

BOOK REVIEW

Ulf Schmidt's *Karl Brandt – The Nazi Doctor:
Medicine and Power in the Third Reich and
Justice at Nuremberg: Alexander and the
Nazi Doctors' Trial*

[2007, London: Continuum. \$21.95 (paper)]

[2004, New York: Palgrave Macmillan. \$25.95 (paper)]

Edmund Glaser

The Nuremberg Doctors' Trial is now a dimly remembered event, but one of legend and unique importance. It was a military trial, conducted by the United States, of 23 WWII defendants, twenty of them physicians, most of whom were Nazis. One was a woman. The trial was called *The United States of America v. Karl Brandt et al.* It began in December, 1946 and terminated in August, 1947 with the conviction of fifteen of the defendants, of whom seven, all members of the SS, were executed. Nine others received prison sentences of varying durations. The remaining seven defendants were acquitted.

The Trial was a multi-layered story encompassing everything from the way in which it was organized and conducted, to the cast of the personalities involved: the defendants, the prosecutors, the ancillary medical experts, and the witnesses. Its conclusion left us with a significant legal medical heritage that continues to require our attention. It was well documented, and its archives of text, photos, and motion picture film are now universally available to the public. Furthermore, there is no shortage of commentary that tries to explain what it can about the abominable medical crimes and those who committed them. Does that mean that by now we know we know all we need to know about them? I doubt that the answer to that will ever be a positive one; that commentary will never be complete.

We now have two new additions to this literature. The most recent is *Karl Brandt—The Nazi Doctor: Medicine and Power in the Third Reich* (2007), and the other is *Justice at Nuremberg: Leo Alexander and the Nazi Doctors' Trial* (2004). Ulf Schmidt, a German-born professor of history at the University of Kent in England, is the author of both. Professor Schmidt is equally as fluent in German as he is in English. He has the facility to move with ease through the bilingual documentation of the Trials. He thereby can link well the parallel histories and offer a better comprehension of the intertwined relationship of some of the participants in the Trial. The

result is a meticulous recounting of the Trial that portrays the personalities, the strategies, and the tactics of the prosecution and the defense as they presented their cases.

The two volumes present, almost serendipitously, an intertwined relationship between two fascinating participants, Karl Brandt and Leo Alexander, both of whom were physicians and who became major adversaries in the Trials' proceedings. Except in age and involvement in the medical profession, they could hardly have been more different. They were born hardly a year apart, Brandt in 1904 in Germany and Alexander in 1905 in Vienna. Both were from families with physicians in their backgrounds, which greatly influenced their choice to pursue medical careers. They encountered one another at Nuremberg.

First, we have Karl Brandt, an arrogant, dour, and tight-lipped ideologue. He rose to be head of Germany's euthanasia (T4) program. He ruthlessly and steadily ascended from there to assume, among other roles, the job of Reich Commissioner for Health and Sanitation, and to become a member of Hitler's elite inner circle enjoying themselves at Berchtesgaden. He was the model Nazi-organization physician. He strove, year in and year out, to achieve the Nazi goal of racial purity. Brandt was the principal defendant at the Trial. Schmidt calls Brandt an "idealist." His idealism was directed toward establishing a Germany in which "class divisions and social injustice would be overcome" (p. 3), but in a manner that was shaped by German aryan cultural ideals and the Nazis' medical philosophy. Brandt's ideology was in full accord with Hitler's racial ideas. Brandt would achieve his goals by orchestrating the deaths of thousands of victims through his euthanasia program, thereby ridding Germany and Europe of thousands of "useless eaters." Brandt would confidently present his self-justifying remarks at the Trial's closing, insisting that "the demands of society are put above every individual human being . . . who is completely used in the interest of that society. . . . The individual person had no meaning whatsoever" (p. 373). Perhaps this personal declaration serves well for the other defendants in the Trial.

Second, we have Leo Alexander. He was the prosecution's principal medical expert against the accused. During the war he served in the U.S. Army as a conscientious, care-administering, battlefield psychiatrist. Prior to the war he had been devoted to research and clinical psychiatric practice. In the thirties he became an unwilling refugee from Germany because of his being a Jew, although a mostly assimilated one. Alexander interviewed many of the defendants, but principally Brandt, prior to the Trial, and as an expert witness presented the prosecution's most damaging testimony, thereby figuring greatly in securing the defendants' guilty verdicts. But Alexander was to do much more. He was to serve as one of those responsi-

ble for the formulation of the Nuremberg Code of medical ethics that has figured so prominently in the history of medical ethics throughout the remainder of the 20th century.

My initial thought on encountering *Justice at Nuremberg* was that finally I would have the chance to get to know the defendants, whom at age 19 I personally encountered and photographed as a member of the U.S. Army's photo detachment assigned to officially document the Trial with sound movies. (The movies are now in the U.S. National Archives.) For several months I observed the sullen and glum defendants, trying to penetrate what turned out to be their impenetrable visages. In the subsequent years of my continued interest and intermittent searching, I turned up nothing more than bits and pieces of information, such as that convicted defendant Herta Oberhauser was trying to resume medical practice in North Germany in the fifties. Even the arrival of the internet 50 years later did not point me anywhere revealing. Now I would get the answers.

Not so, as it turned out. In terms of the defendants, Schmidt focuses in on Karl Brandt and relegates the others to remaining in the fog, which is probably exactly where they would want to be. The defendants, all willing participants in the Nazi effort to exterminate millions, are to remain ciphers as far as understanding where they came from and the routes they traveled on their way to take on their notorious activities and their reasons for doing so. Only Karl Brandt finally gets the light rightfully shined on him, but not as much as he deserves. It appears that he concealed much that is only to be surmised. Schmidt has not tried to penetrate the wall Brandt left around his persona.

In *Karl Brandt - The Nazi Doctor: Medicine and Power in the Third Reich*, Schmidt gives as full a biography as seems to be possible, one that depends mostly on Trial documentation, the interview reports of Leo Alexander, the archives of the Nazi government, and such information as can be garnered from the surviving Brandt family. Brandt himself had no correspondence that survived the war and probably had very little to start with. What seems clear is that he was close-mouthed, probably the demeanor necessary to survive in the treacherous, mined corridors of Nazi power, where any mistake could lead to severe consequences, including death. In fact, as Schmidt points out, Brandt was caught out in his ultimate scheme of attempting to escape to the West at the end of the war. He narrowly escaped execution as a traitor, only to fall into the hands of the Allies, by whom he was finally dispatched via a hangman instead of a pistol shot to the head. What survives to mark Brandt's odious career is a documentary about how to climb and triumph in a murderous regime, undoing your opposition by whatever means are available.

Karl Brandt was one of the most capable of the politically skilled oper-

ators in the Nazi medical hierarchy, and I do not say this in the surgical sense. Schmidt portrays him rising in his medical career to become first a competent physician and surgeon with an abstract philosophical approach to medical science that Schmidt calls idealistic. Brandt regarded his patients as being equivalent to biological machines. He absorbed into his medical philosophy the German medical principles well described in such other sources as R. J. Lifton's 1986 landmark book, *The Nazi Doctors*. Brandt formulated the German medical policy that established euthanasia as a necessary function to rid the state of "useless feeders." Schmidt relates how Brandt claimed that he cared for his patients and had great sympathy, if not affection, for those who were candidates for euthanasia. In common parlance, he loved them to death. Schmidt shows how he did this by exploiting his political breaks to the limit, one of them being receiving an opportunity to attend Hitler as his traveling or "escort" physician, and then parlaying that into becoming a member of Hitler's inner circle that entertained itself while discussing policy during Hitler's infamous Berchtesgaden weekend retreats. What Brandt must have heard there of Nazi ideas and policies could fill a book, but unfortunately not this one. Brandt was the principal administrator of the euthanasia program known as T4 even though he was responsible for numerous shortcomings in its operation. Nonetheless, he was responsible for the deaths of thousands or more victims: Germans, Poles, Jews, Gypsies, and others. He transformed what was originally a killing program intended to be applied solely to the German population into a universal one that suited the long-range Nazi goal of racial purification.

Brandt accepted all the Nazi views and policies about racial superiority and the cleansing of the nation of its own afflicted people and those of the occupied territories. He went along with it, enthusiastically, even suggesting possible ways to improve the killing system. There were some measures he disagreed with, but they were definitely minor. The unanswered question remains: why? This question applies not only to Brandt, but also to the other convicted defendants, of whom we learn next to nothing, but many of whom certainly exerted significant medical authority in their own right. This was a group of the most powerful in the German medical hierarchy who had survived the war, had been unable to flee, and did not commit suicide. They were all members of the Nazi party. The average age of those convicted was 40, with the youngest being 27 and the oldest being 54. Among them were four generals (of whom Brandt was one), five colonels, a personal aide to Himmler, the President of the German Red Cross, and the Chief Medical Officer at Buchenwald. It is unfortunate that we know so little about them.

Brandt's idealism drove his ambition to ascend to the top of the German medical hierarchy by whatever means available. His career is almost a

“how to” illustration of Nazi-style in-fighting and backstabbing during his more than 10-year ascent from being Hitler’s escort physician to being Lieutenant General in the Waffen SS and Reich Commissioner for Health and Sanitation and chief of the euthanasia program. There were no internal conflicts in Brandt’s psyche; he knew exactly who he was, what he wanted to do, and where he wanted to go. If he had internal conflicts or doubts, they escaped Schmidt’s scrutiny. Schmidt reported to me, in a personal conversation, that there is no evidence in Brandt’s records of anti-Semitism. One then infers that Brandt existed in this Nazi world of blatant racial hatred almost oblivious to it. He truly cultivated in himself, as Lifton so sardonically puts it, the facade of “the decent Nazi.” This is more than difficult to accept. Brandt was a member of the Nazi party since the twenties, a member of the SS since the early thirties, and a member of Hitler’s inner circle since being made his escort physician. He must have participated in or overheard hours of discussion and rants on racism and anti-Semitism. After all, as Schmidt writes in both books, antisemitism and racism were the norm in both Germany and Austria, both before and during Hitler’s dictatorship. This prejudice was also a shaping factor in the career of Alexander. It is hard to believe it was not a factor in Karl Brandt’s career or in those of his co-defendants. This is another example of the cliché of the invisible “elephant in the room.” It would have been so much more revealing if Schmidt had come to direct grips with this issue instead of dodging it with such a comment as, “Brandt may have turned a blind eye to the widespread suffering and emigration” (p. 106). I am not convinced. My own view was that Brandt knew well of all the Nazi policies and was in full sympathy with them.

While Brandt was ascending to power and notoriety in the Nazi heyday, Alexander was fleeing Germany to China, beset by his own life-altering issues, primarily the problem of how best to deal with the rise of Nazism in Germany and Austria. Schmidt offers us a sympathetic though ambivalent portrayal of Alexander, beginning with his childhood. Alexander was a Jew from a mostly assimilated Viennese family that had long thought itself more German than Jewish. Such were the lifestyle and mindset of many German and Austrian Jews, who often referred to themselves as “Germans of Mosaic persuasion.” Alexander’s developing medical career had taken him into Germany and he strove to become a full-fledged member of the German medical establishment, but was rejected because of the stigma associated with his religion. He was confronted with attempting to comprehend the changing German world around him in those prewar years. He wanted to be considered one of them and be a respected member of Germany’s medical community; but that was not to be, and it took a number of personal and professional rejections for that to sink in. German soci-

ety had him stigmatized as a Jew, which greatly limited his career opportunities. Remaining in Germany held life-threatening perils when the Nazis came to power, so he fled to Beijing, China, where fortunately enough by dint of hard work he could get his medical career restarted and arrange to immigrate to the United States. It is interesting that in China he had few if any contacts with the other émigré Jews who had escaped there, most of whom were sojourning in Shanghai, also awaiting the opportunity to leave for the United States or elsewhere. Alexander's ambivalence regarding his Jewishness remained unresolved throughout his life. Finally, he succeeded in getting admitted to the U.S. prior to the war's outbreak there, and then gradually got himself integrated into the U.S. medical establishment. When the U.S. entered WWII, he joined the U.S. Army Medical Corps and served as a psychiatrist in England, treating Air Corps flyers for their air-combat-related psychological ailments. At war's end he entered Germany and came face to face with the concentration camps and all their horrors. That transformed him into a person with a passion to see justice done to the perpetrators for their crimes. He came to a fuller understanding of the antisemitic roots of his rejection in Germany. After WWII, he became an influential medical expert at Nuremberg Medical Trials. After that episode he returned to his intended career in the U.S. as a research and clinical psychiatrist. It was quite a remarkable transformation. Alexander left a substantial impact as one of the principal formulators of the Nuremberg Medical Code, the first post-war attempt to come to grips with the problem of medical ethics in the modern world.

Schmidt does a good job of documenting Alexander's navigation through these life changes and his winning an appointment as a medical expert to the prosecution team of the Doctors' Trial as it was being organized. According to Schmidt, with his medical and linguistic skills, Alexander was able to perform a host of invaluable medical advisory functions that were of inestimable value. Among them was interviewing the physician defendants, one of whom was Brandt. Schmidt was able to extract much useful information from the doctors, and his descriptions of Alexander's conversations with Brandt are particularly fascinating. It appears that Alexander did not tell Brandt or the other defendants of his Jewishness and left no significant explanation of his behavior in this regard. One assumes that he felt that identifying himself would block whatever camaraderie he might establish if the defendants were aware of his background—that Brandt could not cope with being questioned by a Jew and that it would diminish the information Brandt might yield. This is another sad reflection on the depth of the longstanding German-Jewish problem. It is not clear why Alexander found Brandt's case so absorbing. Perhaps Alexander was taken in by Brandt's "decent Nazi" aura, which made Brandt seem like someone

with whom Alexander could relate and communicate at a high level. But Alexander never seems to have quizzed Brandt about his attitude toward Jews generally, or about his beliefs as a physician in particular. Thus Alexander never got from Brandt an explanation for his attitudes, never having asked the questions. Maybe he never would have gotten the true answers.

Alexander's major Trial contribution came when he and the prosecution team realized that the German defense was planning to rely heavily on demonstrating that the medical profession, both in the U.S. and among its allies, had itself conducted numerous medical experiments over a period of years on subjects, including citizen prisoners, who had not volunteered. The defense had gradually turned up a host of such studies performed in the recent past and in previous decades, revealing a sometimes egregious lack of ethical principles. (These examples are by now well known and there is no need to review them here.) If this line of defense was sufficiently persuasive, it was feared that the prosecution would lose its obvious advantage even though it demonstrated the clearly abominable details of the German medical experiments. Schmidt carefully delineates Alexander's role in this phase of the Trial and in convincing the chief prosecutor, General Telford Taylor, of the need to provide a strong base for a medical ethical stand. Alexander, along with Dr. Andrew Ivy, another distinguished American medical consultant, prepared a detailed statement of American medical ethical principles, much of which was based upon Alexander's thinking and his written formulations. It was presented by the prosecution and used to buttress the prosecution's case. The two doctors were also able to convince the panel of trial judges to formalize this so-called Nuremberg Code of medical ethics and incorporate it into the final decision. It is these principles that in subsequent years formed a background basis for the gradual incorporation of the now common protective medical principles that form the basis for research on human subjects. Alexander was indeed a pioneer in this regard.

We are still left wondering why these originally upstanding defendants accepted the myth of racial superiority and the hypothesis that all the "racially impure" were to be regarded as hateful, perpetual, insidious, destructive threats or burdensome underminers of their culture. They themselves became the hated, not the innocent and well meaning. Of course, many of them were recruited members of the Nazi party and also of the SS. But those who were not were still willing participants, so willing that they did not even bother to justify or rationalize what they had done other than by claiming that it was mandated by their superiors and therefore not to be questioned. Fair enough, but what brought them to that point in their thinking? Here I can do nothing more than cite the obvious: the so-long accepted practice of antisemitism and the parallel xenophobic behavior toward others—gypsies and non-Germans in general.

In that sense the defendants were no more than a cross-section of their fellow physicians. But these individuals were perhaps the best documented examples of German medical practitioners in terms of their backgrounds. It is lamentable that so little has been extracted from their trial. Of course theories about them abound, from Lifton's "doubling" to Alexander's coinage of the word "thanatology" to mean the science of killing that they intuitively formulated (p. 160). All sorts of theories have been proposed to explain the events, their abominable medical practices that resulted in the death and torture of so many. It is a glib answer because the history is so clear. But does that mean that now that all that is known, it will be easy to erase? From all that has happened in Europe from then till now, it appears not. But at least we know that the Doctors' Trial has shown where that kind of thinking and behavior can take us. And perhaps we can recognize better how to deal with it earlier in the game. Schmidt has taken us a long way toward revealing how easy it was to create an abominable medical culture and then to get those who should have known better to enthusiastically immerse themselves in all its hateful practices; however, he doesn't show why that culture and its practices were so easily accepted.