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Amanda Kronemeyer  
*Grand Valley State University*

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Doctors of the Holocaust: An examination of both SS and prisoner doctors

Amanda Kronemeyer

Grand Valley State University, Frederik Meijer Honors College

## Doctors of the Holocaust: An examination of both SS and prisoner doctors

### **Introduction**

When examining the Holocaust, there are a great number of different facets and ways to go about learning about that part of history. One aspect of the Holocaust that has a great deal of information to look at is the medical implications. This could be looking at the actual medicine that occurred in the concentration camps, including medical experiments, to the SS men and prisoners that were appointed as doctors in the camps, to so much more. This paper will focus on the doctors that worked in the concentration camps, both SS men and prisoners. First, SS doctors will be examined, looking closely at what their specific duties were, their motivations towards why they performed said duties, and how they felt about and coped with their duties; with special attention being paid to Dr. Josef Mengele and his actions in Auschwitz. After examining the SS doctors, prisoner doctors will be looked at, specifically their duties and how they coped and survived both psychologically and physically; including how it affected some doctor's lives after the Holocaust was over. A few specific cases of prisoner doctors will also be looked at, three prisoners that took different mindsets and ways of coping after being appointed doctors.

There are a number of questions that can be looked at regarding both the SS doctors and prisoner doctors in the concentration camps. The four main questions focused on in this paper are What different duties did the SS and prisoner doctors have from each other?, What motivated the Nazi doctors who made selections and tortured prisoners with so called medical experiments, and how did they rationalize their behaviors?, How did prisoners who were forced to practice medicine in the camps cope with their duties?, and How did these prisoner

doctors survive psychologically and physically, and how did it effect their lives after the concentration camps?

SS doctors' main duty was the job of making selections of who would live and work in the concentration camps and who would die. They also had duties such as working on the actual euthanasia tasks, as well as checking on patients in the infirmaries and other places. These SS doctors were motivated mainly by anti-Semitism, as well as gaining data to help German armies in different situations they may find themselves in. Some of these doctors expressed guilt during and after their time in the concentration camps, however this was according to what they said, not how they actually felt. Prisoner doctors, on the other hand, had duties ranging from procuring medications and tools to help with patient care to even working alongside SS doctors that recruited them to help with what they were doing. Prisoner doctors had trouble working with the healing-killing paradox that was present in the concentration camps and keeping their medical values while keeping people alive only to work and later watching them be killed. These doctors found different methods of coping merely to stay alive in a camp that was filled with death. There were not many cases of doctors surviving the liberation of the concentration camps examined, but those that did survive suffered psychologically and physically. While it is impossible to adequately compare prisoner and SS doctors because their roles in the concentration camps were so different, this will all be examined in greater detail in the sections that follow.

## **I. The SS Doctors**

### **A. Duties of the SS Doctors**

The biggest duty for SS doctors was the job of prisoner selections, deciding who will stay alive and work and who will die. All doctors were required to take turns working on

the selection ramps, motioning for some to go directly to the gas chambers and some to go to the work camps upon arrival (Langbein, 2004). With this, there were no medical exams, just the doctors choosing who would survive and who would die. At the point where there was an increase in the number of Jews that were being transported into the concentration camps, dentists and pharmacists were also required to make selections. When this occurred, there would be teams where a specific SS doctor was the supervisor that oversaw the selection process, while the other doctors, dentists, and pharmacists made the selections (Lifton, 1986).

Along with the selections came the actual act of euthanasia – some doctors became “euthanasia specialists” that designed the gassing facilities and crematoriums and later operated them (Noakes & Pridham, 1988). Running the gassing facilities and crematoriums included ordering the amount of gas used, ordering to ventilate after observing all of the victims being dead, and signing a form that stated how many were dead and how long it took for them to die. While some were in charge of the crematoria, even more SS doctors had to devise a plan of how to burn a large number of corpses when there were too many corpses to burn in the crematoriums (Lifton, 1986).

The SS doctors did not only have duties that included killing prisoners, some doctors were also required to monitor the health of the prisoners so that they were still able to work in the concentration camps (Lifton, 1986). Some doctors were chosen to go to the infirmaries every day, and look at the patients that were newly checked in to grant them a permit to stay overnight (Nomberg-Przytyk, 1985). On the other hand, there were still more SS doctors that were there mainly to practice their skills and work on medical research. Practicing skills came by learning from the prisoner doctors, as well as killing

prisoners with IV injections of petroleum and phenol to work on finding a person's vein in their arm (Langbein, 2004; Nahon, 1989). Some also practiced basic medical skills on living and dead prisoners, things such as lumbar punctures (Nyiszli, 1960). There were also a number of medical experiments performed in the concentration camps, most notably the research that Dr. Mengele performed on midgets, gypsies, twins, and those suffering mental illnesses. Mengele was very dedicated to his research, and "paid daily visits to the experimental barracks and participated actively in all phases of the research," (Nyiszli, 1960, p. 32).

### **B. Motivation of the SS Doctors**

The most obvious motivation for all SS men working in the concentration camps, including SS doctors, was anti-Semitism. Many men believed that killing all of the Jews in Europe would solve the problem of the people they believed to be uncooperative. There was an underlying fear of annihilation and being overpowered by Jews, paranoia that drove them to kill (Lifton, 1986). Some researchers have found that the political attitudes of the doctors did at times depend on their specialty; those that worked in older fields such as surgery and internal medicine were more inclined to hold a conservative view, and therefore more anti-Semitic (Proctor, 1988).

Not all those that were a part of the SS vanguard explained their actions as due to anti-Semitism. In the spring and summer of 1947, physicians were accused in Nuremberg of experiments done on prisoners in the camp, where they said that they did this not because of sadism or to kill Jews specifically, but to learn more about conditions that the German military faced, and how to better their chances of surviving. Examples of this include immersing prisoners in ice water, drinking seawater, transplanting limbs, and

injuring prisoners or injecting them with infectious bacteria. Immersing prisoners in ice water was done to see how long German pilots would be able to survive if they crashed into the North Sea after being hit with enemy fire, and they were forced to drink seawater to see how long these men would be able to survive stranded at sea without fresh water. Limb transplants were done on prisoners to practice techniques and be more prepared in the case that a medical emergency occurred. Finally, prisoners were injured and injected with infections bacteria so that these doctors could experiment with new antibacterial drugs and see just how effective they were (Proctor, 1988). To the SS doctors that conducted these various experiments, this rationale was logical reasoning to do these things to prisoners in the concentration camps.

Dr. Mengele himself had a number of different motivations and reasoning for why he did what he did as an SS doctor in Auschwitz. Some say that Dr. Mengele simply had the “German mentality” and view that Jews were both biologically inferior and intelligent (and therefore dangerous). He combined this Nazi ideology with his scientific training and resources in Auschwitz to advance his knowledge on a number of different subjects (Lifton, 1986). He was interested in genetics, having worked at the Institute of Hereditary Biology prior to working in Auschwitz, and was very focused on improving the quality of German births (Noakes & Pridham, 1988). The main reason Dr. Mengele went to work in Auschwitz in the first place was because of the sheer number of prisoners he would be able to experiment on. Langbein (2004) felt that the main reason Dr. Mengele has been focused on as an SS doctor is not solely because of his motivation or what he did, but also how much he worked, never resting and always forging on.

### **C. Rationalization of the SS Doctors**

Not all SS doctors entered the concentrations camps prepared to kill. Being doctors prior to the Holocaust, they were actually much less prepared for the euthanasia than other SS officials. This lack of preparation was felt even more so when the doctors were not true believers of Nazism, especially because for the most part their jobs were the opposite of healing. A number of the SS doctors did not even begin working in the concentration camps because of their political views, but rather because they did not have much experience in the medical field and wanted to advance their career (Langbein, 2004). Some of the SS doctors would fight for more hospitals and infirmaries to care for the sick, while others sided with the other SS officials that said there should be less healing and more killing, the idea that won out (Lifton, 1986).

While many doctors had trouble with the healing-killing paradox that existed in the concentration camps, it eventually came to be like a normal job for them, part of the ordinary. They tried to rationalize what they were doing with selections by saying that they were not as bad as some things that went on in the camps, some of Dr. Mengele's experiments being some of the worst parts. Another rationalization they added on to it not being the worst part of the camps was that it was not something they could change, no matter how bad it was (Lifton, 1986). As time wore on and the doctors got more used to what was happening in the camps, they also seemed to psychologically separate themselves from what they were doing, even repressing what they did after the Holocaust was over (Langbein, 2004). This does not mean they did not want to do this – they chose to participate, this is merely what they have stated after the war. In their postwar rationalizations, it is possible they were trying to find motivations for their actions that



would lead to people looking less harshly on them, whether it be if they were called to account for their actions, or among their peers.

The SS doctor's relationships with prisoner doctors were also an interesting form of coping for the SS doctors at the very least. As said before, some SS doctors used this chance to learn from the prisoner doctors, whether it be learning new skills or enhancing skills they already had. Other than learning from them, though, SS doctors also worked with doctors to help deal with some guilt they felt. Some were able to express their feelings of guilt about selections to the prisoner doctors they worked with, merely mentioning it rather than confronting it head on. Some even say that these doctors worked with prisoner doctors to "avoid recognition of their own guilt" (Lifton, 1986, p. 218) regarding their roles in the concentration camps. It was a way for them to cope a small amount with what they were doing, while not really acknowledging what they were doing.

While there were some doctors that showed some guilt, the majority did not outwardly. For some, they did not have any problem with the selections and all of the killing that was going on, rather they felt that it was unfair that some of them would have to work selections or other duties three nights in a row, while others had much easier assignments (Lifton, 1986). This showed that they did not have a problem so much with what they were doing, rather that others were doing less than them and they found it unfair. Still others had issues with what they were doing, but blamed it on something else. An example of this was a doctor that suffered from heart trouble and severe headaches, however when the prisoner doctor that was taking care of him suggested it may be connected to his work, he merely said "It doesn't bother me any more to kill one hundred men than it does to kill five. If I'm upset, it's merely because I drink too much," (Nyiszli,

1960, p. 97). He suffered from health conditions that could have resulted from the stress of his job, but instead of accepting that, blamed it on his drinking habits.

Some doctors had a way of working with hypocrisy as a way of coping, pretending to be nice and helpful to the prisoners while sending them to their death at the same time (Lifton, 1986). A specific doctor that showed a great deal of hypocrisy was Dr. Josef Mengele. Dr. Mengele had looks and actions that would lead prisoners to trust him and believe he had their best interests at heart, while he was thoughtlessly directing them to be killed. Dr. Mengele had a few different ways of reasoning as to why he made selections, conducted experiments, and sent so many people to their death. On multiple occasions, he has been said to have explained that they did it for the prisoners; if they were too weak to survive in the camp, he did not see a reason for them to live on and suffer. He also had very intriguing reasoning for why he killed all mothers and children in the camps: there were no facilities in the camps that would lead to children developing in a normal way, yet they couldn't set them free so they had to kill them. However, it was not civilized to send a child to their death without their mother there, so he had to send them together (Nomberg-Przytyk, 1985). He was also very attached to his research, believing that it was his duty to discover the science between multiple births (twins), dwarfism, mental illness, and other abnormalities he came across in the camp (Nyiszli, 1960). He had a great deal of passion for his work, and felt that he really was making a difference; in his eyes, he was simply promoting his racial ideology. He was able to work with all that was going on in the camps because of his different points of reason as to why things were run the way they were in camp.

## **II. Prisoner Doctors**

### **A. Duties of the Prisoner Doctors**

Having been doctors prior to the Holocaust, the people that became prisoner doctors in the concentration camps did not start out as doctors there. These prisoners would start out as an orderly or nurse in the camps, and would eventually be promoted to working as a doctor. Just as they were not able to start outright as a doctor in the camps, these prisoner doctors were not permitted to work on the hospital blocks until late 1942. When they were not working on the hospital block in the infirmaries, some of the prisoner doctor's duties included cleaning the toilet ditches and transporting bodies after being euthanized. Once they were able to work in the hospital blocks, they had to make sure to triage everything they did, because there was such a limited amount of supplies and wanted to help the most people survive (Lifton, 1986). There was barely any medicine, the medical equipment was defective, and there were no antiseptics (Nyiszli, 1960). To help along with the lack of resources, some prisoner doctors would obtain medications in different ways, including stealing them from SS members, to be able to give to sick prisoners. An example of medications they would give to patients to work with triaging was giving TB patients calcium chloride IV's, really to help reduce hopelessness in those prisoners (Langbein, 2004). Cleaning and sanitizing was also very important when not caring for the prisoners, because it was so easy for diseases to spread in such tight quarters (Nahon, 1989).

There were a number of SS doctors would even recruit prisoner doctors that they felt would be helpful to them. They needed to be able to perform medical work in the camp, and would use prisoner doctors to help them stay up on their work. Reports and records

were very important in the operation of the concentration camps, and these prisoner doctors knew how to do them so they were invaluable to the SS doctors. The SS doctors also liked that these prisoner doctors were able to speak their native tongue of German, so it was easy to communicate with them (Lifton, 1986).

Some doctors that worked in the infirmaries were very careful with the prisoners that were sick and staying in the infirmary, whether it was sneaking them in to get help or hiding them from the SS doctors when they were making selections. Some prisoner doctors would forge medical records for prisoners to sneak them into the infirmaries, to keep them from outside selections and keep them alive long enough to improve their health as much as possible (Langbein, 2004). They made sure to be careful with their medical records, however, because some SS doctors used their daily reports to determine how many people would be sent to the gas that day (Lifton, 1986). When the SS doctors would come in to the hospital blocks to make their selections, prisoner doctors had to pay attention to which doctor it was, as some doctors had specific things they did not like – if they saw those things they would send those prisoners to the gas chambers (Nomberg-Przytyk, 1985). Because of this, Nomberg-Przytyk (1985) stated “since we knew in advance who would be looking over the women, we simply concealed those whom we knew would be vulnerable,” (p. 56).

There was generally only three instances a prisoner doctor killed other prisoners, and it was always so that others would not be killed. The first of these instances would be if there was a prisoner or capo that was “dangerous,” in turn saving others from their attacks. The second was difficult to control mental patients, because if they were loud or causing problems on the block, the whole block was more likely to be killed. Finally, prisoner

doctors would kill newborns or perform abortions, solely to save the mothers. As said before, children and babies were not allowed in the concentration camps, so if SS officers got wind of a woman being pregnant or having given birth, both her and the baby would be killed (Lifton, 1986). Other than these situations, prisoner doctors tried the best that they could to prevent the killing of so many prisoners, and this was only done to save others.

### **B. Ways of Coping for the Prisoner Doctors**

Out of all the survivors of the Holocaust looked at that were prisoner doctors, there was a collective reasoning of survival for becoming doctors. During selections, the SS men would call out for any prisoners that had been doctors prior to arriving to the concentration camps, and offered for them to step forward. It was unanimous in the feeling that if they had not been doctors and called out, they would not be alive. They became a special category of prisoner after coming forward, eventually becoming prisoner doctors (Lifton, 1986). At times it was difficult for the prisoner doctors to cope psychologically, because of the fact that they knew they left all else behind when they stood forward as doctors. However, because they knew it was what kept them alive in the concentration camps, the remorse was not too much to take for the most part.

The struggle for many of the prisoner doctors in the concentration camps had to do with keeping their medical and ethical values while still working in the medical part of the camps where killing and euthanasia was so prevalent. One way that some doctors found to cope was humor, trying to make jokes and tell stories as much as possible (Lifton, 1986). The more common way to cope was a sort of emotional anesthesia, trying to either forget about what was happening, or rather just not think about what they experienced everyday (Nyiszli, 1960). Another temporary way of coping was alcohol – Dr. Nyiszli (1960) said

“drink was a great help, a momentary but necessary respite” (p. 135) to those that had access to it. These doctors tried to do whatever to stay alive and at least attempt to help people as much as possible.

Some prisoner doctors went about a different way of coping and working through their duties in the concentration camps. A few of these doctors – Dr. Zenon Zenkteller, Stefan Budziasek, and Dr. Wladyslaw Dering – took a more brutal stance when it came to their position. Dr. Zenkteller was one of the leading prisoner doctors that was known to give worse beatings than some of the capos and SS men. He treated everyone badly, not just Jews, and would beat people all the time, not just when SS men were around. Some historians felt that he possibly did all this because he sought out the SS doctor’s respect, and wanted to feel validated even though he was a prisoner. Another doctor, Stefan Budziasek, came into the concentration not as a doctor but as a medical student. He began to make selections even without SS doctors present, and even practiced performing surgeries on various prisoners. While he was anti-Semitic, it was also believed by historians that the power of being a doctor in the camps went to his head. Finally, Dr. Dering began his career as a prisoner doctor with a good reputation, until he began helping with the sterilization experiments on the Jewish population in the camp. It was said that “he could have refused to participate [in the experiments] without putting his life or his job at risk” (Langbein, 2004, p. 222), as he had refused to do things of this nature before. However, it is felt as if his anti-Semitic views got the best of him, leading to him working with the sterilization of Jews. While these doctors do not show the majority of all prisoner doctors that worked in the concentration camps, it is still important to see that there were

prisoners that were more brutal, and why they acting this way and coped with how the concentration camps were run (Langbein, 2004).

### **C. Post-Liberation for the Prisoner Doctors**

Due to the low number of survivors of the Holocaust, there is not as much information of how the doctors coped and felt after leaving the concentration camps. Some doctors, such as Dr. Jadwiga Rylko moved away, in this case to the United States. However, moving to the United States did not help resolve problems or help her move on, as once here she was discredited and unable to practice anymore (Rylko-Bauer, 2014). Another doctor, Dr. Klein, had yet another problematic life after leaving the concentration camps. Dr. Klein was called to account in Czechoslovakia after liberation, because while working in the concentration camps, they showed the SS doctors patients in the hospitals with no hope so that those that had a chance could survive. This was still viewed as assisting in selections, and therefore they were punished (Langbein, 2004). The final doctor that discussed their life after liberation was Dr. Miklos Nyiszli, who worked directly under Mengele with all of the pathological work in the camps. He was both psychologically and physically sick, and dreaded going home where he was alone. He said that he felt “free, but not from my blood past, nor from the deep-rooted grief that filled my mind and gnawed at my sanity,” (Nyiszli, 1960, p. 160). His only saving grace and way of coping after the war was when his wife and daughter returned home, surviving because of his efforts to get them out of the concentration camp (Nyiszli, 1960).

### **Conclusion**

As seen in this paper, while these two groups of people both carried the title doctor, their viewpoints and impact in the Holocaust were very different. The most known duty for

SS doctors is without a doubt making the selections of all of the prisoners prior to entering and while in the concentration camps. While that was their main duty in the camps, some doctors had other duties to do along with them. Some were in charge of the actual euthanasia process, from planning to executing to evaluating the process. While some doctors had to check on patients in the infirmaries and take care of basic health needs, the majority had different roles. Basic medical skills were practiced on prisoners, whether they were alive or already dead, as well as a number of different medical experiments.

While anti-Semitism and Nazi political views were the main motivation for a number of SS members working in the concentration camp, they were not the only motivations behind the SS doctor's actions. Some said it was not to euthanize all Jews, but rather to gain data to be able to better help the German armies, regardless of what situation they find themselves in. Some young doctors were just trying to gain experience and advance professionally, while others chose to practice various skills while working there. Dr. Mengele is an example of an SS doctor that did have the "German mentality" as well as a drive to use Jews and other prisoners to gain genetic knowledge through experiments done on them.

There is a view of all SS officials, including doctors, to have chosen their position ready to exterminate as many Jews (and other people) as possible. However, for a number of SS doctors at the very least, this was not the case. There were doctors such as Dr. Mengele, who felt as if it was his duty to end people's suffering, rather than staying in the camp, and ensuring that children were not sent to their death on their own. Most SS doctors that had worked as medical doctors prior to working in the concentration camps had to adjust from helping people to killing them. Some SS doctors outwardly expressed



their guilt towards their duties, whereas the majority either did not acknowledge their guilt, or felt no guilt. Some rationalized their duties as not the worst things happening in the concentration camps, others simply felt as if there was nothing they could change, so they went along with it because it was their job to. This is at the very least what they said after the liberation of the concentration camps, when in reality their actions speak much louder than their words.

Prisoner doctors had very different duties than those of their SS counterparts. At first, these doctors were not able to work as doctors (instead moving from nurse or orderly to doctors) or work in the concentration camp infirmaries. Eventually they were able to, triaging patients to be able to better help the prisoners that actually had a chance to survive. Due to the lack of resources available to them, they did the best they could to keep the most people alive. They got people into the infirmary and hospital blocks that needed help, and made sure those that were very sick were protected from the SS doctor selections as much as possible. Prisoner doctors tried the best they could not to kill other prisoners, the only instances being when it was necessary to save other prisoners. Some prisoner doctors were even recruited by SS doctors to work for them, because they were able to help them keep up on the medical side of their work. Prisoner doctors had a little bit more of a range of duties in the concentration camps, really working towards keeping those with a chance alive, with very little resources available to them.

The majority of prisoner doctors that worked in the concentration camps recognized that the only reason they were still alive was due to the fact that they stepped forward as a doctor and were able to take that role. While they knew that being a doctor was the reason they were still alive, their duties and what they saw still took a toll on them

both psychologically and physically. Prisoner doctors had the most trouble with keeping their medical values while being a part of the healing-killing paradox that was present in the concentration camps. Some doctors found coping mechanisms in humor or emotional anesthesia, making it possible for them to continue on while working there. Some doctors took different approaches once taking on their role, leading to violence or helping with sterilization experiences, but this was not the case for most prisoner doctors. These doctors were able to cope if only because their role kept them alive in a camp that experienced so much death. Of the few doctors examined that discussed their experiences after liberation, the majority of them struggled once home. Whether it was being called into account, being discredited, or simply physically and/or psychologically ill, many prisoner doctors had trouble after leaving the concentration camps.

In examining these different duties, motivations, and coping mechanisms of both prisoner and SS doctors in the Holocaust, it is important to recognize that this is merely scratching the surface of all that occurred in the Holocaust and the concentration camps. There is so much information available to learn more about these topics, and many more aspects of the medical implications of the concentration camps. It is something that is very interesting to examine, even in such a small scale, because there was so much put on the different doctors, and very little known about it. As seen, there is no way to compare the two different types of doctors in the concentration camps, as they had very different positions in the concentration camps, some forced to be there and some choosing to work there. This simply shows how the title of doctor and medical aspects of the concentration camps were used in the Holocaust.

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