

Nurses and the sterilization experiments of Auschwitz: a postmodernist perspective

Susan Benedict^a and Jane M. Georges^b

^aMedical University of South Carolina, Charleston, South Carolina, ^bHahn School of Nursing and Health Science, University of San Diego, San Diego, California, USA

Accepted for publication 13 December 2005

BENEDICT S and GEORGES JM. *Nursing Inquiry* 2006; 13: 277–288

Nurses and the sterilization experiments of Auschwitz: a postmodernist perspective

The medical experiments conducted on non-consenting prisoners of Nazi concentration camps during World War II necessitated the codification of principles to protect human subjects of research. Auschwitz was the largest and one of the most infamous of the camps and the site of numerous ‘medical’ experiments. This historical study uses primary source documents obtained from archives in England and Germany to describe one type of experiment carried out at Auschwitz — the sterilization experiments. The purpose of these experiments was to perfect a technique in which non-Aryans could be prevented from reproducing while still being able to work as slave laborers. These narratives regarding the sterilization experiments at Auschwitz are remarkable in that they contain previously undocumented information regarding the voluntary and involuntary involvement of nurses. Following these narratives, a discussion of ethics in relation to the Holocaust is presented with a specific focus on the work of Agamben. Implications of the Auschwitz narratives for the application of codes of ethical principles and contemporary nursing are discussed from a postmodernist perspective.

Key words: ethics, experimentation, human subjects, Nazi, nursing, postmodernism.

Rosalinde de Leon, a Jewish woman from the Netherlands, testified against the Auschwitz gynecologist Dr Carl Clauberg on 26 July 1956:

The elder [Blockälteste]¹ told us in general that Dr Clauberg intended to perform scientific experiments on us and if we did not obey, we would be sent to Birkenau [location of the gas chambers]. We said that we would then

prefer to go to Birkenau and that we already knew that we would be killed. I cannot recall one woman who had agreed to any such experiments — to the contrary. Dr Clauberg performed sterilization experiments on my person without my consent. I did not protest because it would have been senseless. It happened anyway. Two nurses assisted him — the latter one was a prisoner herself ... The sterilization was done by injection and it was a very large size syringe that was injected into my body’s vagina and a white substance was then injected into me. Most likely this substance was injected into my uterus. The syringe was about 30 cm long. Such injections were done to me three times with breaks of 3–4 months. After each injection, I had a terrible burning sensation in my abdomen. X-rays were taken following every injection and another one was done on the following day. After the injection, I had to remain in bed for one week. As far as I can recall, the pain was the same after each injection and the injections were so painful that the nurses would sit on the victim’s arms (de Leon 1956).

It was medical experiments such as this, performed on non-consenting prisoners of Nazi concentration camps, that

Correspondence: Susan Benedict, Professor of Nursing, Medical University of South Carolina, Charleston, SC 29425, USA.

E-mail: <Benedics@musc.edu>

Translation by Anette Hebebrand-Verner Medical University of South Carolina College of Nursing Charleston, SC 29425 Hebebran@musc.edu 843-792-9054 and Traute Page, MD Yonges Island, SC 29449, USA.

¹ The Blockälteste was a prisoner appointed by the SS and placed in charge of a block/barracks. They were often German or Austrian professional criminals (Michael and Doerr 2002).

led to the Nuremberg code in 1947, a set of 10 principles devised to protect human subjects from unethical experimentation (Grodin 1992).

The Nuremberg code was a part of the judgment against Karl Brandt and the codefendants at the so-called Doctors' Trial at Nuremberg following World War II. The principles of the code were based upon the criteria for ethical research that were elucidated by the two expert medical witnesses at the trial, Drs Leo Alexander and Andrew Ivy. Ivy articulated three principles that had to be followed if human experimentation was to be justified (Perley et al. 1992, 152):

- 1 Freely obtained informed consent must be obtained. All subjects must be volunteers and they must be informed of all risks.
- 2 The experiment must be based on animal studies and on the natural history of the disease. Results must be for the good of society, unobtainable by other methods, and must not be random or unnecessary in nature.
- 3 The experiment must be conducted only by scientifically qualified persons.

The code was not an attempt to proclaim new principles of medical ethics but was, within the context of a war crimes trial, the formulation of widely accepted criteria against which the war crimes committed by physicians could be judged (Perley et al. 1992, 152). It was the first *international* code to protect human subjects although there were prior guiding principles that originated in individual societies. For example, one of the earliest prohibitions was against the dissection of living humans and was proposed by Celsus in the third century BC in Egypt. In 1830 English law mandated the obtaining of informed consent. Germany, too, had specific guidelines protecting human subjects with principles governing non-therapeutic and non-diagnostic actions established by the Prussian government in 1900. Prior to the Nazi experiments, the Reich Circular of 28 February 1931 provided 'Guidelines on innovative therapy and scientific experimentation' (Perley et al. 1992, 129). This document mandated that 'innovative therapy must be justified and performed in accordance with the principles of medical ethics' and with 'unambiguous consent'. The circular specifically states, 'Experimentation shall be prohibited in all cases where consent has not been given (Grodin 1992, 130–1). This, of course, raises the question of why the prisoners of the Nazi concentration camps were not protected by the Reich circular from capricious, unscientific, and unethical experimentation.

The Nuremberg code originated because of some of humanity's darkest deeds. As we, as researchers, struggle with the rules, regulations, and paperwork, it is useful to recall that these principles — though now expanded several

times in the Declarations of Helsinki (1964 and 1975, with further revisions in 1983 and 1989) and the Belmont Report (1979) — were created to protect people from inhumane treatment carried out in the name of scientific research. If these principles are fully adhered to, people *should* be protected from experiments without scientific merit and without full understanding and consent. However, newer viewpoints from postmodern ethics challenge us as nurse clinicians and researchers to examine carefully the original events that precipitated these documents and to question the possibility that a recurrence of these atrocities could occur.

The purpose of this article is to describe and discuss some of the events that provided the impetus for the Nuremberg code: the medical experiments of Nazi Germany. Those experiments conducted in one location, Block 10 of Auschwitz, are the focus of this study. Primary source documents came from the Public Record Office in London and German archives in Wiesbaden (Hessisches Hauptstaatsarchiv, main archive of the German state of Hessen) and Ludwigsburg (Bundesarchiv Ludwigsburg, the German federal archive of Ludwigsburg, Germany) which houses many documents from the time of National Socialism. These documents include depositions and trial transcripts describing Block 10, the personnel, and the experiments performed on non-consenting prisoners. Most of the depositions were taken in preparation for the trial of Dr Carl Clauberg in West Germany. Following a description of these events, a discussion of ethics in relation to the experiments is presented from a postmodern perspective, with a specific focus on the implications for contemporary nursing.

Before our description of the study, two important points must be made. First, our study and subsequent discussion are focused on *prisoner-nurses*. At Auschwitz, there were nurses employed to work in the SS (Schutzstaffel, security staff) infirmary. These nurses, however, did not have contact with prisoners and were not employed in the prisoner hospital blocks. Obviously, the ideologies and options of these nurses differed radically from those of the prisoner-nurses. The second point to emphasize is that, among prisoners who claimed to have a particular occupation or profession, many, in fact, did not and this was true for those who claimed to be nurses as well. In Auschwitz, having an indoor job was very often the difference between life and death and when the opportunity came to obtain an indoor job, some prisoners would claim to have the needed professional background. Because there was no way to either obtain or verify licenses or credentials, many prisoners were able to assume a variety of professions.

THE MEDICAL EXPERIMENTS

Before the beginning of World War II, and even before National Socialism came to power, medical experimentation was highly valued in Germany, and many of these experiments and studies were related to genetics and genetic traits. Like much of the rest of Europe, as well as the United States, Germany was swept with the notion of 'eugenics' and the quest to develop a more perfect humanity. 'Racial hygiene' was taught at major universities in the US and Germany (Lapon 1986) and there were a number of professional journals dedicated to the topic. Of particular interest was the study of twins, with the purpose of investigating the effects of heredity and environment (Proctor 1992).

In the concentration camps, the medical experiments were of two types: (1) those sponsored by National Socialism for a specific ideological or military purpose, and (2) those that were performed ad hoc out of an allegedly scientific interest on the part of an SS doctor (Lifton 1986). Category one can be separated into two types: medico-military experiments and racially motivated experiments (Cohen 2004). There were no fewer than 26 types of medical experiments performed using concentration prisoners as subjects (Caplan 1992).

THE STERILIZATION EXPERIMENTS

A priority of the Reichführer (Reich leader) of the SS, Heinrich Himmler, was the sterilization of people who were enemies of the state: the Russians, the Poles, and the Jews. After sterilization these people would still be able to work yet be unable to reproduce non-Aryan children. Thus, this initiative would fulfill two major goals of National Socialism: the eventual elimination of all but the desired Aryan peoples and the provision of slave labor needed by the war effort. Dr Adolf Pokorny, a Nazi physician wrote to Himmler in October 1941:

Should we succeed in obtaining a method, permitting as quickly as possible to sterilize people without their knowledge, then we would get hold of a new, most effective weapon. What bright perspectives are opening up by the possibility alone that three million Bolsheviks, at present prisoners-of-war in German hands, could be sterilized and thus be at our disposal as workers, without any possibility to multiply (Strzelecka 2000, 348).

Two German physicians, Dr Carl Clauberg and Dr Horst Schumann, were selected to head the sterilization experiments in Auschwitz. Clauberg, a gynecologist who was well known for his fertility treatments, was suggested as the physician who could probably design a program that would

sterilize a large number of women quickly and without delaying their return to work. Schumann had the same goal but used a different technique.

At the age of 43, Dr Clauberg was already well established in 1941 as a gynecologist who specialized in treating infertility. He received his MD from the University of Kiel in 1925 and gained a reputation for his research on female sex hormones. He later transferred to the University of Königsberg where he held a fellowship in 1933 and a chair in 1939. In 1940 he became the Medical Director of the Miners' Hospital of Königshütte in Silesia and, concurrently, was the Director of the gynecology service of St Hedwige Hospital, also in Königshütte, near Auschwitz. He invented two fertility pharmaceuticals for the firm Schering-Kahlbaum (Aziz 1976).

In 1933 Dr Clauberg had joined the Nazi party and was rapidly promoted to the rank of SS Gruppenführer (Lieutenant General in the Armed Forces (Michael and Doerr 2002)) by 1940. With this loyalty to the party, he decided to combine his specialization in gynecology with two of the goals of National Socialism: the cure of infertility in Aryan women and the sterilization of non-Aryans. These efforts would solidify his political position while also affording him lucrative pharmaceutical contracts (Aziz 1976).

In July 1942 Lieutenant General Rudolf Brandt, Himmler's personal advisor (Strzelecka 1996), contacted Clauberg, asking on behalf of Himmler,

[how long it would take] to sterilize 1000 Jewesses. The Jewesses themselves should not know anything about it. As the SS Reich Leader [Himmler] understands it, you could give the appropriate injection during a general examination. Thorough experiments should be conducted to investigate the effect of sterilization [and to find] perhaps by X-rays what kinds of changes have taken place. In some cases a practical experiment might be arranged by locking up a Jewess and a Jew for a certain period and then seeing what results are achieved (Minney 1966, 114).

Clauberg proposed using a chemical method to accomplish this and in July 1942 he was given permission to use the female prisoners of Auschwitz concentration camp as his experimental subjects (Aziz 1976). Within less than a year, Clauberg reported that he would soon be able to sterilize several hundred or even several thousand women per day (International Auschwitz Committee 1970).

Dr Horst Schumann, SS-Sturmbannführer (Major in the SS) and Lieutenant in the Luftwaffe (Air Force), began his sterilization experiments using X-rays at the request of Viktor Brack, the staff member of Hitler's Chancellery who was responsible for installing the gas chambers in the camps (Minney 1966). In a letter to Himmler, Brack proposed

experiments to determine the right dose of radiation as too little would provide only temporary sterility whereas too much would cause burns. Brack speculated that three to four thousand prisoners could be sterilized by radiation each day (Minney 1966). Like Clauberg, Schumann was also given access to the prisoners of Auschwitz for his experiments.

CONCENTRATION CAMPS

Auschwitz was one of Nazi Germany's most notorious concentration camps. Concentration camps are one of the most infamous facets of Nazi Germany, and were the sites of crimes against humanity that appalled the world when they were discovered after World War II. It was in the concentration camps where many thousands met their deaths in the gas chambers that had been perfected in the late 1930s by the German government for the large scale 'euthanasia' of people with disabilities. Other concentration camp prisoners perished from disease and starvation as they were worked to exhaustion as slave laborers. Yet others, including many children, suffered as the victims of medical experiments.

The first concentration camps were established during the early years of Hitler's reign. By the end of 1933 there were more than 50 camps built to punish people primarily for their resistance to National Socialism (Levin 1973). The camps were placed under the authority of the SS and the guards initially were members of the Totenkopfverbände, the 'Death's-Head' (Michael and Doerr 2002) units, so named for the skull-and-bones emblems on their uniforms. People were imprisoned because of ethnicity, nationality, religious background, or political orientation (Aroneanu 1996). Among the ethnic groups were the Jews and the Roma and Sinti (known as gypsies). Poles were the major group imprisoned because of nationality, and Jehovah's Witnesses were, along with the Jews, persecuted because of religion. Political orientation included people opposed to National Socialism as well as members of the Communist Party. Homosexuals were imprisoned in the camps solely because of their sexual orientation.

Among the major concentration camps existing before the World War II were Buchenwald, near Weimar; Dachau, near Munich; Sachsenhausen; and Ravensbrück, built especially for women and located about an hour's drive from Berlin (Levin 1973). Other camps such as Auschwitz-Birkenau, Mauthausen, and Bergen-Belsen were built during the war. Four others — Sobibor, Chelmo, Belzec, and Treblinka — were built in 1942 as 'death camps' solely for the purpose of exterminating the Jews (Arad 1999). Additionally, Auschwitz and Majdanek served as death camps during portions of the war. By the end of the war,

there were hundreds of concentration camps and subcamps throughout Germany, Austria and Poland.

Auschwitz

Auschwitz concentration camp is located on the outskirts of the town of Oświęcim, Poland. In fact, the name 'Auschwitz' is the German name for Oświęcim. The camp is 50 km southwest of Krakow and 286 km from Warsaw. Auschwitz became the main concentration camp in Poland and eventually covered 40 square km (Czech 1996).

Auschwitz was divided into three separate camps. The main camp, Auschwitz I, was for men. Auschwitz II, also known as Birkenau, was initially constructed for female prisoners but later held men as well as families, including gypsies. Auschwitz III, also known as Monowitz, was a slave labor camp for the IG Farben Company. The prisoner population of Auschwitz was 80 839 in January 1944 (Czech 1989) and was reported to have reached over 200 000 inmates at times and covered approximately 25 square miles (Minney 1966).

Prisoners were brought to Auschwitz by train from nations throughout Europe. Upon arrival, thousands of people spilled out of cattle cars onto platforms where they were separated into two lines according to the perception of ability to work. There was always a physician present to make these 'selections'. The elderly, people with disabilities, and young children were separated from those appearing healthier and were taken directly to the gas chambers. They were not admitted to the camp and they were not counted in the camp census. Those who appeared able to work were spared from immediate death, often only to be worked to exhaustion. After selection they were shaved, had a disinfecting shower, and, if Jews or gypsies, had camp registration numbers tattooed on their left arms.²

Auschwitz block 10

Block 10 'was the secret base of an extensive and fiendish series of operations for stamping out the Jewish race. Hitler called it "the final solution": to scientists it is known as "genocide" ' (Minney 1966, 111).

Block 10 was a two-storey brick barracks that looked like the other blocks of the men's camp, Auschwitz I, with one exception: the windows on the side facing the courtyard between blocks 10 and 11, the punishment bunker, were boarded over. It was in this courtyard where executions were carried out and the windows were boarded to keep the

² German and Austrian nationals who were not Jewish were not tattooed in Auschwitz (Tichauer 2003).

women in block 10 from observing the many executions. Although located in the men's camp, the female prisoners who worked there or who were hospitalized there were under the administrative control of Auschwitz II, Birkenau, the women's camp (Tichauer 2003).

The ground floor of block 10 contained a treatment room with two gynecological tables, an X-ray room (Münch 1956), toilets, an apothecary, the physician's office, and the nurses' room (Klinger 1957). The upstairs was divided into two large rooms housing about 500 women who were the subjects of experiments (Marx 1956). The beds were made of boards with straw mattresses and were three tiers high (Pleskoff 1956).

Block 10 was initially used by Dr Bruno Weber for his experiments on immunizations against small pox and typhus and for experiments on blood groups and agglutination (Münch 1956). When the building was no longer needed by Weber it, along with the women who had served as subjects of the experiments there, was made available to Dr Clauberg for his sterilization experiments.

In December 1942 Dr Clauberg made his final inspection tour of Auschwitz. Dr Eduard Wirths, the Standortarzt (Garrison Chief Medical Officer) (Czech 1989)³ of Auschwitz, welcomed him and informed him that Dr Horst Schumann was already working on sterilization experiments with radiation in block 30 of Birkenau (Auschwitz II). By 31 December 1942 approximately 200 men had been sterilized and would later be castrated by Schumann to determine the efficacy of the radiation method of sterilization (Czech 1989).

Dr Clauberg's sterilization experiments actually began in block 30 of Birkenau (Auschwitz II) on 28 December 1942. The female prisoners reserved for his use were housed in block 27 (Czech 1989). Clauberg found the Birkenau block to be unsuitable for his experiments and on 1 April 1943 Commandant Höss ordered that a part of block 10 in Auschwitz I be placed at Clauberg's disposal for the continuation of the experiments (Czech 1989).

By 30 April 242 prisoners were housed in block 10 as prospective experimental subjects and 22 female prisoners were working there as nurses, caregivers, and secretaries (Czech 1989). Throughout spring 1943, the number of experimental subjects would vary from 140 to 250. On 29 June Clauberg selected 65 additional female German Jews from a transport arriving from Berlin (Czech 1989). With the arrival of this group there were 300 women housed in

block 10 who were Clauberg's subjects. By 21 December 1943 there were 400 subjects (Czech 1989).

The personnel of block 10

There were two ways that nursing and caregiver staff were obtained for block 10 (as well as other specialized blocks). One was by prisoners volunteering when an order from the SS was given for a particular occupation. Another was by being recruited by other prisoners already working in the setting. Because indoor jobs were so highly valued, friends and acquaintances often told others to volunteer for a particular position or recommended them to those in charge. In the case of block 10, in addition to being an indoor job, there were additional extremely valuable benefits to working there. Prisoners did not have to stand outdoors for the daily roll call that started at 4 a.m. and often continued for 2, 3, or even 4 hours (Tichauer 2003). Food was better and more plentiful in block 10 and the building itself was a bit more comfortable and certainly cleaner.

All prisoner-patients of block 10 were Jewish except for the prostitutes (Shelley 1991) who were brought there for screening and treatment of sexually transmitted diseases. In addition to the personnel and the prisoners block 10 also housed the wives and children of the scientists who worked in Raisko, Auschwitz's medical laboratory (Minney 1966).

The first 20 prisoners who were to work as staff members in block 10 arrived from Birkenau on 3 April 1943. Many were from the first transport that had arrived from Slovakia (Shelley 1991). By October 1943, the staff numbered as high as 75 and the patient census was 394 (Shelley 1991).

Clauberg was assisted by Dr Johannes Göbel, a chemist from the Schering Werke, and a male nurse named Binning (Strzelecka 2000).⁴ The head prisoner-physician was a Jewish woman from Poland, Dr Alina Brewda (Białostocka). Some of the prisoner-nurses were of different nationalities and 'did wonderful work' (Klinger 1957). Margit Neumann was the Blockälteste and was described as being:

very mean and harsh to her fellow prisoners. She hit prisoners when, according to her ideas, they were not obedient enough — like making up the bed well enough or pushing in the food line, or if someone brought back some fruit on their way from working. She was generally not liked at all and very feared (Marx 1956).

Dr Slavka (Dorota) Kleinova was a Polish physician assigned to block 10 as a prisoner doctor. She was described as being about 27 or 28 years old, and very kind and helpful

³ The Standortarzt was an SS officer and head physician in the camp. Troop doctors who cared for SS members and camp doctors assigned to the prisoners' hospital blocks reported to him (Czech 1989).

⁴ Shelley refers to him as Buehning, a former hairdresser (Shelley 1991, 9).

to the prisoners. Although absolutely forbidden, Dr Klei-nova gave medication to the patients (Marx 1956).

Sylvia F, a Jewish prisoner from Slovakia, worked as Dr Clauberg's nurse and primary assistant. She was described as being tall, about 20 years old, and very beautiful. Dr Goebel stated that she was 'respectable and highly educated' (Goebel, no date given). Dr Hans Münch, an SS physician who worked occasionally in block 10, described Sylvia F as being 'Clauberg's right hand and demanded absolute respect' (Münch 1956). Postwar testimony describes her as beating the prisoners when they didn't 'behave' (Marx 1956). Because she selected women to be sent to Birkenau — and to the gas chambers there — she was referred to as the 'death announcer' (Loewendorff-de Haff, no date given). Sylvia F's job as Clauberg's main assistant was to help with the sterilization experiments.

Today Sylvia F lives in Presov, Slovakia. In 1999, the author (Benedict) had the opportunity to meet with her in Bratislava, Slovakia to discuss her time in Auschwitz. When questioned about her reported treatment of fellow prisoners, she replied 'I wanted to live'. She then stated that, had the prisoners made a noise during the experiments, Dr Clauberg would have had them killed, and thus she slapped them to silence them.

The sterilization experiments

The experiments conducted in block 10 were carried out with the greatest secrecy (Minney 1966). The goal was to sterilize as many women as possible in a short period of time, without their knowledge, and without requiring any recovery time. Schumann pursued his goal using radiation whereas Clauberg decided that this could best be accomplished by injecting caustic substances into the uterus and Fallopian tubes during what could pass as a routine gynecological examination.

Women who were to be the subjects of these experiments were usually selected directly from the unloading ramp in Birkenau-Auschwitz II upon their arrival and were of various nationalities. There were Poles, Dutch, Greeks, Germans, Czechs, Slovaks, Belgians, and French. There was even one woman from the Congo (de Leon 1956). The Germans were looking for women who were married and under the age of 50 years (Pleskoff 1956). After being selected by one of the physicians, they were showered with a disinfectant, shaved, tattooed, given dirty and ragged camp uniforms, and were taken to block 10 in Auschwitz I. Upon their arrival in block 10, they were greeted by other prisoner-subjects who assured them that they were, in fact, fortunate to have been selected for the experiments because that would

protect them from being sent to the gas chambers (Korn, no date given).

On the days of the experiments, the women who were to receive the injections were summoned by prisoner number and told to report to Dr Clauberg's office where the doctor was accompanied by Sylvia F and another assistant. The prisoners were asked if they had ever had children or an abortion. Without being told what was to be done to them and without signing any papers (Klinger 1957) the women were undressed and positioned for a gynecological examination. Clauberg injected approximately 50 cc's of a liquid through the cervix, into the uterus and Fallopian tubes (Korn, no date given). The injections were so excruciatingly painful that the nurses would sit on the woman's arms during the process (de Leon 1956). The injections were repeated at intervals of a month or several weeks, with X-rays being taken following the injections to determine if the Fallopian tubes were still patent:

After we had to lie down on a table, Dr Clauberg began an injection while taking an X-ray at the same time. The injection was done inside the uterus. The fluid seemed colorless. I felt a horrible pain as soon as he began to inject. Dr Clauberg couldn't have cared less. He just told us to clear the table for the next one. I left and tried to get to my straw bed as quickly as possible where I remained for 4–5 days. My genital area was burning. It was hard to urinate, no menstrual cycle, distended and hard abdomen. Slowly the burning would cease and using the bathroom became easier and the abdomen returned to normal after about 14 days (Pleskoff 1956).

Dr Erwin Valentin, a prisoner-surgeon, described the experiments:

Sterilizations were done by SS people, by nurses, and by people who didn't even know how to put an instrument into the vagina to see what they were doing. The follow-up was an X-ray control, two or three times, and repetition of the injections if the desired adhesions had not occurred. If they had occurred, artificial insemination was taking place. The sperm was taken from Jewish prisoners by masturbation or prostate massage. Sterilizations of men were done by young SS doctors and SS Oberscharführern (head staff sergeants). Personally, I know that a large number of those who had been operated on ended up in block 9 [surgical block] recovering from infections, fistulas, and abscesses (Valentin 2006).

After Clauberg's injections, the prisoners were confined to bed for a week. If the pain was excruciating, one aspirin would be given. The abdomen would swell and high fever (39–40 °C) was common. The usual rations of soup and bread were replaced with watered-down oatmeal (de Leon 1956).

Margaretha Dantowitz, a Jewish woman from Holland, was sent to block 10 and was the subject of experiments. Yet, she testified that she was given the choice between staying in block 10 and having additional experiments or going to Birkenau:

I chose to remain in Block 10 along with 10 other women and 3 younger doctors. Goebel and Schumann did these experiments. They injected liquid into the uterus while they were on the X-ray table and were X-rayed while the injection went on. A doctor from Holland, Dr de Loeuv, told me what it all meant — sterilization. Some of the other prisoners had already received this experiment 3 times. Many young girls were treated this way and were burned by the radiation and suffered very much. Some died after the operation. Others in Block 10 didn't receive X-ray but had hysterectomies. They were cared for by Dr Brewda. One pregnant patient was aborted. They tried to get others pregnant with artificial insemination or, it was discussed, by making them get together with male prisoners (Dantowitz, no date given).

The experiments continued despite numerous deaths (Pleskoff 1956).

Concurrent with Clauberg's experiments were the irradiation experiments conducted by Dr Horst Schumann. He, too, sought to perfect a technique for massive sterilization, but used high dose radiation to do so. He arrived in Auschwitz around 1 or 2 November 1942 and his experiments began in April 1943. Both men and women were victims. The women were housed in block 10 (Minney 1966). In addition to these radiation experiments, Schumann also did unnecessary surgery to practice his techniques.

The initial plan for implementing the sterilization-by-radiation project was designed so that the victim would be unaware that they were being irradiated. A counter was set up, concealing the equipment. The victim would stand at the counter and complete a questionnaire designed to take the requisite length of time. This plan, however, was soon abandoned in favor of more obvious techniques. Women were irradiated while standing in front of the machine with plates affixed to both their abdomens and backs. Men were forced to place their genitals on a china surface and were directly irradiated (Minney 1966). The doses of radiation as well as the intervals between radiation 'treatments' were varied to determine the optimal plan.

Sonja Fritz, who currently resides in Vienna, described her day as Dr Schumann's assistant:

The previous day, Schumann would give an order to the Arbeitseinsatz [work allocation office] to deliver one hundred young and healthy men or women to his block⁵ the next morning. Early the following day the block elder would arrive with the prisoners. In the beginning, even the personnel did not know, and the prisoners never knew, what kind of 'treatment' Schumann provided. There were rumors that it consisted of prophylactic measures to combat typhus. The

entire procedure was highly confidential. That's why access was forbidden to all unauthorized inmates and even to the SS while prisoner staff had to sleep in Block 30. Moreover, Schumann was afraid of camp diseases. In the morning, when he arrived I had to report the number and nationalities of the prisoners to him. Then the prisoners would undress in the waiting room. I had to record all the prison numbers, make a list, and bring each inmate individually to the treatment room. There were different gadgets attached to the X-ray machines for men and for women. The prisoners were told to stand on a stool between the two X-ray apparatuses so that their profile was turned toward the booth where Schumann was sitting. From his cubicle, Schumann turned on the current. The irradiation had to operate from both sides. The procedure lasted a few minutes. That's why during the course of several hours, a large number of inmates could be sterilized. The X-rays were intended to destroy the reproductive organs. Another side-effect was, as I found out later, the extreme burning and suppuration of abdominal tissue.

I remember that women were often nauseated and vomited after having undergone irradiation. Once I asked Schumann whether I should help these women and perhaps give them some water, but he refused (Fritz 1991, 22).

The prisoner Wolfgang Silberberg had the job of escorting some of the prisoners to the experimentation wards — block 20 and 21 — for irradiation:

The prisoners were young men aged 20–25 years. They came back after two hours and told everyone that their genitalia were X-rayed for 15 minutes. They did this for 14–21 days except Sundays. After a week, the wounds would be putrid (Silberberg, no date given).

Following each 'treatment' the prisoners were sent back to work despite serious burns from the radiation and subsequent open wounds. Many prisoners died as a result. Others were taken to the gas chamber when they became too ill to work. Those who lived were often subjected to surgery to evaluate the effects of the radiation. The women had one or both ovaries removed and the men had their testicles removed to assess sterility. Some of these surgeries were carried out by Schumann in block 10 whereas others were performed by him or prisoner-doctors Władisław Dering or Maximilian Samuel in block 21 or block 28 of Auschwitz I (Czech 1989). Before the end of 1942, Schumann had sterilized over 200 young Jewish men who were then castrated several weeks or months following the irradiation (Czech 1989). In the 3-month period from 15 September 1943 until 15 December 1943, 106 surgical castrations of men and women were performed to further evaluate the effects of the radiation (Czech 1989).

In April 1944, Schumann authored a paper, 'On the impact of x-rays upon the human genitalia' based upon his experiments at Auschwitz. He sent it to Himmler, stating that surgical sterilization was more effective and quicker than that achieved with radiation. As Assistant Chief Blankenburg of Hitler's Chancellery stated to Himmler:

⁵ Initially, Dr Schumann's radiation experiments were conducted in block 30 of Birkenau but the women who were his subjects were housed in block 10 of Auschwitz. After Clauberg complained that the X-ray machines were tampered with, the equipment and the experiments were moved to block 10 (Czech 1989).

I point out above all the second part of this work, which shows that the sterilization of men in this way is not to be taken into account at all because of the high costs. Surgical castration, as I have seen for myself, takes six or seven minutes and provides significantly more certainty, as well as being quicker than irradiation with X-rays. I hope to be able to send further results from this research soon (Czech 2000, 197).

Nonetheless, Schumann continued his radiation experiments in Ravensbrück concentration camp, beginning in April 1944 (Strzelecka 1996).

On 22 May 1944 Clauberg's experimental station was transferred to block 1, a newly built expansion block immediately opposite block 10 (Czech 1989). Unlike block 10, block 1 had clean beds, sheets, and a dining area (Klinger, 28 February 1957). By 30 July, block 1 was fully functional with 394 subjects (Czech 1989). While here, Clauberg continued his sterilization experiments and prepared experiments in artificial insemination (Strzelecka 2000). The last census of Dr Clauberg's experimental block before the liberation of Auschwitz in January 1945 was 273 prisoner-subjects on 30 December 1944 (Czech 1989). Clauberg left Auschwitz in January and continued his experiments in Ravensbrück concentration camp near Berlin. His subjects there were Jewish and gypsy women who had been sent from Auschwitz (Strzelecka 2000).

As the Russian army approached Auschwitz in the winter of 1944–45, Schumann's X-ray equipment was dismantled and removed (Strzelecka 2000). A Czech prisoner, Stanisław Slezak, who had had the job of maintaining the equipment, was subsequently sent to another camp, Mauthausen, where he was shot on 3 April 1945 for being a 'carrier of secrets' (Geheimnisträger) (Czech 2000).

Less than 100 of the more than 1000 inmates subjected to the sterilization experiments of Clauberg and Schumann survived (Strzelecka 2000). The rest died of complications or were murdered by lethal injection or in the gas chambers (Strzelecka 2000). Some of these were as young as 14 years at the time (Kubica 2002).

After the war was over, Horst Schumann registered with the police in Gladbeck where he was the municipal sport physician. He opened a private practice and did not become wanted as a war criminal until 1951. By the time the police came to arrest him, he had escaped. He subsequently served as a ship's physician and then worked in several African countries including the Sudan and Ghana. Ghana did not initially co-operate with his extradition and it was not until 16 November 1966 (Czech 1989) that Schumann was extradited to West Germany. His trial for the murder of 13 720 psychiatric patients in the 'euthanasia' institutions of Grafeneck and Sonnenstein began in September 1970

but, by then, 54 of the 115 witnesses against him had died (Czech 1989). Schumann's trial was discontinued in April 1971 and never completed because of his hypertension. He was quietly released from prison and lived another 11 years in Frankfurt (Czech 1989).

Clauberg, who fled the advancing Russian army to continue his experiments at Ravensbrück concentration camp, is estimated to have performed his experimental sterilizations on approximately 700 women. After the war he was arrested in 1948 and was tried in the Soviet Union. He was sentenced to 25 years in prison but was released in 1955. He returned to Germany and was again arrested in November 1955. He died in prison shortly before his trial was to begin (Czech 1989).

The prisoners' choices

Before our discussion of the roles and actions of the nurses of block 10, it is imperative that we consider the choices available to these prisoners who found themselves in a most terrible situation. Of course, making a choice was often not either deliberate or even conscious. In fact, most Auschwitz narratives do not demonstrate conscious, finite, and deliberate choices but instead recall just a desire to get through the day alive. For most, not making a conscious choice became the option that determined one's actions. In other instances, choices evolved as awareness increased and options either arose or were extinguished. An awareness of these 'options' is *the* essential context for understanding the nurses' actions. Once a prisoner was assigned to a job, the option of leaving that job was virtually non-existent without asking for immediate death. Keeping that in mind, we can consider the choices available to those women who found themselves assigned to work as nurses and caregivers in block 10.

If one objected to the experiments that were being conducted on fellow-prisoners and fellow-Jews, one could have asked to be transferred back to Birkenau. Such a request would be almost guaranteed to result in being sent directly to Birkenau's gas chambers. Even if one could have been sent to Birkenau without going to the gas, such a move would have meant a return to an outdoor job in the worst of weather, near starvation, horrid living conditions, and endless roll calls in rain and snow. It would have indeed taken a unique person to make such a request and there is no record of anyone doing so.

Another choice could have been to verbalize an objection to either Clauberg or Schumann about the experiments and then a refusal to participate. The result of this too almost certainly would have been immediate

death for nurses and caregivers, as prisoners who didn't perform their duties were usually shot on the spot. However, there was one French physician, Dr Adelaide Hautval, who courageously did refuse to do experimental surgeries and survived Auschwitz. She had two advantages that perhaps enabled her to take this stance: she was a physician and she was not a Jew (Minney 1966).

Another option for the nurses of block 10 would have been to attempt to sabotage the experiments in some way. When this question was posed to Sylvia by the author (Benedict), she admitted to having tried to do this only once by partially emptying the syringe before an experimental injection. She stated she was too frightened of being caught to make other attempts.

Finally, the action that was undertaken by some of the personnel in block 10 was to fulfill their required job but to try to help the victims of the experiments to the extent possible. This position allowed them to continue to live, to have the best circumstances possible, and to demonstrate compassion for others. Given the strength of the will to live described by so many former Auschwitz inmates as well as the desire to again be united with family, this choice may have seemed the most reasonable, even desirable, for many of the nurses and caregivers of block 10.

Yet another path was chosen by some prisoners, which was that of complicity coupled with cruelty toward one's fellow prisoners. Perhaps the most notable example was the Polish physician, Dr Władysław Dering, who, although a prisoner himself, enthusiastically carried out surgical castrations and verbally abused the prisoners as well. Dering's co-operation with Clauberg was so great that he was released early from Auschwitz to work with Clauberg in a private practice (Hill and Williams 1965). Although Sylvia F's actions did not rise to this level and certainly did not win her an early release from Auschwitz, one could easily wonder if her stated reason for hitting her fellow prisoners was real or was a rationalization resulting from years of reflecting on her actions. Despite appearances and statements, such things are ultimately unknowable.

DISCUSSION

Recent work by the postmodernist philosopher Giorgio Agamben provides a useful framework for a discussion of the events described, the relevance of ethical protection codes, and implications for contemporary nursing. In *Remnants of Auschwitz* Agamben draws from the work of Foucault (1979) regarding 'bio-power' and 'bio-political space' to examine the ethical questions raised by the testimony of Holocaust survivors. Foucault (1979, 140)

utilized the term 'bio-power' to express the exercise of technology to achieve subjugation. Writing consciously in the biopolitical space that constitutes the postmodern world 'after Auschwitz', Agamben has provided scholars with a starting point to speak of the 'unspeakable' dehumanization inflicted at Auschwitz. Central to his work is an emphasis on the collapse of what Ziarek (2003) terms 'the familiar ethical-political categories: innocence and guilt, good and evil, dignity and disrespect, norm and exception, and finally, the human and the inhuman, life and death'. This breakdown of these distinctions takes us into what Holocaust survivor Primo Levi (1989, 83) terms 'a gray zone', in which all our previous assumptions about morality fail. Thus, existing ethical categories collapse and are insufficient to respond to the Holocaust. In commenting on this collapse, Agamben (1999, 13) warns against turning it into a polarity between mystification (i.e. that it is entirely unknowable) and its opposite, the desire for complete understanding. Rather, Agamben asserts that the ethics that remains 'after Auschwitz' is an ethics of *testimony*, and the fundamental task of such an ethics is *to bear witness*. At the heart of this new ethics is the testimony of suffering that reflects the Nazi attempt to reduce the human to a mere biological substance, a degree of degradation that erases meaningful distinctions between human and non-human, life and death, ethics and physiology.

The roles of the nurses

In the light of Agamben's work, a new perspective can be used to view the roles of nurses in Nazi atrocities. The revelation of the extent of nursing involvement in the torture and execution of countless persons under National Socialism is a relatively new historical development (Steppe 1989, 1992; Benedict and Kuhla 1999; Lagerwey 1999; McFarland-Icke 1999; Benedict 2003). Most Holocaust literature has focused on the activities of physicians and 'scientists', and it is salient that it has taken the better part of 50 years for the activities of nurses to be given notice. Perhaps the very nature of nursing as a female-dominated profession, with its historical commitment to the relief of suffering, has rendered its involvement in the Holocaust unthinkable, and therefore, invisible. The depiction of male authoritarian technological roles 'gone bad' — the mad scientist, the evil physician — has been a prominent cultural trope in western texts since the nineteenth century. But the active involvement of nurses in the biopolitical space of Auschwitz has, until recently, remained 'unspeakable'. The above narratives regarding the activities of nurses, particularly the narrative of Sylvia F, are emblematic of nurses' existence

within this collapsed moral space: 'I wanted to live', Sylvia states as a rationale for her actions. The distinctions between human and inhuman, good and evil, and 'nurse' and 'patient' have collapsed in the biopolitical space of Auschwitz. The assumptions about nursing that form the basis for the ethical contract between nurses and society (nurses are agents who act in good faith; nurses function to relieve suffering; and, above all else, nurses must do no harm as a *prima facie* duty) have been transmuted into a twisted, unrecognizable moral landscape upon which nurse-prisoners were forced into few choices, none of which was entirely acceptable. There could have been no contract between the prisoner-nurses of Auschwitz and their 'patients' in the commonly understood sense but one would have hoped at least for compassion without complicity. Using the viewpoint of Agamben, some nurses as individuals did not just commit acts that could be perceived as 'immoral' but were participants in a horrific biopolitical 'experiment' that rendered many ethical constructs irrelevant and others completely impossible. For example, in their former lives, most Auschwitz prisoners would never have considered theft as an ethically acceptable action. Yet, in Auschwitz theft had several ethical dimensions. If one stole from the system to aid self or others it was known as 'organizing' and was a highly valued skill that was not only ethically acceptable but was, in fact, admired and encouraged. If, on the other hand, one stole from a fellow prisoner regardless of the motive, it was one of the lowest things one could do and one that brought quick retribution from other prisoners (Tichauer 2003).

Relevance of ethical protection codes

The Nuremberg code was formulated as a set of criteria against which the actions of physicians and some scientists charged with war crimes were judged. It was not, as previously noted, the first set of criteria to protect human subjects in experiments, but became the first *international* code. It and the subsequent Declarations of Helsinki were designed to prevent the recurrence of such 'immoral' behaviors exhibited during the Nazi experiments. However, given the viewpoint of Agamben, the very nature of such codes of ethical principles as effective prevention devices can be brought into question. In fact, there is no evidence that the German circular of 28 February 1931, of the German Reich Minister of the Interior, did anything to prevent or even limit the Nazi experiments, despite being even more inclusive than the Nuremberg code.

If what occurred at Auschwitz was more than just a 'transgression' of morality, but an entire collapse of the

ethical universe traditionally assumed by the western mind, to what extent do such codes afford protection in extreme circumstances imposed by war? Human rights protection codes assume that a speaking community will make a good-faith effort to do no harm. But underlying any such code is the assumption that a speaking community will form a consensus regarding who is human and who is not, a consensus that became ideologically distorted with the advent of eugenics and was carried to the extreme in Auschwitz. In such an ethically collapsed space, a 'code of conduct' rapidly can become ideologically malleable and, thus, irrelevant. Or, as previously described in the case of theft or 'organizing', within Auschwitz, an altogether different code of acceptable conduct can evolve.

Implications for contemporary nursing

Given Agamben's position that the ethics that remains 'after Auschwitz' is an ethics of *testimony*, the promulgation of narratives surrounding nursing complicity in Nazi atrocities becomes essential. The above narratives that portray a previously unpublished account of nurses' roles — voluntary, involuntary, active, passive, or any combination of these — in Nazi atrocities become more than just another historical narrative. They are also, in a postmodern, semiotic sense, a *sign* — of awareness, of warning, of testament — that a biopolitical space called Auschwitz did exist in which nurses had active roles of helper, victim, and helper-victim. As an academic culture, nursing science continues to rely on social constructs such as the Nuremberg code and the Declarations of Helsinki to prevent the recurrence of such events. However, the above narratives beg for us to ask ourselves, our colleagues, and our students to consider carefully the assumptions we bring to the activity we term 'nursing.' Whether as clinicians or researchers, we need to engage in a dialogue that critically examines the assumptions underlying such 'standards' as the Nuremberg code. To what extent can such a code be effective in preventing another morally collapsed universe such as Auschwitz? In a contemporary cultural climate in which biopower is increasingly being utilized in diverse ways, nursing must consider carefully the narratives of Auschwitz block 10 as both a testimony and a warning.

ACKNOWLEDGMENTS

This study was funded by grants from the National Institutes of Health, National Institute of Nursing Research (1K01NR008505-01A2, Susan Benedict, PI) and the Greenwall Foundation (Susan Benedict, PI).

REFERENCES

- Agamben G. 1999. *Remnants of Auschwitz: The witness and the archive*. New York: Zone Books.
- Arad Y. 1999. *Belzec, Sobibor, Treblinka*. Bloomington, IN: University of Indiana Press.
- Aroneanu E. 1996. *Inside the concentration camps*. Westport, CT: Praeger Publishers.
- Aziz P. 1976. *The other experimenters at work. Doctors of death*, vol. 2. Geneva: Ferni Publishers.
- Benedict S. 2003. The nadir of nursing: Nurse-perpetrators of the Ravensbrück concentration camp. *Nursing Historical Review* 11: 129–46.
- Benedict S and J Kuhla. 1999. Nurses' participation in the Nazi euthanasia program. *Western Journal of Nursing Research* 21: 246–63.
- Caplan A. 1992. How did medicine go so wrong? In *When Medicine went mad: Bioethics and the Holocaust*, ed. A Caplan, 53–92. Totowa, NJ: Humana Press.
- Cohen B. 2004. The ethics of using medical data from Nazi experiments. <http://www.jlaw.com/Articles/NaziMedEx.html>
- Czech D. 1996. Origins of the camp, its construction and expansion. In *Auschwitz: Nazi death camp*, eds F Piper and T Świebocka, 21–39. Oświęcim: The Auschwitz-Birkenau State Museum.
- Czech D. 1989. *Auschwitz chronicle*. New York: Henry Holt, Inc.
- Czech D. 2000. A calendar of the most important events in the history of the Auschwitz concentration camp: 1945. In *Auschwitz 1940–1945*, vol. V eds W Długoborski & F Piper. Oświęcim: Auschwitz-Birkenau State Museum.
- Dandowitz M. Testimony against Horst Schumann, no date given. Bundesarchiv Ludwigsburg, file B 162/2720.
- Foucault M. 1979. *The history of sexuality*, vol. 1, translated by R Hurley. New York: Random House.
- Fritz S. 1991. Beginnings in Block 30 in Birkenau In *Criminal experiments on human beings in Auschwitz and war research laboratories: Twenty women prisoners' accounts*, ed. L Shelley, 18–27. San Francisco: Mellen Research University Press.
- Göbel J. Testimony against Carl Clauberg, no date given. London Public Record Office, file WO 309/472/81961.
- Grodin M. 1992. Historical origins of the Nuremberg code. In *Nazi doctors and the Nuremberg code*, eds G Annas and M Grodin. New York: Oxford University Press: 121–48.
- Hill M and L Williams. 1965. *Auschwitz in England*. New York: Stein and Day.
- International Auschwitz Committee. 1970. *Auschwitz: Inhuman medicine anthology*, vol. 1, part 1. Warsaw: Przeglad Lekarski.
- Klinger M. 1957. Testimony against Carl Clauberg, 28 February 1957, Hessisches Hauptstaatsarchiv, file 631 A 556.
- Korn I. Testimony against Carl Clauberg, no date given. Hessisches Hauptstaatsarchiv, file 631 A 556.
- Kubica H. 2002. Children and adolescents in Auschwitz. In *Auschwitz 1940–1945*, vol II. eds W Długoborski & F Piper, 267. Oświęcim: Auschwitz-Birkenau State Museum.
- Lagerwey M. 1999. Nursing ethics at Hadamar. *Qualitative Nursing Research* 9: 759–72.
- Lapon L. 1986. *Mass murderers in white coats*. Springfield, MA: Psychiatric Genocide Research Institute.
- de Leon R. 1956. Testimony against Carl Clauberg, 19 December 1956. Hessisches Hauptstaatsarchiv, file 631A/556.
- Levi P. 1989. *The drowned and the saved*. Translated by R Rosenthal. New York: Random House.
- Levin N. 1973. *The apparatus of terror. The Holocaust*. 45–58. New York: Schocken books.
- Lifton R. 1986. *The Nazi doctors*. New York: Basic Books.
- Loewendorff-de Haff C. Testimony against Carl Clauberg, no date given. Hessisches Hauptstaatsarchiv, file 631 a 556 R 990 (V).
- Marx HR. 1956. Testimony against Carl Clauberg, 5 July 1956. Hessisches Hauptstaatsarchiv, file 631 A 556.
- McFarland-Icke BR. 1999. *Nurses in Nazi Germany: Moral choices in history*. Princeton, NJ: Princeton University Press.
- Michael R and K Doerr. 2002. *Nazi-Deutsch/Nazi German*. Westport, CT: Greenwood Press.
- Minney RJ 1966. *I shall fear no evil: The story of Dr Alina Brewda*. London: William Kimber.
- Münch Dr. med H. 1956. Testimony against Carl Clauberg, 15 June 1956. Hessisches Hauptstaatsarchiv, file 631 A 556 R 990.
- Perley S, S Fluss, Z Bankowski and F Simon. 1992. The Nuremberg code: An international overview. In *Nazi doctors and the Nuremberg code*, eds G Annas and M Grodin, 152. New York: Oxford University Press.
- Pleskoff L. 1956. Testimony against Carl Clauberg, 24 August 1956. Hessisches Hauptstaatsarchiv, file 631 A 556 R 990.
- Proctor R. 1992. Nazi biomedical policies. In *When medicine went mad*, ed. A Caplan, 28. Totowa, NJ: Humana Press.
- Shelley L. 1991. Block 10. In *Criminal experiments on human beings in Auschwitz and war research laboratories: Twenty women prisoners' accounts*, ed. L Shelley. San Francisco: Mellen Research University Press.
- Silberberg W. Testimony against Horst Schumann, no date given. Bundesarchiv Ludwigsburg, file B 162/2720.

- Steppe H. 1989. *Krankenpflege im Nationalsozialismus*. Frankfurt am Main: Mabuse Verlag.
- Steppe H. 1992. Nursing during National Socialism. *Western Journal of Nursing Research* 14: 744–53.
- Strzelecka I. 1996. Experiments. In *Auschwitz: Nazi death camp*, eds F Piper & T Świebocka, 88–102. Oswiecim: The Auschwitz-Birkenau State.
- Strzelecka I. 2000. Experiments. In *Auschwitz 1940–45*, Vol II, eds W Długoborski & F Piper, 347–69. Oswiecim: Auschwitz-Birkenau State Museum.
- Tichauer H (Zippi) (Auschwitz survivor). Interviews with author: 10 October 2003 and 13 January 2006.
- Valentin E. Statement. Bundesarchiv Ludwigsburg, file B 162/2752 (Bl. 836–986), 1959.
- Ziarek E. 2003. Evil and testimony: Ethics ‘after’ post-modernism. *Hypatia* 18: 197–204.