

The victims of unethical human experiments and coerced research under National Socialism

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There has been no full evaluation of the numbers of victims of Nazi research, who the victims were, and of the frequency and types of experiments and research. This paper gives the first results of a comprehensive evidence-based evaluation of the different categories of victims. Human experiments were more extensive than often assumed with a minimum of 15,754 documented victims. Experiments rapidly increased from 1942, reaching a high point in 1943. The experiments remained at a high level of intensity despite imminent German defeat in 1945. There were more victims who survived than were killed as part of or as a result of the experiments, and the survivors often had severe injuries.**Keywords**

Unethical human experiments German National Socialism Holocaust Jewish victims Gypsy victims Mengele Auschwitz Concentration camps Nazi euthanasia

Background

The coerced human experiments and research under National Socialism constitute a reference point in modern bioethics.⁷ Yet discussions of consent and the need for safeguards for research subjects to date lack a firm basis in historical evidence. There has been no full evaluation of the numbers of victims of Nazi research, who the victims were, and of the frequency and types of experiments and research. The one partial estimate is restricted to experiments cited at the Nuremberg Medical Trial. This paper gives the first results of a comprehensive evidence-based evaluation of the different categories of victims. In 1945 liberated prisoners from German concentration camps began to collect evidence of the experiments.

The scientific intelligence officer John Thompson then pointed out not only that 90% of all medical research under National Socialism was criminal, but also the need to evaluate all criminal experiments under National Socialism, and not just those whose perpetrators were available for arrest and prosecution.⁸ The Nuremberg Medical Trial of 1946–47 was necessarily selective as to who was available for prosecution, and since then only clusters of victims have been identified.⁹ In the early 1980s Günther Schwarberg named a set of child victims: his reconstruction the life histories of the ‘twenty children’ killed after transport from Auschwitz for a tuberculosis immunisation experiment at Neuengamme concentration camp was exemplary.¹⁰ The question arises whether what Schwarberg achieved in microcosm can be achieved for the totality of victims. Our aim is to identify not just clusters of victims but all victims of unethical medical research under National Socialism. The methodology is that of record linkage to reconstruct life histories of the total population of all such research victims. This allows one to place individual survivors and groups of victims within a wider context.

This project on the victims of Nazi medical research represents the fulfilment of Thompson’s original scheme of a complete record of all coerced experiments and their victims.¹¹ Our project identifies for the first time the victims of Nazi coercive research, and reconstructs their life histories as far as possible. Biographical data found in many different archives and collections is linked to compile a full life history, and subjective narratives and adminis-

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⁷ Annas G, Grodin M. *The Nazi Doctors and the Nuremberg Code*. New York: Oxford University Press; 1992; Weindling P. *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent*. Basingstoke: Palgrave Macmillan; 2000.

Available online 31 December 2015

⁸ Weindling P. *John Thompson (1906–1965): Psychiatrist in the Shadow of the Holocaust*. Rochester: Rochester University Press; 2010.

⁹ Klee E. *Auschwitz, die NS-Medizin und ihre Opfer*. Frankfurt am Main: S. Fischer Verlag; 1997; Mitscherlich A, Mielke F. *Wissenschaft ohne Menschlichkeit*. Heidelberg: Lambert Schneider; 1949. See also Schwarberg G. *The Murders at Bullenhuser Damm: The SS Doctor and the Children*. Bloomington: Indiana University Press; 1984.

¹⁰ Lang H-J. *Die Namen der Nummern: Wie es gelang, die 86 Opfer eines NS-Verbrechens zu identifizieren*. Hamburg: Hoffmann und Campe; 2004.

¹¹ Brody H, Leonard S, Nie J-B, Weindling P. United States Responses to Japanese Wartime Inhuman Experimentation after World War II: National Security and Wartime Exigency. *Cambridge Quarterly of Healthcare Ethics* 2014; 23: 220–230.

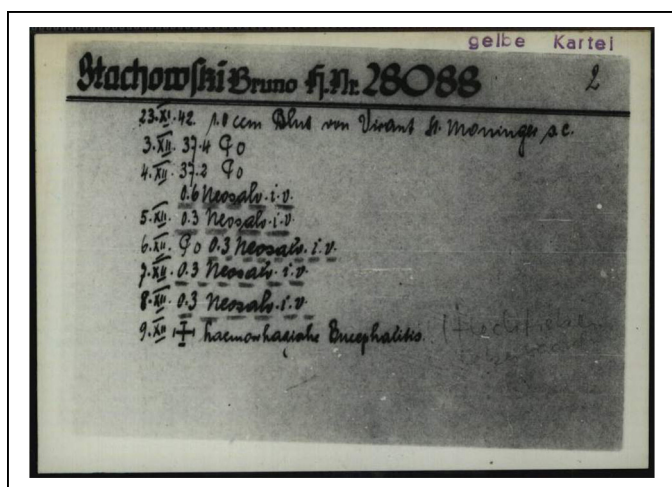


Figure 1. Malaria card of Father Bruno Stachowski from Claus Schilling's research at Dachau. Approximately 1000 cards were kept back from destruction by the prisoner assistant Eugène Ost. International Tracing Service, source number 1079406301.

trative data are compared. Results are aggregated here as cohorts because of undertakings as regards anonymisation, given in order to gain access to key sources. All data is verifiable through the project database.

The criterion for unethical research is whether coercion by researchers was involved, or whether the location was coercive. The project has covered involuntary research in clinical contexts as psychiatric hospitals, incarceration in concentration camps and prisoner of war camps, the 'euthanasia' killings of psychiatric patients with subsequent retention of body parts for research, and executions of political victims, when body parts were sent to university anatomical institutes, and persons subjected to anthropological research in coercive and life threatening situations as ghettos and concentration camps.

Without a reliable, evidence-based historical analysis, compensation for surviving victims has involved many problems. Victim numbers have been consistently underestimated from the first compensation scheme in 1951 when the assumption was of only few hundred survivors.¹² The assumption was that most experiments were fatal. This project's use of several thousand compensation records in countries where victims lived (as Poland) or migrated to (as Israel), or were collected by the United Nations or the German government has corrected this impression. The availability of person-related evidence from the International Tracing Service at Bad Arolsen further helps to determine whether a victim survived. Major repositories of documents like the United States Holocaust Memorial Museum and the Yad Vashem archives, court records in war crimes proceedings, and oral history collections notably the Shoah Foundation have been consulted. Record linkage of named records is essential for the project, and shows how a single person could be the victim of research on multiple occasions. Father Leon Michałowski, born 22 March 1909 in Wąbrzeźno, was subjected to malaria in August 1942 and then to freezing experiments in October 1942 (Figure 1).

¹² Baumann S. *Menschenversuche und Wiedergutmachung*. München: Oldenbourg; 2009.

A further issue relates to the methods and organisation of the research. From the 1950s the experiments were viewed as 'pseudo-science', in effect marginalising them from mainstream science under National Socialism. For the purpose of this study, the experiments have been viewed as part of mainstream German medical research, as this renders rationales and supportive networks historically intelligible. It is clear that prestigious research institutions such as the Kaiser Wilhelm Society and funding agencies such as the German Research Fund were involved.¹³ It has been argued more recently that some experiments were cutting edge science.¹⁴ Another view is that the approach and methods were scientific albeit of varying quality. For the purpose of this study, the experiments have been viewed as part of mainstream German medical research, as this renders rationales and supportive networks intelligible.

Defining what constitutes research is problematic. For example, a listing of operations in a concentration camp may be nothing more than a clinical record, may have been undertaken by young surgeons seeking to improve their skills, or may indeed have involved research. As stated above, only confirmed data of research has been utilised in the project's category of a verified instance of unethical research. The only exception is the corpses sent to anatomical institutes for research purposes.¹⁵ Separating these out often does not appear possible, but the project includes anatomical research on body parts and brains as separate categories.

The project has graded victim evidence into two categories, so that there should be a set of verifiable and proven victims established as incontestable evidence of having been a victim. The unexpectedly high numbers of identified experiment victims makes this necessary. The two categories are:

1. those who were identified as confirmed victims through a reliable source such as experimental records kept at the time.
2. those who have claimed to have been experimented on, but confirmation could not so far be obtained.

The project did not set out to adjudicate on the authenticity of victims' claims. In Warsaw ca. 3600 compensation files of victims of human experiments were viewed, while there are a further 10,000 files representing claims deemed unsuccessful. It is sometimes unclear whether extensive injuries were retrospectively defined to have resulted from an experiment to meet the criteria of the compensation scheme offered by the Federal Republic of Germany in various forms since 1951, or whether experimentation had taken place in a hitherto unknown location. The project discounted claims of abuse when no experiment or research was involved, or when victims having misunderstood compensation schemes for experiments being about

¹³ Schwerin A von. *Experimentalisierung des Menschen: Der Genetiker Hans Nachtshiem und die vergleichende Erbpäthologie 1920–1945*. Göttingen: Wallstein Verlag; 2004; Schmuhl H-W. *The Kaiser Wilhelm Institute for Anthropology, Human Heredity and Eugenics, 1927–1945: Crossing Boundaries*. Dordrecht: Springer; 2008.

¹⁴ Roelcke V. Fortschritt ohne Rücksicht, In: Eschebach I, Ley A. eds. *Geschlecht und "Rasse" in der NS-Medizin*. Berlin: Metropol Verlag; 2012: 101–114.

¹⁵ Hildebrandt S. Anatomy in the Third Reich: An outline, Part 1. National Socialist politics, anatomical institutions, and anatomists. *Clinical Anatomy* 2009; 22: 883–893.

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