When the concentration camp doctor Josef Mengele stood on the ramp at Auschwitz, his clinically trained eye scanned trainloads of deportees. He selected those fit for forced labour, from the children, elderly and other racial undesirables sent for immediate disposal to the cavernous gas chambers. But he was also intent on another agenda – one that was opportunistic and self-imposed – to screen for twins, dwarves and others of genetic interest, whom he kept back for his research. The human experiments and other types of deadly research conducted in concentration camps and clinics are widely perceived as iconic of the Holocaust. Despite the notoriety of concentration camp doctors like Mengele, quite basic questions remain unanswered: what were the practices and purpose of the experiments, their extent and locations, whether they were ordered by Nazi authorities or whether scientists opportunistically exploited the killing regimes and stocks of captives for their own agendas? Most importantly, it is necessary to remedy the quite staggering neglect surrounding the persons who were subjects of the experiments: how many victims were there, who were they in terms of their religious and ethnic identities, their age and gender, and what were the victims’ responses? The assumption is often made that experiments took place only in concentration camps and were undertaken solely by SS doctors, whereas a range of public health measures as well as diverse types of camps and clinics, and doctors who held neither SS nor NSDAP rank were involved. Only very late (around the year 2000) did compensation authorities attempt, albeit partially, to establish the extent of the experiments.¹

Grand narratives of the Holocaust cite at most Mengele on the ramp, but these accounts do not reconstruct how Mengele threaded research agendas through the routines of duty as camp physician. Histories to date leave unanswered the extent that Nazi sterilization and the euthanasia killings of psychiatric patients involved research in terms of medical publications, student dissertations on clinical experiments on psychiatric patients, and researchers obtained stockpiles of body parts for further research. Furthermore, the place of the experiments needs to be determined, as the Holocaust was unleashed, shaping how diverse groups of Jews from across the length and breadth of Europe became experiment victims. The opportunistic researchers targeted not only Jews but also other ethnic groups such as gypsies, or groups persecuted for their sexuality as homosexuals, or deemed a security risk like Polish priests. Many others involved in resistance or simply forced labour were subjected to invasive and destructive science. An evidence-based account of the experiments and their victims is simply lacking.

To answer these questions it is necessary to research the life histories of victims for whom an experiment was a gratuitous blow to survival. The coerced experiments showed the transformative effect of Nazism as a mindset and organization in terms of mobilizing medical research for racial ends. At the same time the experiments were generated by a highly scientized system of medical education and research. The devastation wreaked by the Nazi experiments make them a reference point in modern bioethics as a worst-case scenario of medical scientists exploiting for research vulnerable patients and populations, often to the
point of death. Any understanding has to be grounded in the abundant but until now neglected sources.

This new narrative account of the experiments analyses the interaction of perpetrators and victims as the Nazi regime consolidated its power, and as the war and Holocaust unfolded. Earlier accounts mainly recite the Nuremberg documents, especially those from the Nuremberg Medical Trial. Although vastly important, the Nuremberg Trials were limited by the selection of defendants and the prosecution strategy of demonstrating vertical administrative hierarchies reaching to Himmler and Hitler. Especially overlooked were academic networks and rationales indicating that far more was involved than ‘pseudoscience’ in terms of the rationales of leading clinicians and the involvement of research institutes. This fresh analysis is grounded in a reconstruction – as comprehensive as possible – of victims’ life histories and testimonies, and thereby building up a mosaic of personal histories to obtain a structural analysis of all experiments and their perpetrators. The aim is to analyse the full spectrum of experiments and the total population of victims for the first time.

In order to achieve this comprehensive analysis, record linkage to reconstruct victim life histories has involved evaluating tens of thousands of documents on the organization of the experiments and on individual victims. Recent years have seen new documents become available through the opening of the vast stores of Second World War victim documents gathered together by the International Tracing Service (ITS). Compensation files on surviving victims are a rich source of narratives. The wide sweep of Shoah Foundation survivor interviews provide testimonies that can be linked with documentation on the implementation of the experiments. There are extensive Nazi era records on medical and pharmaceutical experiments. Retrospective testimony was cited in post-war trials, and in the extensive victim compensation files held by Germany, the United Nations and affected countries, notably Poland, Hungary, France, Belgium and the Netherlands, and autobiographies, published and unpublished. Contrary to the expectation that documentation on the experiments was destroyed and that nearly every one of the research subjects perished, so preventing us from receiving first-hand accounts, the quantity of such accounts is immense and has been scarcely examined to date.

Yet the research has been far from straightforward. German-held documentation is often rendered problematic by access and copying restrictions. Performance by German archives, state bodies and institutions regarding disclosure of systemized criminality of a type represented by the experiments can be immensely improved, especially when measured by international standards. While the Nuremberg Medical Case left an ethical legacy leading to informed consent and data protection, abstruse interpretations of archival law impede the reconstruction of the original violations that amount to criminal acts of violence and murder. It is ironic that the injuries to victims that rendered necessary the formulation of the rights of research subjects as informed consent are used to suppress details of the original violations and their extent. There is still no comprehensive memorial record for victims of Nazi euthanasia, and identifying victims of Nazi psychiatric research poses difficulties. Privacy restrictions mean that the extent that the victims of Nazi psychiatry were subjected to
research, and determining where brains and tissues of these victims have been held long after the war remains challenging. A murdered euthanasia victim had an afterlife as brain sections passed from institute to institute often until 1990 and sometimes longer, indeed – so profound are the obfuscations – until the present day.  

Recent research on the German Research Fund (Deutsche Forschungsgemeinschaft, DFG) and on the history of major academic institutions scarcely deals with experiment victims. The focus has been on the massive Nazi investment in science, and on the rationales of scientists, rather than on who were killed and maimed as a result of the mobilization of science for military and racial ends. A revisionist picture of a vibrant and innovative scientific establishment under National Socialism emerges, although German failures as regards penicillin and typhus control suggest otherwise. Indeed, the extent that scientists espoused Nazi values of autarky, race and war, or were opportunistic in seeking only resources for research remains controversial. Although the Max Planck Society commendably apologized to a handful of surviving twins from Mengele’s Auschwitz research, those on its Presidential commission researching Mengele and his links to geneticists and biochemists failed to resolve basic issues of timing and rationales of the researches on Jewish and gypsy twins, as well as the overall numbers and identities of his victims.  

Similarly, another renowned scientific vivisector, the aviation medical researcher, Sigmund Rascher, sent brains from Dachau to the Kaiser Wilhelm Institute for Brain Research posing uncomfortable questions as to the links between the prestigious KWIs and coerced experiments. It becomes necessary to trace the provenance of brain tissues: as one German neuro-scientist reflected in 1990 on the customary depersonalization regarding slides and body parts, ‘until now, nobody has thought about histological sections as being part of the body’.  

Recovering the life histories of research subjects restores the dignity and integrity of a full person. At the same time, the reinstating of individual identity provides a fuller understanding of scientific practices, as well as showing how certain criteria of age, gender and ethnicity rendered prisoners and patients liable for selection. The silence as to the victims of experiments is a topic that reflects on the inability of German academia still to adequately confront the scientific and personal legacy of a murderous medicine. Academic institutions, funding organizations and professional bodies on the whole appear not to wish to face up to the human damage resulting from past academic research. Wider questions arise of the extent that basic academic qualifications of doctoral and Habilitation dissertations involved murdering and maiming research subjects, while Jews were being stripped of academic and medical qualifications, and institutes were sustained by slave labour. Given that professional qualifications obtained under the exploitative regime of National Socialism were the basis of post-war careers, far reaching questions arise as to the extent that the legacy of Nazi research tainted the German medical profession in the longer term. How to research these issues with due empathy and responsibility towards victims poses problems in that silence as to victim identities and experiences bestows further shame and stigma on the victims, while personal sensibilities concerning injuries require due respect. Commemoration, understanding and a long-term process of institutions accepting responsibility are fundamentally desirable, and yet to date rarely fully realized. In short, despite creditable exceptions, overall there has been a profound
failure by German (and Austrian) academia to accept fully the human damage to victims, unleashed by nazification of the medical sciences.


