DEADLY MEDICINE
CREATING THE MASTER RACE

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NAZI STERILIZATION AND REPRODUCTIVE POLICIES

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On June 28, 1933, five months after Hitler’s rise to power, the Reich Minister of the Interior, Wilhelm Frick, outlined the Nazi program of “population and race policy” in a speech announcing an impending sterilization law. Deploring the condition of the German people, he described a nation he saw mired in cultural and racial degeneration [created by] an exaggerated type of personal hygiene and welfare for the single individual without any regard for the insights of genetics, selection of life, and racial hygiene. This kind of modern “humanist value” and social welfare for the ill, weak and worthless individual has had enormously cruel effects on the people as a whole and has led to its ruin.

The result, Frick maintained, was the birth of more than one million genetically ill—both physically and mentally—whose “offspring were no longer desired.” Estimating that as many as 20 percent of the population were undesirable as fathers or mothers, Frick underscored that it was precisely these “imbecilic and inferior” persons who were giving birth to disproportionately large numbers of children. He linked these antinatalist views with Nazi pronatalist population goals.
"Qualitative Decline in the Population through Lower Reproduction Rates among Individuals of Higher Value: In the beginning, after 30 years, after 60 years, after 90 years, after 120 years. It could come to this, if individuals of lesser value have four children and those of higher value have two." Nazi propaganda poster, ca. 1938, used to promote public support for the mass sterilization program. Staatsarchiv Bamberg

that aimed to raise the German birthrate, which, in 1932, was one of the lowest internationally. "Positive population measures" would encourage "German" and "hereditarily healthy" couples to have more children, he declared, concluding that "in order to raise the number of hereditarily healthy progeny we have, above all, the duty to diminish the expenses for the asocial, inferior and hopelessly hereditarily ill and to prevent the procreation of hereditarily tainted persons."

On July 14, 1933, almost four months after the Enabling Act had transferred the Reichstag's legislative powers to Hitler's cabinet, the latter approved a bill providing for compulsory and mass sterilization. The Law for the Prevention of Genetically Diseased Offspring took effect on January 1, 1934. Its purpose, as outlined in the official gazette, was to "eradicate biologically inferior hereditary taints," to "promote a gradual cleansing of the nation's ethnic body," and to aim at "the innumerable inferior and hereditarily tainted people" who "procreate without inhibition." The official commentary, published in 1934, claimed that this law demonstrated "the supremacy of the State in the field of life, marriage, and the family" and estimated that 1.2 million people should be sterilized. Government officials discussed the number and reduced it to 400,000 for the short run. This was, in fact, the number of those sterilized under the law in the 12 years of the Nazi regime (about 300,000 up to 1939, plus another 60,000 after 1939 in Germany, and an additional 40,000 in annexed territories including Austria). It was a half percent of the German population at large and just over one percent of the population between 14 and about 50—the major age group targeted. In a speech to his Nazi parliament, Hitler praised the law as "truly revolutionary" with respect to those whose heredity placed them from
their birth on the negative side of völkisch (national) life." Many joined him, saying that this was "the first blood-and-soil law" and "the core piece of National Socialism—the idea of race."

PATHS TO NAZI STERILIZATION POLICY
The German discussions underlying the Nazi sterilization law—eugenics or racial hygiene—were, at this time, far from novel. They had been elaborated especially since World War I, although some of their elements had emerged earlier. In Germany, they had been discussed not only by Nazis but also by non-Nazis and not-yet-Nazis, and similar ideas emerged in various other countries. Eugenics was an international movement; its tenets, theoretical as well as practical and political, were built on five assumptions, most of which counted as "science" at the time.4

First, the cultural and political crises after World War I, reinforced by the economic crisis of the early 1930s and the perceived widespread "degeneration" (Entartung), were attributed to a phenomenon called "counter-selection" (Gegenauslese). This was the notion that modern medicine and social welfare violated the process of "natural selection," which otherwise would "eradicate the unfit." Second, the precise features of eugenic "inferiority"—most of all, emotional and mental defects—were increasingly defined and classified by psychiatrists, and psychiatry and medicine were to be transformed from a vehicle of degeneration and counter-selection into an agent to rectify counter-selection. Third, the undesirable features came to be considered as congenitally transmitted; therefore, psychiatry became a privileged field of human genetics.
Racial hygienists in the 1920s used the genealogy of a Swiss family, known as the "Hereditarily Less Valuable Family Zero," to demonstrate the hereditary transmission of inferior traits. The family tree was widely displayed in classrooms during the Nazi years. Legend (left): alcoholics; mentally ill; idiots; criminals; vagrants; bright; early death; without criminal record. Schulgeschichtliche Sammlung, Bremen.

major scholar in this field was the psychiatrist and geneticist Ernst Rüdin. More popular was the two-volume book *Foundations of Human Genetics and Racial Hygiene*, by Erwin Baur, a plant geneticist, Eugen Fischer, an anthropologist, and Fritz Lenz, a human geneticist. Hitler probably drew on this book, while in prison in 1924, for the passages in *Mein Kampf* decrying the procreation of deficient people. Discussions of heredity—both scientific and popular—turned into a veritable heredity hysteria and often served as a scheme to explain all of society's problems. Fourth, the individual human being as subject of suffering and object of healing was supplanted by a collectivity to be redeemed—the "German people" or "national body" (*Volkskörper*). Last, the heredity anxiety was supplemented by its apparent opposite—the vision of a world without illness, weakness, and misery that was proclaimed with revolutionary pathos. This vision included a powerful, even fanatical call to social and political action, in order to reach that vision, by "returning" to natural selection and "weeding out" (*ausmerzen*) the unfit and inferior through artificial social and political tools where "nature's" tools were no longer in force. One chosen tool—up to the late 1930s, the principal one—was the prevention of inferior offspring.

Surgical sterilization—known and studied since the turn of the century—was heatedly and publicly debated in Weimar Germany. Sterilizations on eugenic grounds were performed to some extent, but rather secretly (they were illegal under the penal-code clause against bodily injury), mostly on poor women, probably thousands of them. First, in 1923, and then again in 1925 and 1928, the medical doctor Gustav Boeters drew up, quite obsessively, various bills for the sterilization of many kinds of degenerates, which he recommended to the authorities of the state of Saxony.
and sent to doctors all over Germany. In the final years of the Weimar Republic, which were marked by severe economic depression, virtually all strands of eugenic thought agreed on sterilization as the major method of eugenic intervention, and such "negative" eugenics took clear precedence over such "positive" measures as benefits for hereditarily healthy families. Now, many other groups—besides scientists, psychiatrists, and doctors—joined the lobby for eugenic mass sterilization. These included secular as well as religious welfare organizations, among them the Inner Mission of the Protestant Church, which maintained a charitable network of asylums throughout Germany. The Depression boosted the number of sterilization lobbyists to include such people on the left as the physicians Rainer Fetscher and Alfred Grotjahn, who both argued in favor of compulsory sterilization.

The reason why sterilization became so popular—and why the Nazi law of 1933 came about so easily and met with so little public criticism—was because it promised many things to many people. No children from "inferior" persons seemed to mean gains to communal and other public funds (with less demand for locally funded public assistance), reduced costs for institutional care, fewer illegitimate children, no more schools for backward children, and more financial assistance for the deserving unemployed and for the health care of the desirable part of the population. Nevertheless, doctors and psychiatrists were at the center of the campaign; for them, the major gain was not just a utilitarian but an idealistic one—the "regeneration" of the German people (Volk).

In 1932, the Prussian Health Council promoted a sterilization bill (never enacted) for the state of Prussia; for this purpose, it convened a meeting of 78 experts from
many professions, particularly doctors. Rüdin presented a proposal for discussion that largely resembled the future Nazi sterilization law. Held in July, the conference witnessed several National Socialists (among them, Leonardo Conti, at the time a member of the Prussian Parliament for the Nazi Party and, later, Reich Health Leader) pleading for outright compulsion “in the name of the NSDAP” (the Nazi Party).

Even though this bill included a clause of consent—in contrast to the Nazi law almost exactly one year later—its terms, and, even more, those of the debate, left no doubt that what was at stake was not the well-being of individuals but that of the national body and the requirements of population policy. One National Socialist in the assembly noted—and rightly so—that no one questioned “the generally recognized criterion of inferiority.” Two dissenting voices deserve to be noted. A conservative, female medical doctor, who, in fact, favored sterilization on eugenic grounds, argued that it should not be a matter of “population policy” but of preventing actual individual misery, and that the individuals in question should have “fullest scope and legal protection.” Only one doctor, a Catholic, spoke out “fully and entirely” against “brutal force” and the doctor’s role of “hangman.” For “tactical reasons,” most participants favored indirect forms of compulsion—for instance, placing a
person under the control of a trustee—since direct and state compulsion might have a negative impact on the popularity of such a law. At about the same time, Fritz Lenz thought that one-third of the population should have no children, and Rüdin joined him in this view.9

IMPLEMENTATION OF THE STERILIZATION LAW

Although the eugenics discussion in medicine and human genetics, as well as economic ideas about public expenses in a time of depression, formed a crucial background to the arrival of the sterilization law of 1933, even more so was the role of political, legal, and institutional power and, above all, Hitler’s rise to power. In the words of a eugenicist in 1934. It was Nazism that “raised racial hygiene to the level of an explicit principle of government.” That same year, Rüdin argued that “it was only through the political work of Hitler that the significance of racial hygiene has become publicly manifest in Germany, and it is only due to him that our thirty-year-old dream to put racial hygiene in practice has become a reality.”30 On May 26, 1933, the penal-code clause, which penalized bodily injury, was supplemented by a paragraph that permitted doctors to perform voluntary eugenic sterilizations. But this was not enough for the new regime, since it aimed not at permitting but at imposing sterilization and an overall racial hygiene (“population”) policy. At this time, three men who would soon rise to important positions—the radical eugenicist and medical doctor Arthur Gütt, just hired by the Ministry of the Interior, the psychiatrist and geneticist Ernst Rüdin, and the lawyer Falk Ruttke—began to
elaborate the sterilization bill, the wording of its purpose, and, somewhat later, the extensive volume with the official commentary. In the cabinet session of July 14, the Catholic vice chancellor, von Papen, raised some objections as to the impending concordat with the Catholic Church (the Pope’s 1930 encyclical, *Casti connubii*, had condemned sterilization). But Hitler insisted that the bill was “morally impeccable,” “the hereditarily ill procreate to a high degree,” and “all measures are legitimate which serve the preservation of the German people.”

The new law imposed sterilization on people “who suffer” from any of nine categories of disease, all assumed to be hereditary: feeblemindedness, schizophrenia, manic-depressive (now, bipolar) disorder, epilepsy, Huntington’s chorea, blindness, deafness, malformation, and severe alcoholism (Article 1). Roughly 95 percent of the sterilizations were performed on the grounds of the first four of these categories. None of them was a precise disease, but they were umbrella categories for a number of different and lesser-known mental or emotional problems. Genetic transmission was not actually proven in any of them (Rüdin would often deplore this fact); therefore, it was not required to prove genetic transmission in each individual case.

One could apply for sterilization oneself (under Article 2)—although this provision came to be virtually irrelevant—or it could be done by a legal guardian; the latter clause led to placing many people under guardianship, often a collective one, precisely for the purpose of sterilizing. Article 3 provided for applications by “state doctors” and the directors of hospitals, psychiatric asylums, and prisons. Soon, all doctors were required to report their patients to the sterilization authorities if they saw fit, and, in practice, anyone could denounce anyone else—and many did. Special
sterilization courts (Hereditary Health Courts) were established by Articles 5–10; in 1936, there were 205 first instance courts, plus another 18 appellate courts where a complaint could be filed.

The actual sterilization was performed in specially selected hospitals (Article 11); by 1936, they numbered 108, and 144 surgeons had been specially nominated. Article 12 allowed the use of police force. Recalcitrant candidates were forcibly brought to the operating table, which happened in some regions to as many as 30 percent of those sterilized. Police were also employed in three further situations. At the beginning of the procedure, a "state doctor" could ask to have a person brought in for examination as to the applicability of the law. In numerous cases, police searched for candidates who had fled or gone into hiding, and police could force a person into a psychiatric institution to be tested for disease or to prevent sexual intercourse or escape. A supplement to Article 12 was Article 14, which banned any sterilization outside this law—any voluntary one; therefore, in the last instance, all sterilizations under the law were nonvoluntary ones. This was, then, contrasting legislation for the "inferior" and the "superior." In the words of one German eugenicist, "Unequal value, unequal rights," and of another, "There is no equal right for all. Everyone's rights are determined by his value to the nation. The state has the right, even the duty, to distinguish between the superior and the inferior."

Racial hygiene was now legalized as well as institutionalized. The most remarkable innovation was the sterilization courts, an element that distinguished Nazi policy from other countries that also had eugenic sterilization laws. The courts included three judges, but only one was a judicial official, the other two being
Hereditary Health Court judges, from "Race of the People," March 24, 1934. Each court panel included a lawyer and two doctors, which lent an appearance of justice and due process. In fact, sterilization hearings lasted only a few minutes. Patients could appeal to a Superior Hereditary Health Court, but few lower-court decisions were reversed. Institut für Zeitungsforschung, Dortmund

The docket of the Hereditary Health Court in Hamburg, for February 21, 1934, shows that officials allotted only five minutes for each sterilization hearing. Evangelische Stiftung Altendorf, Hamburg

"doctors," usually psychiatrists, geneticists, population scientists, or anthropologists—for instance, Hans F. K. Günther, a major race theoretician of the time (in the court of Jena). The sentence was passed by majority vote. Scientists and doctors had become judges, "medical judges," with the full power of the law behind their judgment—an unheard-of event—and they exerted legal power over patients and procreation. Virtually all better-known eugenicists and psychiatrists, thousands in all, sat on such courts at one time or another; others were busy handing in expert advice.

Equally crucial was the institutionalization of decision making in the judiciary. On the one hand, the courts served to maintain the apparent legality of the procedure, and injustice appeared, therefore, as "justice." German racial hygienists were proud of this elaborate judicial system, contrasting it to the arbitrary way in which U.S. state governments enforced sterilization measures. On this, the American Eugenic News agreed: "From a legal point of view, nothing more could be desired." This was the first instance when racial hygiene, and racism in general, infiltrated the judiciary (about 500 jurists sat on these courts until 1939). A leading judicial official, Erich Ristow, underscored this in 1935, exclaiming that "the activity of the Hereditary Health Courts entails the implementation of national socialist ideology, since National Socialism is applied racial science." The commentary to the law expressed the hope that "precisely the Hereditary Health Courts will inspire the entire German judiciary." The same view prevailed in SS chief Heinrich Himmler's staff.

On the other hand, the judicial discussion revolved around the tribunal's decision making based upon the very vague psychiatric criteria for sterilization. The "gray zone," it was argued, had to be eliminated by separating "black from
white" to allow judges to make "a clear-cut judgment." Judges discussed the issue in familiar Latin legal language: in dubio pro patria ("in case of doubt, decide for the Fatherland") now replaced in dubio pro reo ("in case of doubt, decide for the accused"). By 1936, the debate culminated in the official recommendation: "Racial hygiene must always follow the principle that it is better to sterilize too many rather than too few." This was the outcome of the mid-1930s debate on whether someone with hereditary illness "may" be sterilized, as Article 1 of the law said, or "must" be sterilized. Ultimately, "must" prevailed.

Further institutional revolutions followed, especially the 1934 Law for the Unification of the Public Health System, which Gütt also devised. Its purpose was the centralization of public health, defined as Rassenhygiene ("racial care")—the official Nazi term encompassing both eugenic and ethnic racism. Public health was placed in the hands of newly created state doctors who operated the new State Health Offices, which included "Hereditary and Racial Care" counseling centers. By 1943, there were more than one thousand such offices.

The task of this entire system was to implement what are regarded as the three core laws of National Socialist hereditary and racial policy: first, the Sterilization Law; second, the Infamous Blood Protection Law, of September 1935, which banned marriage and sexual intercourse between German Jews and non-Jewish Germans; and third, the Marital Health Law, of October 1935, which banned marriages between the "superior" (genetically fit) and the "inferior" (genetically ill) within the "German-blooded" population. Originally, the two marriage bans were to be included in a single law, but they were separated for political reasons. Both aimed to prevent
1. Remember that you are a German.
   Everything that you are is not of your own merit but, rather, through your nation.

2. If you are hereditarily healthy, you should not remain unmarried.
   Everything that you are, all the characteristics of your body and mind, are transitory. They are an inheritance, a gift from your ancestors. They live on in you in an unbroken chain. Whoever remains unmarried without a compelling reason breaks this chain of the race. Your life is only a transient occurrence; family and nation will continue to exist. Mental and physical, genetic makeup will celebrate its resurrection in your children.

3. Keep your body pure [of venereal disease]!
   Maintain the health that has been given to you by pure parents in order to be able to serve your nation. Take care not to play with it needlessly and lightly. A moment’s pleasure can permanently destroy your health and genetic makeup—a curse for you, your children, and grandchildren.

4. You should keep your mind and spirit pure!
   Maintain the abilities that you have, become what you can be according to your abilities. Preserve your talents and use them to your best ability... Prospects of money and property, prospects of getting ahead more quickly, prospects of pleasure, often tempt us to forget this.

5. As a German, choose only a spouse of the same or Nordic blood.
   Where ability matches ability, harmony will reign. Where dissimilar races mix, there will be discord. The mixing of races that do not match each other (bastardization) frequently leads to degeneration and downfall in the life of people and nations, all the faster the less the races match each other. Beware of decline; keep away from those of foreign races of non-European origin. Happiness is only possible with those of your same kind.

6. In choosing your spouse, ask about his ancestors.
   You are not marrying your spouse alone but, in a way, his ancestors, too. Worthy descendants can only be expected from worthy ancestors. Gifts of reason and mind are an inherited trait just like eye and hair color. Bad abilities are passed on just as good ones are. A good person can carry in himself germs (genetic makeup) that will turn into misfortune for his children. Therefore, never marry the one good person from a bad family... If you are unsure, request a genetic-biological family chart, ask a trusted doctor familiar with questions of hereditary health, or contact the Reich Committee for Public Health, Berlin W 62, Einsteinstrasse 11.

   There is nothing more valuable in the world than the seeds of noble blood. No medical art can change rotten genetic material.

7. Health is also a requirement for physical beauty.
   Health offers the best protection for lasting happiness, for it is the prerequisite for beauty and mental stability. Ask your future partner to undergo a medical examination to ensure worthiness for marriage, as you yourself should do.

8. Marry only for love.
   Money is a transient possession and does not bring lasting happiness. Where the divine spark of love is missing, happiness cannot thrive.

9. Seek a companion in marriage and not a playmate.
   Marriage is not a temporary game between two people but, rather, a lasting bond that is of great importance for the life of the individual as well as the entire nation. The purpose of marriage is having children and raising descendants.

   Only among mentally, physically, and racially homogeneous people can this ultimate goal be achieved for the benefit of yourself and your nation, for every race has its own soul. Only similar souls will be compatible. An extreme age difference between spouses easily endangers the equilibrium in the marriage.

10. You should wish for as many children as possible.
   Only with three or four children is the continuance of the nation ensured... Many worthy children raise the value of the nation and are the best safeguard for its continuation. You will pass; what you give to your descendants will remain; in them, you will celebrate resurrection. Your Nation will live forever!
undesired offspring. German officials applied the Blood Protection Law strictly, but they could not apply the Marital Health Law with the same rigor. Along with the State Health Offices, registrars of vital statistics (also thoroughly trained in racial hygiene) put marriage bans into practice.

The ideas of scientists had paved the way to the sterilization law. After 1933, though, their ideas were shaped by the sterilization law itself. The grand syntheses in the field of psychiatry that appeared under the Nazi regime were little more than further definitions and reflections on how to apply the law, expand its categories, and judge “who is inferior.” Much ink was spent—particularly in most journals of every profession involved in the complex issue—on single trials and on general principles of eugenics.
Hitler’s regime aimed to record the hereditary and racial history of the entire German population. By 1942, some ten million registry cards had been collected.

The head of the Austerdorf institution for the feebleminded, Dr. Gerhard Kremerberg, began collecting patient family trees before 1933, and became an avid supporter of Nazi eugenics policies. Some of these cards were used as evidence in the sterilization courts, ca. 1936. Evangelische Stiftung Austerdorf, Hamburg
Intelligence test administered to Ursula H. in the Wittenau Psychiatric Clinic, in Berlin, 1942. Landesarchiv Berlin [A Rep. 003-04-04 Nr. 21]

The major features of the law's implementation indicate similarities as well as differences compared to other countries that had sterilization laws. Everywhere, "degeneration" and "regeneration" were the catchwords and were often linked to visions of an ideal Nordic race. If inferiority was specified, "feeblemindedness" and insanity were the major targets everywhere. In Germany, almost two-thirds of the sterilizations were performed on persons judged to be mentally retarded and one-fifth on those deemed schizophrenic. Epilepsy accounted for 12 percent and manic depression for 3 percent.

In Germany, more people were sterilized than in all other countries combined. From 1933 to 1945, up to 14 times as many people were sterilized than under the 30 sterilization laws in the United States (two-thirds of them included a compulsion clause), and if the greater U.S. population is taken into account, it was 30 times as many. Several reasons explain this difference. First, only Nazi Germany established a centralized and dense network of people and institutions to search for, examine, and judge sterilization candidates. Second, even though eugenic sterilization outside of Germany imposed much hardship on its victims, the juridical eugenicist Falk Ruttké correctly argued, in 1937, that the Scandinavian and North American sterilization laws existed "largely on paper only." Third, Nazi racial hygiene was population policy in a strict sense—in principle, the entire population was on its records. The State Health Offices had the task of compiling a comprehensive genetic population census, starting with those judged to be inferior. No one in the United States had the "duty," as had so many in Germany, to denounce others to sterilization authorities. Over two-thirds of the U.S. laws were aimed exclusively at the
This "Sterilization Book with Photos," from the Wittenau Psychiatric Clinic in Berlin (1934-45), served as the registry of men in the clinic who were sterilized in outside hospitals. Landesarchiv Berlin (4 Rep. 991-04-06 Nr. 20)
Photographien entsprechend dem namentlichen Verzeichnis geordnet.
inmates of institutions, whereas the Nazi eugenicists went further—about two-thirds of the sterilization candidates lived outside of institutions, on their own, or in families. In other words, if the case of the United States demonstrated—as many Nazis argued—that eugenic sterilization was practiced “even” in a democracy, it also demonstrated that only under a dictatorship was it possible to implement the policies that German as well as American racial hygienists hoped for.

One major tenet of Nazi racial hygiene, the core of antinatalist population policy, followed from the logic of a discourse focusing on procreation and sexuality. Sterilization had to be performed especially on people with a “mild degree” of disease, since they were more likely to engage in sexual intercourse than those who were seriously ill. As a result, the mild cases, because of their “procreative danger,” came to be a major object of racial hygiene argument and decision making. Rüdin—a medical judge in the Munich court—was just one among many who underlined how “infinitely greater” that “danger” was compared to the cases of people actually ill. No wonder then that many of the “inferior” opposed doctors’ and judges’ views, arguing that they were neither “diseased” nor “hereditarily diseased.” Rüdin’s answer was, “If we want to follow the spirit of the law, we need to sterilize the ‘milder’ cases.”

Although the notion of the mild cases applied to all sterilization trials, it did so, most of all, to those accused of feeblemindedness, who counted as being especially procreatively dangerous. It applied particularly to women; according to the racial hygienists, women must be expected to have sexual intercourse not only willingly but also against their will. Therefore, the rule was: “The same degree of feeblemindedness requires a different evaluation of the danger of procreation.
in the case of women and men...female feeblemindedness is particularly procreatively dangerous. 

By the mid-1930s, feeblemindedness was expanded into a veritable social diagnostic of its own. Its key concept was "conduct of life" or "social proof," largely directed against "moral feeblemindedness" and "antisocials" (such as prostitutes, beggars, vagrants, "work-shy," and "slovenly" or "unkempt" individuals). Between 1940 and 1944, a new law especially for the sterilization of antisocial individuals was elaborated, but did not come into effect. The category "social proof" differed considerably for men and women. Both men and women were assessed as to their work behavior, but women, in addition, as to their capacity and inclination for housework, child-rearing, and irregular heterosexuality. About 60 percent of those sterilized for feeblemindedness were women.

In 1933, the American journal Eugenic News underlined that the Nazi sterilization law was to be equally applied to all "hereditary degenerates...regardless of sex, race, or religion." In fact, the available figures (although incomplete) suggest that the sex ratio among the sterilized was almost equal—52 percent men and 48 percent women. The difference is due to the 3 percent who were sterilized on the grounds of alcoholism, since they were usually only men (the figures for schizophrenia were gender-neutral, among epileptics men prevailed, and manic-depressives, for the most part, were women). Men were sterilized through vasectomy and as outpatients, but women underwent a major operation (salpingectomy), with full anesthesia, abdominal incision, and concomitant risk. The ensuing deaths led to a public outcry (according to the Nazis, such foreign articles as "Report from Hell" stemmed from
The sterilization of Jews and "Gypsies" for reasons of "race" was not specified by the law. However, individual members of these ethnic minorities were subject to the law and sterilized. Helena S. (far left), who was diagnosed as schizophrenic, was Jewish; she died of pneumonia before she could be sterilized as ordered. Else L., diagnosed as manic-depressive, and Kurt G., as schizophrenic, were both Jews freshly sterilized.

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the "Jewish press"). Hitler intervened in 1935, urging the use of X-rays instead, which were then introduced the next year for women over the age of 38. Yet, people continued to die from the sterilization operation; overall, the number of deaths may be estimated at 5,000, 90 percent of whom were women. Most of them died because physically they resisted right up to the operating table, and, afterward, rejected what had happened to them. In 1935, the sterilization law was amended by adding abortion, on eugenic grounds. It required the pregnant woman's "consent," but, in many cases, this rule was laid aside. Every eugenic abortion entailed a compulsory sterilization. Their number was about 30,000.

"Undesirable" religious and ethnic minorities were included in the law, even though Hitler argued (for a short time) that there was no reason to "improve alien races through sterilization." The proportion among "alien races" was somewhat higher than among the "German-blooded" population—in any case, among African Germans, the 500 or so children of German mothers and black or Arabic fathers who had been among the French-occupation troops after World War I. As for other undesirables, the diseases outlined were flexible enough to identify many "Gypsies" as feebleminded. Some of the Jews from Eastern Europe were also judged feebleminded and some German Jews schizophrenic. Ample proof of the latter diagnosis was depression or a suicide attempt—although Jews had extremely good reasons for both.

On March 19, 1942, two months after the Wannsee Conference, where the "Final Solution" for the European Jews was announced to the minor levels of the Nazi hierarchy present and sterilization of Jewish–non-Jewish "hybrids" (Mischlinge) envisioned for the future, Jews were excluded from the implementation of the
sterilization law. It was not their future children but they themselves who were destined now for extinction. Yet, many Jewish women, along with Gypsy women, again confronted sterilization when SS physician Carl Clauberg used them, in Auschwitz, in experiments to sterilize women not only against their will but also without their knowledge. Clauberg, a research gynecologist, conducted experiments there in 1943 and 1944 to develop a method of mass sterilization. Using some 700 mostly Jewish women as expendable guinea pigs, he injected toxins into the uterus, causing severe pain and sometimes death. The purpose of his experiments, as he wrote in 1943, was for any doctor to be able to sterilize a woman “during the usual gynecological exam.” This was the vision for the time after the “final victory,” for a Europe under Nazi rule.

Prior to the beginning of the war, on August 31, 1939, the Ministry of the Interior had decreed that the implementation of the sterilization law should be drastically reduced to “urgent” cases—that is, those of a “particularly great danger of procreation” —and the decree pointed to the needs of the impending war. Two weeks earlier, on August 18, the ministry had decreed that doctors and midwives would have to report all children up to three years old who were “suspected” of certain diseases. Although the decree referred to the obligation to report the hereditarily ill under the sterilization law, what was at issue now was no longer sterilization but the impending murder of the disabled. It started with the killing of children, which ultimately claimed 5,000 lives, most of them having been born in the previous years, despite the sterilization law. Within barely six years, Nazi sterilization policy turned into a policy of mass murder.
INTERACTIONS OF EUGENIC STERILIZATION WITH OTHER POLICIES

Nazi racial hygiene also promoted “positive eugenics,” to encourage desirable births. To this end, the regime introduced marriage loans in 1933, raised the tax rebates for husbands and fathers with respect to wife and children in 1934, introduced child allowances in 1936, supported the League of Large (“Child-Rich”) Families, and campaigned against voluntary abortion. Similar measures were also introduced in other countries, but the Nazi version was unique; from the outset, it excluded encouragement of undesired births. Marriage loans were granted only after a public health physician had examined the prospective couple for genetic diseases. This was the major reason why only one-fourth of all couples applied. Jews, Gypsies, and antisocial persons were excluded from all the benefits. To genetically healthy superior couples, child allowances were initially granted only from the fifth child onward, but during the war this changed to the third child. The League of Large Families, in existence since 1922, was transformed into a society for eugenic propaganda.

Anti-abortion policy was paramount for the Nazis, and many women were convicted for voluntary abortion on the grounds of paragraph 218 of the penal code. Nonetheless, in 1935, abortion on grounds of the pregnant woman’s health was legalized by the same amendment to the sterilization law that allowed for abortions on racial hygienic grounds; in that same year, 11,800 health-motivated abortions were performed. In late 1940, a decree of the Ministry of the Interior permitted abortion on “racial” grounds (by 1941, it was applied 53 times), and in 1942, the same ministry encouraged public health physicians to apply, outside the sterilization law, for abortion and sterilization on antisocial German women—targeting
Flyer for a Nazi honor day for large "child-rich" families in Cologne, June 1936. Archiv des Jakobischen Werkes der PKD, Berlin.
prostitutes, especially. During the war, abortions were performed on an unknown number of forced laborers from Eastern Europe, probably in the hundreds of thousands. In 1943, on the other hand, the death penalty was introduced for habitual abortionists (and five years of prison for the woman); some of the ensuing cases concerned Polish doctors who performed abortions on German women.

Altogether, Nazi pronatalist policies, both through incentives ("positive eugenics") and suppression of voluntary abortion, were generally not successful. The birthrate rose until 1938, but only to the level of the late 1920s, when it was decried as "race suicide," and then declined. The actual convictions for abortion (about 40,000 women and men) did not exceed those of the Weimar years. Racial hygienists continued to complain that most families with many children were antisocial. The most "valuable," the families of SS members, had on average only 1.1 children in 1939, and 61 percent of the SS members were unmarried.

In November 1933, a Law against Dangerous Habitual Criminals was enacted, providing castration for the largely male sexual offenders. Moreover, the first amendment (1935) to the sterilization law allowed for convicted male homosexuals to be castrated, with their consent and if a public health doctor judged castration to be useful for "liberating him from a degenerate sex drive." Up to 1943, 2,300 men were castrated according to these laws. Homosexual men were a special target of Himmler, who created, in 1936, a Reich Central Office for Combating Homosexuality and Abortion, the assumption being that male homosexuals withhold their reproductive potential (no such fear arose in the case of lesbians). Himmler's argument fit into the eugenics discussion of cleansing the national
body of unwanted groups, but professional racial hygienists usually did not consider homosexuality as being genetically transmitted. Homosexuals were persecuted, like many other groups, outside eugenic laws and institutions; up to 50,000 men were convicted on the grounds of the penal code and some 5,000 to 15,000 were deported to concentration camps.20

In December 1935, Himmler created the organization Fount of Life (Lebensborn) as part of his struggle against abortion. The Lebensborn offered to (unmarried as well as married) women who were made pregnant by a very "valuable" man, usually an SS member, particularly good conditions in special confinement homes as an alternative to abortion. In the ten confinement homes in Germany, 1,371 such children were born before 1939. But most Lebensborn children (altogether 12,000) were born during the war and outside Germany, especially in Norway to women (about 6,000) who had relationships with German men of the occupying forces. From 1939, the Lebensborn homes in Germany were used mainly for "valuable" children who had been kidnapped in Eastern Europe and were now to be Germanized.21

Racial hygiene was part and parcel of Nazi racism. The core and common denominator of all forms of Nazi racism—in its discourse, "science," and practice—was the definition and treatment of certain social and cultural groups as being inferior. Eugenic racism targeted human beings considered inferior on eugenic grounds—their emotional, mental, social, and physical makeup—for the sake of "regeneration"; ethnic racism targeted those considered inferior on ethnic grounds—especially Jews, but also Gypsies, blacks, and Slavs. Eugenic racism based its scientific legitimacy on the discourse of heredity, ethnic racism on that of descent. Similar as well as
different, they overlapped in many ways with regard to institutions, ideology, and actors. The major eugenicists were not necessarily among the major actors of anti-Jewish policies. Yet, different from the Weimar years, when many eugenicists, even such radical ones as Fritz Lenz, had harbored doubts about Hitler's anti-Jewish program and focused instead on the undesirable among the general population, none of the powerful old or new eugenicists of the 1930s and 1940s ever questioned the persecution of the Jews. The major reason why in Nazi Germany—and only in Nazi Germany—sterilization became a "population" policy in the strict sense, and why compulsory mass sterilization was one of the steps on the path to mass murder, was the fact that National Socialism conceptualized and practiced racial hygiene as an integral part of its overall racism.
Nazi Sterilization and Reproductive Policies


3. Gisela Bock, Zwangsterilisierung im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik (Opladen: Westdeutscher Verlag, 1986), 290-402, 310-312. Henry Friedlander, The Origins of Nazi Genocide: From Euthanasia to the Final Solution (Chapel Hill: University of North Carolina Press, 1995), 27-30. The lower age limit for sterilization was ten. Men could be sterilized at any age above this, women over 50 were usually not. By far, most sterilizations were performed on persons between 18 and 45.


12. There were few such cases. Self-applications could not be withdrawn and were highly suspect; the courts usually rejected them.

13. For the marlborough methods of compulsion, see Bock, Zwangsterilisierung, chap. 5.


17. Rödin, Bühler-Erbblutrecht, 27. For the "may-or-must" debate, see Bock, Zwangsterilisierung, 202-5, 399-400.


THE "SCIENCE OF RACE"


