this could happen again, and some reflections on how similar things are happening in twenty-first-century nursing and midwifery practice.

1.2 BACKGROUND AND BEGINNINGS

1.2.1 Fascism

The beginnings of fascism are debated, with some historians describing it as having its origins in the opposition to the positivism and liberalism of the late nineteenth century, while others describe it as not existing before World War I (Hayes 1973). Be that as it may, fascism's main evolution occurred in Europe at the beginning of the twentieth century, with the rise of Benito Mussolini in Italy (Mann 2004). With the decline of the Weimar Republic

following massive inflation and economic hardship caused by reparations payments at the end of World War I, Germany was ripe for the development of an authoritarian movement that could create economic recovery and social cohesion, and so fascism morphed into National Socialism, or Nazism, in Germany (Burleigh 2001).

Fascism is characterized by a totalitarian, hierarchical structure with a right-wing nationalist philosophy. It is in fundamental opposition to democracy and liberalism. The term derives from the *fasces*, a bundle of rods bound together to denote unity with an axe head denoting leadership, as used by the ancient Romans. Mussolini developed this iconography as he led his new movement to power in Italy in 1922 (Taylor 2009). Not confined to Italy, fascism was the basis for Nazism, and was implemented in various countries— *Action Française* in France, the Falangists in Spain, and the Arrow Cross in Hungary, for example. Fascism has five main principles: extreme nationalism, a belief that in the past the nation was great and now needs regeneration; this racial decline is racially oriented and there is a need for purification of the race; racial decline is caused by conspiracies of other nations; and capitalism and liberal democracy are divisive, designed to break up the nation and make it even more subordinate to other nations (Taylor 2009). Fascist governments/movements believed that the highest priority was to restore the purity of the nation, restore the nation's dominance in the world order, and to do this to reorganize the polity, society, and economy.

Based on distortions of social Darwinism, a core tenet of fascism is the development of an elite and the centrality of the leader (Hayes 1973). The leader (*Führer* in German) is not one person, but rather the collectivization in one person of all in the nation, with his decrees expressing eternal truths; all initiative and decision-making rest with him, all are accountable to him, and complete obedience to his will is absolute (Jones 1940). The individual does not exist, has no individual will, and must obey the state as personified in the leader.

Churchill described fascism as "the shadow or ugly child of communism" (Churchill 1948, 30), and other historians see it as a progression from, as well as an opposition to, communism (Neocleous 1997). While there are similarities between the two regimes (totalitarianism, dictatorship), a large diversity of tenets in fascist states creates difficulties in its definition (Paxton 2004). Russell explains that for Communism and Marxism, revolution is needed to remove the dominance of classes in society, while fascism (and Nazism) emphasizes will, which is concentrated in certain races and individuals, who thus have the right to rule (Russell 1994).

Nazism dominates every aspect of life; in fact, as with fascism, the individual is nothing but the state is all, and is personified in the leader (*Fürher-prinzip*). To a fascist doctrine, Nazism added the use of terror as a tool of state to its official policies, an overarching anti-Semitism, the purity and dominance of the "Aryan" race, and the need to remove from society the weak and disabled, and those considered "anti-social".

In summary, and for the purposes of the topic of this book, fascism is a political system that developed in the early twentieth century in Europe. Its main principles are the dominance of the state or nation over everything, the personification of the collectivity of the nation in one leader, whose will is absolute, and to whom everything and everyone is subjugated and must be totally obedient. In Germany, in the 1920s and 1930s, Nazism developed from fascism.

1.2.2 Nazism

The history of Nazism is more complex than that of fascism, despite the fact that it developed in only one country, Germany. Nazism had a more nebulous evolution than fascism, as, in a very simplistic description, it would seem that Hitler and his cronies took the principles of fascism and added their own as they went along, to suit their own ideals and prejudices (one could argue that this is a characteristic of governments everywhere). Nonetheless, Nazism became the epitome of evil, with its ultimate aims of the ascendancy of the "Aryan" race, survival of the fittest and strongest, protection of the "purity" of the race; and removal of all who did not fit the racial model and those who opposed or questioned the regime.

In the early twentieth century, German culture was fiercely nationalistic, with concepts of ethnicity and commitment to the *völk*, roughly translated as "people" (Mann 2004). However, the concept was much deeper and more complex than that. The *volkisch* movement embraced a mix of Nordic-German historical legends, race mysticism, pseudo-biology, extreme nationalism, and anti-Semitism (Broszat 1960). *Volkisch* ideas had been an ingrained part of German psyche for generations (Mosse and Leeden 1978). During the Weimar Republic, which followed Germany's defeat in World War I, a plethora of *volkisch* movements enlarged and implemented those ideas and ways of thinking and consequent organizations that provided a rich ground for the development of an intense nationalism with a focus on race.

The German economy was badly affected by the large reparations payment following the Treaty of Versailles (which ended World War I); a national shame existed because of both the defeat and the crippling reparations payments, and the culture was ripe for the development of the *volkisch* movements that gave the people nationalistic pride. From these the *Nationalsozialistische Deutsche Arbeiterpartei* or National Socialist German Workers Party (NSDAP) or, as it was known, the Nazi Party, led by Adolf Hitler, flourished. Hitler had been imprisoned for nine months for his role in trying to overthrow the government in 1924, and he used that time to write *Mein Kampf* (*My Struggle*). This rambling, often illogical and hard-to-read book is full of Hitler's vision for what Germany could become if he led it—he talks of killing those "unworthy of life", ridding the world of its Jews, and the penultimate need for war.

The Hitler dictatorship and the NSDAP (Nazi Party) ruled Germany from 1933 until the end of World War II, in 1945, and with war and occupation, covered much of Eastern Europe.

1.2.3 The Rise of Adolf Hitler

After World War I, developments in nursing were set in a changing and unstable political situation. Germans resented the perceived unfairness of postwar reparations and the Treaty of Versailles. Rampant inflation, industrial collapse, and extreme levels of unemployment caused political turmoil. In 1928 a key event occurred. In the general election, the Nazi Party won twelve seats in the German parliament, the *Reichstag*. Societal problems such as unemployment and inflation continued to favor the Nazis and their denunciation of Jews as the cause of the economic problems. In September 1930, an election was called and the number of Nazi seats in the *Reichstag* increased from 12 to 107. The Nazi Party was now the second largest party in Germany. In the June 1932 presidential election, Field Marshal Hindenburg, the incumbent, won with 53 percent of the vote. Hitler garnered over 36 percent, coming in second. By July 31, 1932, the Nazi Party held 230 seats, giving Hitler enough strength to establish a coalition government. He, however, refused to do so unless he was chancellor. Lengthy political crises led to negotiations, and Hitler was appointed chancellor on January 30, 1933, at the age of forty-three (Gilbert 1985).

Coupled with the rise to power of Adolf Hitler was the surge of anti-Semitism across Germany. From the beginning of the twentieth century, anti-Semitism had been an integral part of the conservative political platform. Jews had been successful in German academic, professional, and business circles in Germany. As the economy declined and unemployment rose, they became the scapegoats. Once assimilated with a fairly high rate of intermarriage with non-Jews (ibid.), they soon found themselves to be the objects of social and economic discrimination. Thus with Hitler coming to power, the smoldering anti-Semitism of the Nazis and right-wing political groups ignited.

Part of Hitler's philosophy was that of "*Lebebsraum*" or "living room" for the German people, and so he invaded several countries to the east. After the invasion of Poland in September 1939, World War II began as Britain and France declared war on Germany.

It can be difficult today to understand how Hitler and the Nazi Party could take over an entire population of one of the most educated and sophisticated countries in Europe, the home of people such as Beethoven, Goethe, Einstein, and so on. While the role of propaganda and its use by the Nazis are described in the next section, for a cogent, illustrative description of how the Nazis came to take over the minds and lives of the German populace, see Martin Davidson's book *The Perfect Nazi* (2010).

1.2.4 Propaganda

It is difficult today to understand how a nation could become so entranced with a leader, and a single party and way of thinking, and that the extremes of which the party and its leader were guilty could be either, at best, unnoticed, or at worst, ignored. It is challenging for modern-day nurses and midwives to understand how nurses and midwives of the Nazi era could be so caught up in the thinking of the day that they became culpable in one of the largest crimes in history. History can explain some of this—the underlying myths of Germanic ideals that were part of thinking in that part of the world, the economic disasters following World War I and the humiliation of the Treaty of Versailles, and the surge of nationalist feeling promoted by Hitler, who was seen as the savior of Germany. Under the new Nazi Party rule, unemployment dropped from 33 percent in 1933 to full employment in the course of World War II (Burleigh 2001), while rearmament (despite the banning of this under the Treaty of Versailles) repaired national pride and at the same time created manufacturing and new jobs. Additionally, an innovative regard for and provision of welfare and recreation facilities for the working class provided the right environment for a totalitarian regime to implement its programs with impunity.

Hitler was well aware of the importance of propaganda to influence the thought of the people. Many definitions of propaganda exist, the simplest being "the systematic propagation of a given doctrine" (Delbridge 1981, 1381). However, such simple concretizations have been questioned, and its uses for both negative and positive persuasion have been examined in depth (Marlin 2002), though they are outside the scope of any discussion here. The real art of the Nazi propaganda machine, under the leadership of Dr. Josef Goebbels, was the appeal to the masses, which it used with frightening effect. Obvious and unsubtle examples of the propaganda of the time can be seen in the vitriolic messages used to indoctrinate the populace about Jews and other "subhumans" (*Untermenschen*), such as Gypsies and Slavic people. However, for the purposes of this book, we must discuss the role propaganda played in swaying the minds of nurses and midwives, and patients and families whom they served.

Burleigh (1994) gives a detailed explanation of the role of propaganda in the "euthanasia" programs, where children and adults were killed if they were considered unfit for life and a burden on the state. Colorful posters, graphic films of disabled children and the costs to society of their care were exhibited, and carefully choreographed visits to institutions where the most visibly disabled children and adults were orchestrated. These tools were part of the propaganda that portrayed the mentally ill, disabled, alcoholic, and those with epilepsy and a range of other conditions as dehumanized so the populace would regard them negatively. As well as categorizing people as a burden, the message also described them as being beyond hope, and suffering—*ergo*, better off dead. Doctors and

scientists lent credibility to the message with statements about the benefits, such as relieving suffering. Nurses and midwives spread the messages and encouraged families to put their disabled family members into institutions, which led to them being killed, and some actively encouraged parents to have their children killed (ibid.; Benedict, O'Donnell, and Shields 2009). The Nazi message described these people as inhibiting the war effort through use of resources that could be better used by soldiers at the front, and school children were given arithmetic exercises that used calculations of the cost of keeping disabled people alive. Popular films were shown in cinemas about "mercy killing". The propaganda language included terms such as "useless feeders", "life unworthy of life", and "mercy killing" (Burleigh 1994).

Consequently, the whole populace was subjected to these messages, and it would not have been possible for nurses and midwives to avoid them. However, Mosse and Leeden (1978) argue that the theatre and ritual that were such a strong and overt part of fascist and Nazi movements were stronger than the propaganda messages. If strength, youth, health, wholesomeness, and the primacy of the race, nation, and leader are constantly reinforced through ritual, mass rallies, and theatrical events, then the propaganda will be better absorbed and its messages internalized. Nurses and midwives were caught up in the propaganda of the time, though some were able to resist it (Benedict 2006).

1.3 INTRODUCTION TO NURSING DURING NATIONAL SOCIALISM:

In Germany, Austria, and occupied Europe during the years 1939 to 1945, approximately three hundred thousand people became victims of the different forms of "euthanasia" killings under the National Socialists (Nazis) (Faulstich 2000; Jaroszewski 1993; Winkler and Hohendorff 2010). About seventy thousand of these people in psychiatric asylums, 60 percent of them with the diagnosis of schizophrenia, were killed by carbon monoxide in six killing facilities (Rotzoll 2010a, 2010b). The first systematic mass destruction of people under National Socialism was named *"Aktion T4"*, (T4) after the street address of the central government agency in Berlin, *Tiergartenstraße 4. Aktion T4* was a centrally coordinated mass murder of patients in asylums and of residents in nursing homes for disabled people (*Heilerziehungsanstalten*) (Friedlander 1995; Klee 2009). On August 24, 1941, after the public protest of the bishop of Münster, Clemens August Graf von Galen, *Aktion T4* was abruptly interrupted (Benedict, O'Donnell, and Shields 2009). Nevertheless, the killings of sick persons continued even after the end of the World War II in special pediatric wards (*Kinderfachabteilungen*), in "hunger houses" (*Hungerhäuser*), and in specialized asylums (Faulstich 1998). The killings of Soviet psychiatric patients by the SS

strike force (*SS-Einsatztruppe*) under the leadership of the German army (*Wehrmacht*) remain largely unknown (Winkler and Hohendorff 2010). The killing of patients was intertwined with the killing of other minorities and the Jewish population in the Holocaust.

Nurses were a vital part of these murders, making killing part of their everyday practice and participating in the execution of patients (Benedict and Kuhla 1999; Foth 2012). Although nursing has traditionally been regarded as a caring profession, nurses actively and intentionally killed thousands of their most vulnerable patients—children and adults with mental and physical disabilities—and these killings occurred within the not-too-distant past. While a large body of scholarship about the roles of doctors and medicine in these crimes exists, until now, nurses and nursing have been largely ignored. A small body of research in the history of nursing has explored how the caring professions of nursing and midwifery could become not only supporters of a government's murderous policy but also its enthusiastic implementers (Steppe 1991, 1992, 2001, 2006; Steppe and Ulmer 2001; Benedict and Kuhla 1999; Benedict, O'Donnell, and Shields 2009; McFarland-Icke 1999; Hoskins 2005; Schweikhardt 2008). This book uses existing research to support the exegesis of nurses' and midwives' actions and decisions that led to their participation in one of the most heinous crimes in history. In short, nurses and midwives came to see killing their patients as a legitimate part of their caring role.

An important point to make at the beginning of this book concerns the use of the term "euthanasia". Euthanasia in its truest sense means "a good death", and has come to describe what, in the vernacular, is called "mercy killing". There was nothing good or merciful about how these people died; however, the abundant propaganda produced by the Nazis tried to convince people that the term in this instance was correct. Hence, the programs have come to be known as the "euthanasia" programs. We retain this usage throughout this book, but put quotation marks around each use of the word to remind readers of its chilling inappropriateness.

One theory about how this came about has been to blame the specific situation in Germany at this time, because nursing was neither a well-organized nor a powerful profession prior to World War II. Lack of strength through a unified professional organization, according to this argument, was likely a strong factor in determining the behavior of nurses during the "euthanasia" program, in that there was no professional policy against the killings nor was there an organization that would have supported those who objected to them (Steppe 1991, 1992, 2001, 2006; Burleigh 1994; Benedict and Kuhla 1999; McFarland-Icke 1999). Indeed, compared with the historical evolution of nursing in countries like the US, nursing followed a very different tradition in Germany. From the nineteenth century on, the Catholic and Protestant churches dominated German nursing under the specific organizational form of the motherhouse

system. According to the Christian ideal of care, nursing was considered not a job but rather a vocation (Kreutzer 2010). Women in the motherhouse subordinated their lives completely to the service of the community and to the care of the sick. The motherhouses demanded absolute submission to the will of the pastor, who was the director of the motherhouse. The large motherhouse sisterhoods of Caritas (from the Catholic Church), the Inner Mission (from the Protestant Church), and the German Red Cross dominated the nursing vocation in Germany. In the US, by contrast, a professional strategy emphasizing efficiency, standardization, and scientific management began to characterize the development of nursing in the nineteenth century, and deaconess institutions, such as those in Germany, remained marginal (ibid.). From this perspective, German nurses appear powerless, and the fact that National Socialists were able to reorganize nursing without protest seems to be an indication of a lack of professional identity and strength.

However, newer research highlights that patients were being assassinated before and after the Nazi regime (Faulstich 1998, 2000; Foth 2012), and therefore it would be misguided to explain the involvement of nurses in these killings merely by the particular state of their professional organization under the Nazi regime. Furthermore, to reduce the participation of nurses in the killings of hundreds of thousands of their patients to a lack of strength of a unified professional organization, a deficient education, and a subordinated position to physicians implicitly reproduces the defensive strategy used by perpetrators after the end of the Nazi regime (Benedict, Caplan, and Lafrenz Page 2007; Schoska 2008). Nurses involved in the killings of patients argued after 1945 that they just obeyed the orders of physicians and that they had no choice. In order to understand the role of nurses in the killings of their patients it is necessary to analyze the complex interplay of discourses, politics, and practices of active, affirmative participation (Benedict and Kuhla 1999; Benedict and Georges 2006; Benedict, Caplan, and Lafrenz Page 2007).

Since the 1990s, historical studies have emphasized the broad spectrum of participants in Nazi Germany (Wildt 2007; Bajohr and Wildt 2009). Canadian historian Robert Gellately (2001, 2009) highlights that the Nazi regime functioned foremost because Germans voluntarily denunciated citizens whom they perceived as dangerous to the community (*Volksgemeinschaft*). He thereby deconstructs the myth of the omnipotent state apparatuses. This kind of research tries to "explore the territory of active participation", the "own-active participation of the many" (Lüdtke 2008, 20).

The question of "the own-active participation of the many" is still not a satisfactory explanation for nurses' participation in the murder of their patients. A first step to achieve such an answer would be to analyze, in detail, the organizational forms of nursing since the nineteenth century and to focus on the question of whether nurses were simply a "powerless

profession" or if they must rather be seen as both powerless and powerful. Such a perspective enables an analysis of the impact of nurses on the health policies, not only during the Nazi regime but also in modern societies. This is the topic of Chapter 3.

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