

The Dangers of White Supremacy: Nazi Sterilization and Its Mixed-Race Adolescent Victims

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Mixed-race African German and Vietnamese German children were born around 1921, when troops drawn from the French colonial empire occupied the Rhineland. These children were forcibly sterilized in 1937. Racial anthropologists had denounced them as “Rhineland Bastards,” collected details on them, and persuaded the Nazi public health authorities to sterilize 385 of them. One of the adolescents later gave public interviews about his experiences. Apart from Hans Hauck, very few are known by name, and little is known about how their sterilization affected their lives. None of the 385 received compensation from the German state, either as victims of coerced sterilization or as victims of Nazi medical research. The concerned human geneticists went unprosecuted. (*Am J Public Health*. 2022;112(2):248–254. <https://doi.org/10.2105/AJPH.2021.306593>)

Hitler's 1925 racial-political manifesto, *Mein Kampf* (“My Struggle”), called for compulsory sterilization to remedy what he regarded as damage to the German nation's hereditary stock. He attacked risks of racial pollution through intermarriage and sexually transmitted disease. He warned most famously how “German blood” was corrupted by mixing with Jewish blood, believing that Jewish blood contained racially polluting particles and that these particles hereditarily transmitted inferior psychological characteristics.¹ But Nazi race theory similarly viewed Asian and African (Black) blood as genetically polluting. Exploring this aspect of Nazi “racial hygiene” will help illuminate the pernicious consequences of Aryan-supremacist racial theory and its translation into negative eugenic practices more broadly considered.

Behind Hitler's prejudices lay the work of the anatomist and anthropologist

Eugen Fischer, who, after a southwest African research expedition in 1908, had applied Mendelian genetics to studies of racial intermarriage in the then-German colony of what today is Namibia.² Fischer did this work at the time when Germans were imposing policies of containment on the Herero people, who were vindictively repressed after a rebellion in 1904 that resulted in many thousands of deaths. It was in this context that Fischer studied what he called the “Basters,” who were descendants of German or Boer men who had fathered children by the native women (Hottentots) in that area. Fischer applied Mendelian genetic laws to understanding patterns of variation in the next generation of a people whom he referred to as a “Bastardvolk.”³

Fischer's research became the foundation of “scientifically” based racial prejudice. While in Landsberg Prison in 1924, Hitler acquired a copy of Fischer's book coauthored with the geneticists Fritz Lenz and Erwin Baur on the

genetics of heredity.⁴ After his release from prison, Hitler and the Nazi Party reached out to the professional middle classes, whose support was facilitated by the founding in 1929 of the National Socialist Physicians' League. The aim was to make Nazi racism seem respectable to the German public. Doctors then lobbied for the sterilization of “racial degenerates.”⁵

The expectation that Hitler's rise to power as Reich Chancellor in January 1933 would result in coercive eugenic measures was rapidly confirmed: in July 1933, the Nazis passed a law for compulsory sterilization. State-imposed sterilization represented a major stepping-stone to a fully racialized system of Nazi medicine, which included Nazi Party affiliations of the directing members of the hereditary courts and racial clinics, coercion, and racial stigmatization of victims. The psychiatric geneticist Ernst Rüdin drew up the “scientific” basis for the law and worked

with the public health supremo Arthur Gütt and the judicial official Falk Ruttke.⁶ The law was targeted at a range of allegedly inheritable clinical conditions, notably schizophrenia, muscular dystrophy, Huntington's chorea, epilepsy, severe mental defect, inherited deafness, and chronic alcoholism. Any citizen who had any of these conditions could be forcibly sterilized. Sexual and mental abnormalities attracted special interest.

The Nazi sterilization law drew on an earlier 1932 voluntary sterilization proposal in the Weimar Republic, a Danish law, US state sterilization laws, and US antiracial miscegenation laws as precedents. Sterilization legislation was proposed in Britain but defeated in Parliament in 1931. By contrast, US eugenic notables Henry Laughlin and Lothrop Stoddard praised the German sterilization courts as late as 1940.⁷

RACIALIZING PUBLIC HEALTH

Despite the widespread international take-up of sterilization, German sterilization measures were intertwined with the rise of Nazism. Race and welfare were fused in 1933 with the rapid Nazi-fication of welfare provision. German public health was centralized, and this allowed Nazi officials to issue orders for sterilizations, thereby overriding the role of municipalities and community-based and democratically accountable public health. Social welfare was similarly racialized under the Nazis as Jews were excluded from the social security system and dismissed from public employment while losing entitlement to pensions, which caused widespread destitution and pauperization.⁸

Under the Nazi regime, sterilization was authorized by tribunals of two

doctors and a lawyer. These roles were filled by Nazi Party members or at least sympathizers. At least 375 000 individuals were sterilized by the German authorities. In annexed Austria, the German law was imposed November 14, 1939. Although the law was generally approved of, by 1940, there was the alternative of patient killing, which was extensive in the former Austria. There was also an estimated number of 5000 to 20 000 deaths as the fatal complications (overwhelmingly among females) of sterilization.⁹

In September 1935, the Reich Citizenship Law limited citizenship to those of "German and related blood." The Blood Protection measures forbade marriages and sexual relations between Germans, Jews, and non-Whites alike. These were the so-called Nuremberg Laws.¹⁰ They were based on the misconception that blood was vested with physical and psychological properties and could be infected by sexual relations with someone of another "race."

The Marriage Law of 1935 required hereditary health examinations before marriage. Nazi health propaganda encouraged Germans of "good" eugenic breeding stock to have at least three children. Health officers registered the birth of the disabled and "unfit." Marriage certificates involved tests to make sure that no one married with a sexually transmitted disease or if carrying a genetic disease.¹¹ Nazi racial experts set out to identify and research male homosexuals, many of whom were held in concentration camps, as well as Jews.

The Nazified Kaiser Wilhelm Institute of Anthropology (KWIA) under Fischer trained 20 *Schutzstaffel* (SS) doctors in genetics in 1934 for the new racial health offices and another 18 SS doctors in 1936.¹² A medical lobby around Hitler pressed for the introduction of

killing of the malformed and incurable in 1935, although the practice was not introduced until September 1939 in German-occupied Poland, and from October 1939 in Germany. Hitler saw the sick as an economic burden on the healthy and wished to rid the German race of their "polluting" effects on the nation's "genetic treasury."

In June 1936, a Central Office to "Combat the Gypsy Nuisance" opened in Munich, Germany. This office became the headquarters of a national data bank on so-called "Gypsies" (correctly referred to as Sinti and Roma). Robert Ritter, a medical anthropologist at the Reich Health Office, concluded that 90% of the "Gypsies" were "of mixed blood." He described them as the products of matings with the German criminal asocial sub-proletariat and as "primitive" people who were incapable of social adaptation.¹³

CHILDREN FATHERED BY OCCUPYING TROOPS

Within this context, Nazi public health authorities also identified mixed-race children in the Rhineland as eugenic targets. These were African German and Asiatic German children derogatively referred to as the "*Rheinlandbastarde*." These children had been fathered by French colonial soldiers in the post-World War I occupation of the German Rhineland, an occupation that lasted in phases from December 1, 1918, until June 30, 1930.¹⁴ One child, Gregor Bartz, born in 1921, is known to have been fathered by a US infantryman of a Filipino background.¹⁵ In 1919, France had stationed between 25 000 and 40 000 colonial soldiers in the Rhineland. The German racist response in newspapers and propaganda aimed at the "Black Shame." German newspapers

exaggerated the numbers of children fathered by French colonial troops, associated the children with idiocy and congenital syphilis, and created a mythology of the exterminatory threat these children posed to the “white race.” The colonial French soldiers were accused of spreading influenza, skin diseases, tuberculosis, and parasites, as well as racial “pollution” because of children born by German women. German state officials had considered compulsory sterilization of the mixed-race children as early as 1927.¹⁶

ANTHROPOLOGISTS AS PERPETRATORS

Labeling the children as “Rhineland Bastards” was stigmatizing in the way it used the generic term for a cross-breed with the derogatory term for illegitimacy. The nationalist right popularized the term “bastard” as part of a racist campaign against the children. In July 1933, the KWIA anthropologist and Fischer’s assistant Wolfgang Abel, an Austrian Nazi, examined 39 children in the district of Wiesbaden.¹⁷ The group included 27 part-Moroccan and six part-“Annamite” (Vietnamese) children. Abel took photographs and measured physique and mental capacity. He claimed to have found all sorts of degenerative traits, notably tooth decay and recessive gums, and traces of rickets. He condemned their mental and emotional defects, concluding that nearly all of the children were subnormal. Abel’s findings were publicized by the Racial Political Office in 1934, and its head, Walter Gross, a physician and fanatic for racial purity, pressed the case for sterilization at the expert committee for population and race policy. Abel was, by August 1935, an SS member, and remained dedicated to racial

research, rising ultimately to be Fischer’s successor to the chair of anthropology at the University of Berlin.

Beginning on March 11, 1935, Nazi race hygienists and civil servants planned the sterilization of the mixed-race children.¹⁸ Walter Gross of the Racial Political Office hoped their mothers would give written permission, as the 1933 sterilization law did not allow for mandatory measures. In all, 385 “mixed race” children aged 13 to 16 years were sterilized in 1937. They were subjected to psychological, anthropological, and genetic evaluations. A hereditary health commission from the KWIA, composed of Abel, Fischer, Heinrich Schade, and Engelhard Bühler, evaluated the children. The sterilizations established a pattern—first, using administrative machinery to identify a group of racial undesirables, then academic study and evaluation, and then, finally, their sterilization.¹⁹ This process happened time and time again under National Socialism with research on a “pathological” group preceding destructive intervention, whether forced sterilization or (for the Sinti and Roma) their deportation to Auschwitz, where most were killed.

Although the sterilization of the Rhineland adolescents represented one of the first instances of coerced research by the KWIA and also one of the first Nazi measures used to further medical research, this combination of racial sterilization and medical research has remained shadowy and underdocumented. There has been historical neglect of the fanatical perpetrator Abel in terms of his career as racial researcher and then postwar immunity from prosecution. Abel acted alongside the better-documented but similarly unprosecuted Fischer.

Abel was an Austrian Nazi. His father, the paleontologist Othenio Abel, was the ringleader of a powerful group of 18 anti-Semitic academics who joined together to block the appointment of Jewish academics at the University of Vienna.²⁰ Abel moved to Berlin, Germany, where he joined the KWIA in 1931. He used his position to instigate the documenting and rounding up of the mixed-race children.²¹ Abel had a highly successful career, boosted by joining the Nazi Party in 1933 and SS in 1935. He served in the *SS-Rasse-und-Siedlungshauptamt* (Race and Settlement Office), and was a higher judge in the *Reichssippenamt* (Reich Hereditary Office), adjudicating cases deciding whether a person was Jewish, an issue on which lives depended. In 1940, he ran a department for racial studies in the KWIA; in 1941, he became associate professor; and his crowning achievement was that, in 1943, he became the successor of Fischer with a professorial chair at the University of Berlin. At this time, he was working on a vast plan of imposing racial selections in German-occupied Russia to separate Nordic from “inferior” Slavic individuals.

EXCEPTIONALLY IDENTIFIED

While the figure of 385 sterilized adolescents is cited as the total number of these coerced sterilizations, only 11 of the victims are known by their full names. One victim has reflected on his experiences, remembering in three public interviews the terror of the procedures and the impact of his sterilization. Hans Hauck was born in Frankfurt am Main on August 10, 1920, as the son of an Algerian soldier and a German mother. He joined the Hitler Youth in 1933. But he was summoned for

sterilization. When Gestapo officers collected the children, he recollected, “We all were too scared to object. I suspected something would happen, but did not know about sterilisation and castration.” He had to sign a declaration that he would not marry or have sexual relations. He was held for 14 days with a group of mixed-race adolescents, who were all very scared, while research was conducted on the detained group. Later, Hauck fulfilled his patriotic ambition by joining the German army.²² He felt well treated while he was a Soviet prisoner of war until 1949, and later spent time in Canada, but then returned to the German village of Dudweiler bei Saarbrücken in the westerly region of the Saarland where he had been born and grew up.²³

The question arises over whether it is permissible to name the 10 additional victims alongside Hans Hauck. They were all healthy adolescents (as Hauck clearly was) who were the victims of criminal Nazi violence. After the war, German justice did not prosecute the perpetrators. German historians and archivists black out names of victims of medical research and medical killings. The questions arise over why this is done and whether the practice restigmatizes victims. Naming can be seen as restoring their dignity as persons. Genocide victims are named, in the first instance by families seeking to commemorate, and also by historians. To suppress names can be understood as pathologizing victims as sick or defective, which was not the case for the Rhineland mixed-race adolescents.²⁴ Historian Tina Campt has been pioneering in her sensitive analysis of Hauck.²⁵ Hauck had courageously placed himself in the public domain. He is iconic of a victim group, yet each

individual life history should be constructed.

THE NEED TO NAME

One can consider that 11 abused adolescents (at the very least) should be named, and that anonymization of the adolescents abused at the threshold of vast Nazi genocidal schemes is unethical. German practices on anonymization of Nazi victims have changed in recent years with historical consensus that victims of racial medicine should be named.²⁶ A legal basis is provided by the International Holocaust Research Alliance (with both Germany and the United States as members) having obtained exemption of Holocaust victims, interpreted as all victims of Nazi racial oppression, from European privacy regulations.²⁷ This opens the way to the naming of multiple types of victims of Nazi medicine. Where there is some discussion is only to what extent detailed medical diagnoses might be cited, but describing victims in generic terms of an ethnic racial group or as psychiatric or other sorts of patients or victims is fully accepted.²⁸ This renders obsolete earlier practices of blacking out names, something long overdue. What is important is that doctors and scientists legitimated their

intrusive violence through scientific rationales that in reality were a form of extending Nazi racial oppression. To argue that Nazi racial violence should be covered by medical confidentiality is to legitimate that violence. Medical confidentiality should not be used to justify hiding crimes that physicians perpetrated on individuals without consent. This was assault, and in most cases, we do not hide the names of assault victims. German localities have now begun to name their “forgotten victims,” reconstructing their life histories, alongside those of Jews and Jehovah’s Witnesses.²⁹

Box 1 shows the seven names known from files from the *Reichsministerium des Inneren* (Reich Ministry of the Interior; R 18). Naming the victims here is intended to open the window to a full life history with individual experiences within the wider community as well as how victims were hunted down by racially minded public health experts. The original files are held in Warsaw, Poland, by the *Główna Komisja Badania Zbrodni Hitlerowskich w Polsce* (Główna Commission for the Study of Hitler’s Crimes in Poland), and copies were transferred to Berlin.³⁰ A full listing by name is not available or, at least, no historical reconstruction has been attempted for commemorative

BOX 1— Seven Mixed-Race Adolescent Victims of Sterilization by the Nazis, From “*Reichsministerium des Inneren*” (Reich Ministry of the Interior) Files

Family Name	First Name	Place of Birth	Date of Birth
Paulus	Erna	...	Aug 12, 1922
Feck	Josef	Mainz	Sep 26, 1920
Borinski	Cäcilie	Koblenz	Apr 7, 1922
Hauck	Hans	Frankfurt am Main	Aug 10, 1920
Braun	Marianne	Wiesbaden	May 16, 1925
Knubben	Irma	Giessen	Feb 28, 1925
Angst	Adolf Alfred Kandel	...	Mar 14, 1920

BOX 2— Four Other Mixed-Race Adolescents Who Were Victims of Nazi Sterilization in World War II

Family Name	First Name	Place of Birth	Date of Birth	Date of Death	Notes on Death and Background
Barth	Willi	Euskirchen	Jul 29, 1923	Sep 26, 1944	German soldier in Northern Italy ³¹
Schneider	Josef	Röhl bei Bitburg	Jun 26, 1924	Mar 3, 1942	Died in a children's ward ³²
Kaiser	Josef	Deceased ³³
Bartz	Gregor	...	1921	...	Son of a US infantryman ³⁴

purposes. Some local studies now provide commemorative biographies, providing details of four other lives cut short in the war (Box 2).

Local and regional studies also illuminate how public health and medical personnel and institutions became involved in identifying and sterilizing. These efforts could have taken the numbers of victims to more than 400. Sporadic attempts to prosecute the doctors involved after World War II, notably in the Saarland under French occupation, failed.³⁵

Robbie Aitken and Eve Rosenhaft, in their 2013 book, follow earlier estimates of around 800 mixed-race German children in all.³⁶ The Nuremberg Laws made the marriage of these children illegal, and they were excluded from education. Certainly, the remainder were in fear of sterilization. That only Hauck reflected in later life on his sterilization speaks of the stigma of these sterilization victims.

POSTWAR MARGINALIZATION AND STIGMA

Some sterilization victims demanded refertilization as an operation, but most did not know that this was a possibility. This was the least that should have been offered to the victims, and not doing so shows that public health

authorities in the Federal Republic after the war implicitly accepted the legitimacy of the Nazi measures.³⁷ The sterilization laws were suspended variously in the postwar occupation zones. The occupying powers had difficulty in bringing sterilization to trial as the victims were German citizens.³⁸

An apology by representatives of the German state or Bundestag was never made as it should have been to this group. Austria remained unconcerned about Abel's criminal past as he quietly withdrew to the Mondsee near Salzburg, Austria. Overall, the situation regarding coerced sterilization victims in Germany remains shameful. The Rhineland mixed-race adolescents should have been compensated. They were victims of medical research and of sterilization as a racial measure. The Max Planck Society did not make a public apology to the mixed-race children, as it did for the Mengele twins in 2001.³⁹ It is doubtful whether any compensation was ever awarded to any of these sterilized victims.

Certainly there were sterilization victims who were claimants under other German schemes. At first, x-ray and chemical sterilization victims at Auschwitz and the concentration camps of Ravensbrück received pitifully low rates of compensation of between 1000 and 3000 Deutsche mark. The x-ray sterilization victims were mainly Polish Jews

and Greeks. Many of the victims remained in excruciating physical pain. Roma were excluded from compensation as German officials regarded them as "criminal" by definition. Poles were generally excluded as Germany disputed the frontiers. Later, around 1968, when Hungary and Poland insisted on the International Committee of the Red Cross making awards, the sterilized were awarded sums at 30 000 Deutsche mark.⁴⁰

As the Cologne Museum Exhibition on *Schwarze im NS-State* (Blacks in the Nazi State) commented in 2002, "*Niemand von ihnen hat bis heute eine Entschädigung erhalten. Eine Anerkennung als Opfer des Nationalsozialismus blieb diesen Menschen versagt* [None of them have received compensation. They have been denied recognition as victims of National Socialism]."⁴¹ Overall, the situation is disgraceful and reflects on how the mixed-race victims had no lobby whether within or outside Germany. The database Victims of Biomedical Research Under NS, Collaborative Database of Medical Victims, which is maintained at the German National Academy of Sciences Leopoldina, in which all victims of Nazi coerced research (to date 28 551 persons) are as far as possible named and their life histories summarized, is a unique aid to assessing the full victim group. It provides commemoration for individual

victims while providing an evidence-based analysis for the full spectrum of all victims of this iconic yet undeservably marginalized group.⁴²

Yet the Rhineland adolescent victims of Fischer and Abel of the KWIA remain shrouded in obscurity. During their lifetimes, the victims of sterilization were subjected to hostile propaganda. Although much photographed by racist anthropologists, few are known in terms of names and their biographies. The continued availability of these anonymized photos remains stigmatizing and only naming can offset this. As they were born around a century ago, the rationales for withholding their names disappears, and arguably never existed. They have received no compensation, no apology, and limited recognition as named persons. Only Hauck courageously reflected on his life experiences, and recently others with memories of the children and localities have begun to accord recognition. But being able to name only 11 out of approximately 400 victims is far too few. In the current circumstances, other German mixed-race lives appear, if not to matter at all, then not to matter enough for full recognition of the extent of the atrocity, their experiences of a forced violation of their body, and, then, living with its implications, wider public and medical racism, and, for those who survived the war, the post-World War II nonrecognition of the medical atrocity. **AJPH**

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CONFLICTS OF INTEREST

The author declares no conflicts of interest.

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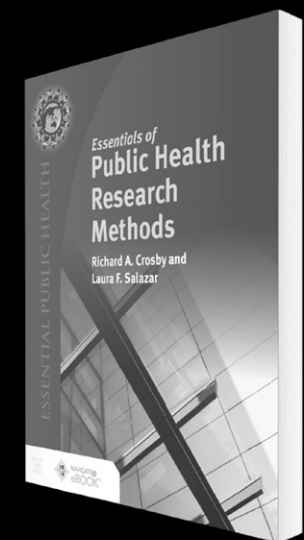
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