

An Attack on Womanhood

The Sterilisation of Women in Nazi Germany

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This dissertation is the result of my own work. Material from the published or unpublished work of other historians used in the dissertation is credited to the author in the footnote references. The dissertation is approximately 9,738 words in length.'

Abstract

This dissertation examines the practice of eugenic sterilisation of women in Nazi Germany, specifically how it impacted the lives of the women who were forced to undergo it. It aims to provide insight into an area that has not been explored much in current historiography. The paper looks at the origins of sterilisation within Germany, the experience of the women in Germany and the concentration camps, as well as the post war treatment of sterilised women. This dissertation explores a variety of sources, from the testimony of women and doctors, to Nazi sterilisation propaganda and the sterilisation laws themselves. It shows that sterilisation was not a new concept to Germany or other western countries, though the way in which it was carried out under the Nazis was unique to their racial and political ideals. The women who were forcibly sterilised suffered from both physical and psychological side effects, exacerbated by the perceptions of sterilisation at the time. Even after the war, the prevalence of sterilisation in other countries meant that little acknowledgement was given to those who had endured it within Nazi Germany. Although this changed with time, as more non-Jewish victims were given reparations in the 1980s and later, this dissertation shows that it did not erase the suffering that had already occurred.

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Introduction

On their ascendancy to power in 1933, the National Socialist government in Germany introduced a key piece of racial policy intended to protect the *Volksgemeinschaft* (racial community) by means of a programme of state-sanctioned sterilisations. This was the 'Law for the Prevention of Offspring with Hereditary Diseases.' The ideas behind this law, specifically those around eugenics, were not entirely new to Germany, or to rest of the Western world. Eugenics as a term was coined by the Englishman Francis Galton on May 16 1883, to describe the growing studies around 'agencies under social control that may improve or repair the racial qualities of the future generations, either physically or mentally.'¹ Eugenics has been split into two categories, positive eugenics and negative eugenics, which can be used together or separately. The obstetrician Caleb William Saleeby said of them in his 1909 work that 'one would seek to encourage the parenthood of the worthy [positive eugenics], the other to discourage the parenthood of the unworthy [negative eugenics].'² Under Nationalist Socialist rule, both forms of eugenics were utilised for the perceived betterment of the German people. Positive eugenics can be seen in the encouragement of motherhood for healthy German women. This was done through the many awards and monetary incentives that were given to mothers of large numbers of children.³ Negative eugenics was used through the sterilisation laws and later the 'euthanasia' programme. It is the negative eugenics use of sterilisation, on women specifically, that this dissertation will examine.

This dissertation will build on the pre-existing scholarship on both women in Nazi Germany and Nazi eugenic medicine, to explore the issue of women's sterilisation in Nazi Germany. It will show that this area cannot be looked at just in the years 1933 to 1945, as eugenic sterilisation pre-existed the Nazi regime, and the ideas behind it did not go away when the war ended. Although the exact racialised justifications behind Nazi sterilisation

¹ A. McLaren, *Our Own Master Race: Eugenics in Canada 1885-1945*, Toronto, McClelland & Stewart, 1990, p. 11.

² C. Saleeby, *Parenthood and race culture: An outline of eugenics*, New York, Moffat, Yard, and Co., 1909, p. 172, cited in R. Wilson, 'Eugenics: positive vs negative', *Eugenics Archive*, 2013, <http://eugenicsarchive.ca/discover/connections/5233c3ac5c2ec500000000086>, (accessed 6 October 2016).

³ M. Mouton, *From Nurturing the Nation to Purifying the Volk – Weimar and Nazi Family Policy, 1918-1945*, New York, Cambridge University Press, 2007, p. 122.

were unique to Germany at the time, sterilisation as a practice was utilised by other western nations including Sweden, Switzerland, and the United States of America. As such, its acceptance by the West as a legitimate form of population policy continued well into the post-war period. This meant that the women who were victimised by Nazi Germany's sterilisation policies, as shown in this dissertation, continued to be victimised, even well after the end of the Third Reich.

As this paper falls at the intersection of women experiences in Nazi Germany, and Nazi medical history, it is necessary to look at the historiography of both of these areas. There is a reasonable historiography on women's experiences in Nazi Germany. Most of it has focused on the Nazis' assertion of what was traditionally seen as the private sphere of women and their duties at home. This was specifically around women's roles as mothers, which have been explored thoroughly by historians such as Claudia Koonz.⁴ There has previously been some historical debate over the extent to which women were culpable for the atrocities committed during the Nazi regime. In the early 1980s, Gisela Bock argued that women were purely victims of the regime and could not be held accountable for any of the events that occurred.⁵ However, Koonz disagreed, stating in her work in 1986 that women, while they were certainly placed in a more submissive position to men, should still be held accountable for the acts they committed themselves, as in many cases they were active perpetrators too.⁶ This is worth noting, for although this dissertation is looking at women who became victims of the Nazi sterilisation campaign, many other women were involved in the process of sterilising them under the 1933 law, and also aided in the experimentation on female victims during the war. Women taking on these perpetrator roles can be seen in works such as Bronwyn McFarland-Icke's *Nurses in Nazi Germany: Moral Choice in History*.⁷

A large amount has been written on racialised medicine in Nazi Germany and how that led to the 'euthanasia' programme, with sterilisation being examined generally in regards to this. In what has been written, most work focuses on male and female

⁴ C. Koonz, *Mothers in the Fatherland: Women, the Family and Nazi Politics*, London, Jonathan Cape Ltd, 1986.

⁵ G. Bock, 'Racism and Sexism in Nazi Germany: Motherhood, Compulsory Sterilization, and the State', in R. Bridenthal, A. Grossmann, and Marion Kaplan (ed.), *When Biology Became Destiny*, New York, Monthly Review Press, 1984, pp. 271-296.

⁶ Koonz, *Mothers in the Fatherland*, pp. 3-7.

⁷ B. McFarland-Icke, *Nurses in Nazi Germany: Moral Choice in History*, Princeton, Princeton University Press, 1999.

sterilisation together, sometimes in relation to a specific group such as the deaf as studied by Horst Biesold in his work *Crying Hands*.⁸ Robert Jay Lifton's *The Nazi Doctors*,⁹ and Robert Proctor's *Racial Hygiene*,¹⁰ offer substantial accounts of Nazi medical history from its origins up to the experiments in the concentration camps. While both books do engage with some discussion of sterilisation, it is generally not gender specific and is written as context to the 'euthanasia' campaign and Nazi medical experimentation. There is not much currently written on the sterilisation of women specifically, except in passing like in Lifton and Proctor's works. Historians such as Bock cover aspects of it in their analysis of the treatment of women, such as in her article, 'Racism and Sexism in Nazi Germany: Motherhood, Compulsory Sterilization, and the State'.¹¹ She explores the positive versus negative eugenics surrounding motherhood, where 'superior' women were encouraged to reproduce, but those deemed inferior faced sterilisation. However, in her article Bock is examining sterilisation more in regard to Nazi policy and concepts of motherhood, than in relation to the impact on the women themselves, which is what this dissertation attempts to do.

This dissertation uses a variety of primary sources to provide a comprehensive view of what life was like for women who were subject to sterilisation in Nazi Germany. The first chapter focuses on examining the legal and social context in which sterilisation occurred. Adolf Hitler's *Mein Kampf* is examined briefly, specifically his chapter 'The State'.¹² This is intended to give an idea of what the Nazi Party's initial thoughts were regarding sterilisation. As a source by itself, it is limited as it was written prior to Hitler's ascendance to power. It is also a direct reflection of Hitler's ideology, and does not account for the realities of running a state. As such, it must be viewed in relation to other sources such as the laws regarding sterilisation and abortion which are also assessed in the first chapter. This includes the 'Law for the Prevention of Offspring with Hereditary Diseases', the abortion laws, and the 'Law for the Protection of the Hereditary Health of the German

⁸ H. Biesold, *Crying Hands – Eugenics and Deaf People in Nazi Germany*, trans. W. Sayers, Washington D.C., Gallaudet University Press, 1999.

⁹ R. Lifton, *The Nazi Doctors – Medical Killing and the Psychology of Genocide*, New York, Basic Books, Inc., Publishers, 1986.

¹⁰ R. Proctor, *Racial Hygiene: Medicine Under the Nazis*, Cambridge, Harvard University Press, 1988.

¹¹ G. Bock, *When Biology Became Destiny*, pp. 271-296.

¹² A. Hitler, *Mein Kampf*, trans. J. Murphy, Project Gutenberg Australia, 2002. Available from: Project Gutenberg Australia, (accessed 11 October 2016).

People'. These are useful as they show what the legal requirements surrounding sterilisation were and the precedent that was in place. However, they do not necessarily reflect the application of said laws so they need to be combined with other primary evidence, such as medical records and personal testimony to show this.

Chapter One also uses propaganda to explore the justification the government gave to explain the sterilisation of the so called 'hereditarily diseased'. Silent propaganda films such as *Die Suenden der Vaeter (The Sins of the Fathers)*,¹³ *Erbkrank (Hereditarily Ill)*,¹⁴ and *Alles Leben ist Kampf (All Life is Struggle)*,¹⁵ showed footage of people with disabilities along with messages explaining why they should be sterilised. Posters and articles were used too, to spread this message, emphasising the expense of looking after these individuals. Propaganda is useful to examine as it shows the ideas that the Nazis wanted the public to believe. The main difficulty in using it as a source however, is that it is hard to assess how widely believed this material was.

Chapter Two focuses on the experiences of the women themselves, and exact process of sterilisation they were subjected to. This uses primarily personal accounts from the women themselves, but also from the doctors who often organised and were there for the sterilisations. Some of these accounts were testimony from the Nuremberg trials, specifically those to do with sterilisation experimentation, so there are some biases in the type of information that these contain. In the trials they were trying to obtain certain details so this would have coloured what was mentioned. Also the doctors involved may have been selective in what they said in their testimony so they would not come under further questioning. For the women themselves, it was not until the 1970s that they started receiving reparations for their experience and even then, as a traumatic and personal experience, it was one not openly talked about.

Chapter Three is about the aftermath, postwar, for the victims of sterilisation and what was done legally in regards to acknowledgement of what they had been through. As

¹³ *Die Suenden der Vaeter*, [online video], 1935, https://www.ushmm.org/online/film/display/detail.php?file_num=3226, (accessed 10 October 2016).

¹⁴ *Erbkrank*, [online video], 1937, https://www.ushmm.org/online/film/display/detail.php?file_num=3212, (accessed 10 October 2016).

¹⁵ *Alles Leben ist Kampf*, [online video], 1937, https://www.ushmm.org/online/film/display/detail.php?file_num=2553, (accessed 10 October 2016).

this was generally sorted as an internal matter within Germany, through government proceedings, not many of the sources have been translated into English. This has limited the dissertation to the ones that have been used in others' works specifically that of Svea Luise Herrmann and Kathrin Braun on the exclusion of sterilisation victims from reparations after the war.¹⁶ Some personal testimony is also used here, specifically that given to Horst Biesold, to show the ongoing effects of the surgery and how it has impacted on these women's lives.

As most of the primary sources are written in German, this dissertation relies on sources that have already been translated into English, generally by other historians using them for their own work. As a result, a significant part of the methodology for this work involved searching these secondary texts for the primary material used in them. In some cases, transcripts of interviews and other documents were provided fully translated, but in general only small pieces were provided within the author's text to support their own arguments. This means that the context of the primary source itself is not always provided. Works such as Lifton's focus predominantly on the doctors on the medical aspect of what occurred in relation to sterilisation when it is discussed. Where this work differs is in its focus on the experience for the women themselves. As such, although it uses some of the same evidence, it does so for a different purpose and outcome.

¹⁶ S. Herrmann and K. Braun, 'Excluded victims: the role of civil society in the politics of reparations for victims of Nazi sterilisation policy in post-war Germany', Paper held at the Conference "Civil Society and Reconciliation in Comparative Perspective", on June 4th 2009, London School of Economics and Political Science, Centre for Civil Society.

Chapter One – Background

Sterilisation, as a form of social eugenics was not a new concept in Germany when the National Socialists took control in 1933. Since the popularity of Charles Darwin's *On the Origins of Species* and the eugenics movement that followed in the 1880s, concern about biological reproduction and the 'health' of the state had started to become more commonplace in most Western nations.¹⁷ This was then exacerbated by World War One, and the significant population decrease that had occurred as a result of the war. There were attempts to rectify this through positive eugenics measures which attempted to increase the birth rate. There were, however, some who, like the Nazis in the 1930s, were concerned about the national production of not just children but 'healthy' offspring, relating the health of the individual to the 'health' of the state.¹⁸

The National Socialists were particularly concerned about the integrity and racial health of the German *Volksgemeinschaft* (people's community). Although the term *Volksgemeinschaft* was used during World War One, under Hitler it came to mean, specifically, the racially-unified German people. This is what separated German eugenic measures from those occurring elsewhere in Europe. Although there were general health concerns across the continent, Germany's concerns over racial health were unique to them. It was the emphasis on the racial health of the *Volksgemeinschaft* that in turn led to negative eugenic measures, such as sterilisation being explored in order to prevent the racially undesirable from breeding and damaging the health of the *Volk*.¹⁹ In this context, the racially undesirable was anyone who was not healthy and ethnically German. As well as a concern over breeding the right sort of 'healthy' people, economic factors played a significant role in the desire and justification for the exploration of sterilisation measures. In a postwar economy, individuals who relied on social welfare, such as the disabled and unwed mothers, were seen as a drain on German resources and thus an unwanted burden on society.

¹⁷ E. Dormansky, 'Militarization and Reproduction in World War I Germany,' in G. Eley (ed.), *Society, Culture, and the State in Germany*, Ann Arbor, University of Michigan, 1996, p. 430.

¹⁸ Dormansky, *Society, Culture, and the State in Germany*, p. 451.

¹⁹ Lifton, *The Nazi Doctors*, p. 30.

Throughout the 1920s, prior to the Nazis' rise to power, there were campaigns by some individuals and groups for sterilisation laws to be put in place. In the early 1920s, a medical officer in Zwickau, Heinrich Boeters, put together a series of proposals known as the *Lex Zwickau* which campaigned for the eugenic sterilisation of the feeble-minded, blind, deaf, and dumb.²⁰ These were based predominantly on cutting costs on the institutionalisation of these individuals, and countering the alleged threat that they posed to society. Following on from Boeters' work, the psychiatrist Robert Gaupp gave a comprehensive case for sterilisation at the German Psychiatric Association in 1925.²¹ One of his main arguments for the need for sterilisation was that 'the less valuable are reproducing more rapidly than the more valuable',²² using less valuable to refer to similar categories of people as Boeters. Supposedly as a result, these 'less valuable' people were causing an increasing cost to the nation. Drawing on economic justifications, and the reduction of hereditary illnesses in society, these proponents and others that followed discussed and planned policy around sterilisation, however, these generally remained as ideas with no legal application.

Although it was not on the scale that some may have hoped for, sterilisation did occur before the Nazis came to power. In the early 1930s, the economic situation in Germany was poor, leading to overcrowded housing and poor social conditions. In these conditions, particularly in working class areas, sterilisation came to be seen by medical professionals as an easy, economical solution, easing the burden on families and the state. Concepts of hereditary degeneration too made sterilisation an appealing option.²³ Unlike under National Socialism, however, during the Weimar years individual autonomy and concepts of freewill were considered in cases of sterilisation. Sterilisation during the Weimar period is still worth examining however, to show that sterilisation had been an existing method of birth control for specific groups. A gender divide with regards to the necessity of sterilisation was established in the 1929 book *Sterilization on Social and Race Hygienic Grounds*. It stated that, 'the number of degenerate individuals born depends mainly on the

²⁰ M. Burleigh, *Death and Deliverance*, New York, University of Cambridge Press, 1994, p. 36.

²¹ Burleigh, pp. 36-37.

²² R. Gaupp, 'Die Unfruchtbarmachung geistig und sittlich Minderwertiger', *Allgemeine Zeitschrift für Psychiatrie*, vol. 83, 1926, p. 379, cited in Burleigh, p. 37.

²³ A. Grossmann, *Reforming Sex - The German Movement for Birth Control and Abortion Reform, 1920-1950*, New York, Oxford University Press, 1995, p.71.

number of degenerate women capable of procreation. Thus the sterilization of degenerate women is, for reasons of racial hygiene, more important than the sterilization of men.²⁴ This shows that already there was rhetoric portraying women's sterilisation as different to men's, with an emphasis on controlling their reproductive capacity. This line of thinking can be seen under the Nazi regime, with one of the arguments for sterilising feeble-minded women being that they were more prone to being raped, and thus needed to be sterilised to prevent children being born out of these circumstances.²⁵

When the Nazis came to power in 1933, it was clear that sterilisation as a form of negative eugenics was going to be a key policy of their regime. The concept of the *Volksgemeinschaft* was a pivotal part of Adolf Hitler's social politics. This was used to unite the German people behind the idea of German superiority. For Germany to keep her superiority, the idea of the 'health' of the state was necessary insurance. In Hitler's *Mein Kampf* it is apparent that he considered sterilisation as a necessity to ensure the overall health of the state. He argued that,

[The state] must see to it that only those who are healthy shall beget children; that there is only one infamy, namely, for parents that are ill or show hereditary defects to bring children into the world and that in such cases it is a high honour to refrain from doing so.²⁶

This shows that he believed that both positive and negative eugenics should be utilised, and that doing so was for the greater good. Specifically, with regards to sterilisation he goes on to say, '[the state] must proclaim as unfit for procreation all those who are afflicted with some visible hereditary disease or are the carriers of it; and practical measures must be adopted to have such people rendered sterile.'²⁷ It is clear that Hitler believed that sterilisation was essential for the German people to develop in his view of health. This necessity became further clear when he came to power, with the introduction of a number of laws to prevent the breeding of the 'unfit'.

²⁴ O. Krankleit, *Die Unfruchtbarmachung aus rassenhygienischen und sozialen Gründen*, Munich, Lehmann, 1929, p. 95, cited in G. Bock, *When Biology Became Destiny*, p. 275.

²⁵ Mouton, *From Nurturing the Nation to Purifying the Volk*, p.148.

²⁶ Hitler, *Mein Kampf*, vol. 2, ch. 2.

²⁷ Hitler, vol. 2, ch. 2.

The 'Law for the Prevention of Offspring with Hereditary Diseases' (*Gesetz zur Verhütung erbkranken Nachwuchses*) was enacted on 14 July 1933. Prior to this, on 28 June, the Reich Minister of the Interior, Wilhelm Frick had given a speech to the Expert Advisory Committee on Population and Race Policy making clear the necessity of such a statute. He argued that, 'In order to raise the number of genetically healthy progeny we have, first of all, the duty to diminish the expenses for the asocial, inferior and hopelessly genetically ill and to prevent the procreation of hereditarily tainted persons.'²⁸ He noted too that there were 500,000 carriers of 'serious physical and mental hereditary diseases.'²⁹ The 1933 law outlined nine categories of disability that could give cause for one to be sterilised. These were congenital mental deficiency (feeble-mindedness), schizophrenia, manic-depression, hereditary epilepsy, hereditary St. Vitus' Dance (Huntington's chorea), hereditary blindness, hereditary deafness, serious hereditary physical deformity, and chronic alcoholism. The number of those sterilised was roughly the same for males and females, with an estimated 400,000 people being sterilised in total.³⁰ The main cause for sterilisation in both males and females was 'feeble-mindedness' with this put as the cause for 52.9 percent of cases.³¹ Schizophrenia was the next largest category making up 25.4 percent of cases.³² Amongst women these categories were more likely to be the cause for the sterilisation. 57% of women were sterilised due to feeble-mindedness with the second most common diagnosis being schizophrenia.³³

Other laws that had links with the sterilisation law were passed in the years following. In 1934 a law was passed by Gerhard Wagner, head of the Reich's doctors association, which allowed 'abortion of "defective" pregnancies on the grounds of racial

²⁸ W. Frick, *Bevölkerungs- und Rassenpolitik im neuen Deutschland*, Langesalza, 1933, cited in G. Bock, 'Sterilization and "Medical" Massacres in National Socialist Germany – Ethics, Politics, and the Law' in M. Berg and G. Cocks (ed.), *Medicine and Modernity – Public Health and Medical care in Nineteenth- and Twentieth-Century Germany*, Cambridge, Cambridge University Press, 1997, p. 157.

²⁹ 'An address by Dr. Frick, Reichsminister for the Interior, before the First Meeting of the Expert Council for Population and Race-Politics, held in Berlin, June 28, 1933.' *Eugenical News*, vol. 19, no. 2, 1934, p. 34, cited in B. Mehler, 'Eliminating the Inferior: American and Nazi Sterilization Programs,' *Science for the People*, 1987, <http://faculty.ferris.edu/ISAR/archives/eliminating-inferior.htm>, (accessed 11 October 2016).

³⁰ Herrmann and Braun, 'Excluded victims: the role of civil society in the politics of reparations for victims of Nazi sterilisation policy in post-war Germany', p. 3.

³¹ P. Heberer, 'Targeting the "Unfit" and Radical Public Health Strategies in Nazi Germany' in D. Ryan and J. Schuchman (ed.), *Deaf People in Hitler's Germany*, Washington D.C., Gallaudet University Press, 2002, p. 54.

³² Heberer, *Deaf People in Hitler's Germany*, p. 54.

³³ E. Heineman, *What Difference Does a Husband Make?*, Berkeley, University of California Press, 1999, p. 30.

hygiene.’³⁴ Amendment laws were passed on 26 June 1935 and 4 February 1936 which legalised abortion if the woman was already marked for sterilisation. This can be seen as an effort to counteract the protest pregnancies (*Trotzschwangerschaften*) which sometimes occurred. In these cases, women who had been marked for sterilisation would get pregnant in the hope that this would stop them being sterilised. Prior to these laws being passed, laws concerning abortion were very strictly against it. This was consistent with the existing racial policies intended to strengthen the *Volksgemeinschaft*, where there was pressure on German women to have children to repopulate the nation. Those that engaged in protest pregnancies hoped that in this way they would at least be able to have one child.

18 October 1935 introduced the ‘Law for the Protection of the Hereditary Health of the German People’. This was a marriage law that required prospective partners to obtain a certificate of fitness before they could be wed.³⁵ This allowed for greater involvement of the Nationalist Socialist state in people’s personal lives as to get a certificate, the applicants’ hereditary health would be assessed. If this was not up to standard, they could be denied the certificate until they got sterilised.

As a category for sterilisation, feeble-mindedness was particularly broad and this could allow for any number of causes, including a person being *asozial* (asocial),³⁶ *arbeitsscheu* (work-shy), or *gemeinschaftsunfähig* (unable to function in the broader community). These categories in particular targeted women, with cases of a woman’s inability to run a household being brought in to account for her need to be sterilised.³⁷ Single women too were especially susceptible to being targeted for sterilisation. Seventy to eighty percent of the women sterilised were single.³⁸ Unmarried mothers, in particular, were seen as asocial, and warranting sterilisation. This can be seen in the cases of Maria A. and Heidi H. who were nominated for sterilisation by medical professions initially based on the fact that they both had several illegitimate children with different fathers. Upon

³⁴ T. Chelouche, ‘Doctors, Pregnancy, Childbirth and Abortion during the Third Reich’, *Medicine and the Holocaust*, vol. 9, 2007, p. 203.

³⁵ United States Holocaust Memorial Museum, ‘The Nuremberg Race Laws’, *United States Holocaust Memorial Museum*, The Holocaust: A Learning Site for Students, <https://www.ushmm.org/outreach/en/article.php?ModuleId=10007695>, (accessed 10 October 2016).

³⁶ Asocial was another broad category that accounted for sexual promiscuity, homosexuality, prostitution, alcoholism, as well as anything else that was deemed as making an individual worthless.

³⁷ Mouton, *From Nurturing the Nation to Purifying the Volk*, p. 147.

³⁸ Heineman, *What Difference Does a Husband Make*, p. 30.

examination, both women were found to be feeble-minded, despite their protests, and were sterilised.³⁹ Intelligence tests were introduced as an attempt to prove feeble-mindedness. These tested for the ability to read and write, as well as more general knowledge.⁴⁰ 'Practical puzzles' were also used, such as *The Suitcase Test*:

In a box 60x30x30cm are twenty different objects of different shapes, such as books and bottles, which with careful packing exactly fill the box. Pack them all in such a way that the lid may be closed without force.⁴¹

While tests like *the Suitcase Test* examined practical spatial awareness, many of the tests were biased against women who had little educational background, in particular servants, unskilled factory or farm workers, and jobless housewives.⁴² The decision to sterilise could be disputed, most of these women were not in a position to go through the process of doing so, which often required the hiring of a lawyer.

As noted, one of the main differences between this sterilisation law and sterilisations that were carried out in Weimar Germany was the feature of consent. The 'Law for the Prevention of Offspring with Hereditary Diseases' did not require the consent of the person who was to be sterilised. Paragraph twelve of the legislation even sanctioned the use of force on unwilling victims.⁴³ This lack of autonomy for the individual can be seen through the experiences of students in deaf schools during the 1930s. Surveys done by Horst Biesold in the 1980s revealed that in many cases sterilisation occurred due to the teacher's or school's input, sometimes without even getting the permission of the child's parents.⁴⁴ 349 or 28.72 percent of respondents to Biesold's questionnaire had been sterilised before turning 18 with permission from their school, teacher, or principals.⁴⁵ Biesold's collection of teachers' correspondence with parents offers a chilling reflection of this fact, showing many

³⁹ Mouton, *From Nurturing the Nation to Purifying the Volk*, pp.222-223.

⁴⁰ Bock, *When Biology Became Destiny*, p. 281.

⁴¹ F. Dubitscher, 'Die Bewährung Schwachsinniger im täglichen Leben', *Der Erbarzt*, vol. 2, 1935, p. 59, cited in Proctor, *Racial Hygiene*, p. 111.

⁴² Bock, *When Biology Became Destiny*, p. 282.

⁴³ German History in Documents and Images, 'Law for the Prevention of Offspring with Hereditary Diseases (July 14, 1933)', *German History in Documents and Images*, Documents - Racial Politics, http://germanhistorydocs.ghi-dc.org/docpage.cfm?docpage_id=2422, (accessed 10 October 2016).

⁴⁴ H. Biesold, 'Teachers-Collaborators' in D. Ryan and J. Schuchman (ed.), *Deaf People in Hitler's Germany*, Washington D.C., Gallaudet University Press, 2002, pp. 121-166.

⁴⁵ Biesold, *Deaf People in Hitler's Germany*, p. 159.

cases where the parents were not informed until after their child had been sterilised.⁴⁶ Of the operations done between 1934 and 1939, 'thirty-seven percent of which were voluntary, thirty-nine percent involuntary (against the patient's will), and twenty-four percent non-voluntary (consent granted by a guardian).'⁴⁷ This was not helped by the reduction in time to appeal the surgery from a month to 14 days that occurred in June 1935, which gave anyone trying to fight their sterilisation very little time in which to do so.⁴⁸ Overall, this gives as clear reflection of the lack of consent needed, and shows that there was little concern on the part of Nazi officials around the bodily autonomy of the 'hereditarily diseased'.

The perceived need for sterilisation was emphasised throughout the Nazi period. This was done through various forms of propaganda, including film, posters, and articles. Such propaganda emphasised the national benefits of sterilisation. Those that came under the hereditary diseases act were portrayed as a drain on the nation particularly if they bred, producing more lives with these undesirable and costly diseases. Several films were produced by the Racial and Political Office as pro-sterilisation propaganda. *Die Suenden der Vaeter (The Sins of the Fathers)*,⁴⁹ *Erbkrank (Hereditarily Ill)*,⁵⁰ *Alles Leben ist Kampf (All Life is Struggle)*⁵¹ are just some of the silent films that were made in the mid-1930s. These followed the same theme of sterilisation justification. Images and footage of people with hereditary diseases, often in insane asylums, was shown with text arguing the senselessness of their existence. Sterilisation was encouraged as, according to *Erbkrank*, 'many mental patients produce children before they have been committed to an asylum, and in this way they pass on their suffering to their descendants.'⁵² They encouraged this idea with images of illegitimate and feeble-minded children, whose existence could have been spared had their parents been sterilised. This was contrasted with the hereditarily healthy families, who were living in poverty because the state had to spend so much money on the unhealthy. The

⁴⁶ Biesold, *Deaf People in Hitler's Germany*, pp. 121-166.

⁴⁷ T. Chelouche and G. Brahmer, *Casebook on Bioethics*, Haifa, UNESCO Chair in Bioethics, 2013, p. 26.

⁴⁸ 'Gesetz zur Änderung des GvN vom 26 Juni 1935', *Reichsgesetzblatt*, 1935, p. 773, cited in Burleigh, *Death and Deliverance*, p. 56.

⁴⁹ *Die Suenden der Vaeter*.

⁵⁰ *Erbkrank*.

⁵¹ *Alles Leben ist Kampf*.

⁵² Bundersachiv Koblenz, *Erbkrank*, 1936, cited in Burleigh, *Death and Deliverance*, p.185.

'senseless' existence of the unhealthy combined with the financial burden they caused were held up to show the societal need for sterilisation.

In 1936, *Opfer der Vergangenheit* (*Victims of the Past*), a sound-film, was produced for the German public.⁵³ It was co-produced by the NSDAP and the Reich Propaganda Ministry and was a compulsory showing at all German cinemas after its release in 1937.⁵⁴ It followed similar justifications as the silent films produced around the same time. It too emphasised the excessive costs of looking after the racially unfit, and how resources such as nursing were wasted on them. Arguing from a putatively more scientific perspective, the film encouraged concepts such as natural selection. It argued that by looking after the hereditarily ill, in the way that society had previously, society went against nature as 'Everything in the natural world that is weak for life will ineluctably be destroyed.'⁵⁵ This followed the social Darwinian concepts that had been gaining popularity, even prior to Nazi rule. This shows that as well as economic justifications for sterilisation, the Nazi's were also pushing for a scientific backing.

Further visual propaganda was used in addition to the films in the form of posters. A poster titled, 'Only Genetically Healthy Offspring Ensure the Strength of the People' offers justification for the 1933 Sterilisation Law, showing flags of other countries with similar laws with the caption 'We Do Not Stand Alone.'⁵⁶ This gives two messages, the first that the strength of the people came through healthy children, and the second that Germany was not the only country with these views therefore they must be correct. Another poster reflects the common message of the burden of the unhealthy. It shows a healthy German man standing weighed down by the hereditarily ill men he carries on each shoulder. It is titled 'You are bearing this too' with text informing the German worker of the cost of looking after a hereditarily ill person until they are sixty.⁵⁷ This draws on the economic

⁵³ J. LaMonica, 'Compulsory Sterilization, Euthanasia, and Propaganda: The Nazi Experience', in J. Koterski (ed.), *Life and Learning VII: Proceedings of the Seventh University Faculty for Life Conference*, Washington, D.C., University Faculty for Life, 1998, p. 190.

⁵⁴ Burleigh, *Death and Deliverance*, p. 188.

⁵⁵ Bundesarchiv, Filmarchiv Aussenstelle Potsdam, *Opfer der Vergangenheit*, 1937, cited in Burleigh, p. 189.

⁵⁶ 'Only Genetically Healthy Offspring Ensure the Strength of the People', in *Neues Volk*, 1 March 1936, p. 37, cited in Proctor, *Racial Hygiene*, p. 96.

⁵⁷ 'You are bearing this too', cited in Burleigh, p.189.

justifications for sterilisation by showing that the continued need to look after the ill is a burden to the average German and therefore detrimental to the state.

Along with visual materials promoting the sterilisation law and its application, there were textual discussions and arguments for this law too. Race-related magazines for the public began being published during the Nazi regime, encouraging ideas of German racial superiority. One of these was *Neues Volk* (New People) which was a monthly magazine published by the Racial Policy Office. While its issues contain a range of material, one particular one from May 1939 featured an argue for the Law for the Prevention of Genetically Ill Offspring, specifically relating to women. This article, titled 'Women Who May Not Be Allowed to become Mothers,' discussed the experience of visiting an insane asylum. It was accompanied by images of mentally ill women. The author, H. Rodenfels, wrote of the experience, 'After seeing all this, one is left with but one thought: If only these creatures had never been born!'⁵⁸ It discussed sterilisation from a scientific, 'survival of the fittest' point of view, and based on economic reasoning. This specific issue had a circulation of around 300,000, which shows the extent to which these messages were being spread and, as such, normalised.

Overall, the main messages in the Nazi produced propaganda were consistent and obvious to the average viewer. The hereditarily diseased were to be seen as an economic drain and a detriment to the health of society, therefore their sterilisation was in the best interests of Germany and the *Volksgemeinschaft*. These laws, although not entirely abnormal in the Western eugenics context of the time, were unique to Germany and specific to their racial and economic policies. The way in which the idea of sterilisation was indoctrinated into German society at the time can be seen as a clear reflection of that, with the normalisation of sterilisation as a medical practice for certain groups of society. This normalisation can be seen too in how long ideas about the eugenic benefits of sterilisation stayed around even after the war as discussed in Chapter Three. This clearly shows how successful the National Socialist were in their sterilisation campaign.

⁵⁸ H. Rodenfels, "Frauen, die nicht Mutter werden dürfen," trans. R. Bytwerk, *Neues Volk*, vol. 7, 1939, <http://www.bytwerk.com/gpa/nv39-05a.htm>, (accessed 11 October 2016).

Chapter Two – Women's Experiences

The sterilisation process as set out under the 1933 'Law for the Prevention of Offspring with Hereditary Diseases' was to be organised by Genetic Health Courts that were set up for this purpose. In these courts a judge and two physicians (one who had to have a eugenics background) would carry out the proceedings.⁵⁹ This put doctors into a position that came to be known as medical judges (*ärztliche Richter*), giving them judicial power over German citizens. What is also notable about the law is the ability to allow intervention of the police to use force on the unwilling patients as made clear in the twelfth paragraph of the document.⁶⁰ This is significant as it suggests that even when they were drawing up the law, there was an awareness that such measures would not necessarily be submitted to willingly. In the 1980s, Horst Biesold carried out a series of interviews with deaf individuals who had been forcibly sterilised under the Third Reich. Only 17 out of 1,215 deaf people he interviewed were sterilised voluntarily.⁶¹ 393 of the 1,215 actually ignored the written summons, and were forcibly taken to clinics, generally by the police. Twenty-five were taken by a teacher or principal and nine by a public health nurse. This clearly shows that sterilisation was not something that people generally went along with willingly, and therefore there was a fair amount of state involvement in making sure that people did comply.

For females undergoing sterilisation, the process could be lengthy and intrusive. The initial method used was tubal ligation, which generally required a hospital stay of eight to fifteen days for recovery, though some women were hospitalised for much longer.⁶² As sterilisation came into increased usage, the technology behind it developed. In 1934, the firm G. Wolf of Berlin produced a "hysteroscope", which was thin enough that the patient did not need narcotics, but large enough to go in and sever the fallopian tube.⁶³ Even before World War Two began, there was a prevailing desire for a quicker process of sterilisation

⁵⁹ German History in Documents and Images, 'Law for the Prevention of Offspring with Hereditary Diseases (July 14, 1933)', Documents - Racial Politics.

⁶⁰ German History in Documents and Images, Documents - Racial Politics.

⁶¹ Biesold, *Crying Hands*, p. 110.

⁶² Proctor, *Racial Hygiene*, p. 109.

⁶³ Proctor, p. 109.

than the existing surgeries. This is shown in the 1935 study in which injections of carbon dioxide were assessed as a means of quicker sterilisation.⁶⁴ On February 25 1936, an ordinance was passed that allowed for women over 38 or those who were at risk during a tubal ligation to be sterilised by the quicker process of x-ray.⁶⁵ This would mean a shorter hospital stay for these women, who normally would not recover as quickly.

With the land and the population gains that Germany acquired around the start of the war, there was a perceived need for a cheaper, quicker way of mass sterilisation. This was expressed clearly in a letter from Viktor Brack, a Nazi Officer involved in the organisation of the Action T4 program, to Heinrich Himmler from 23 June 1942.⁶⁶ It is noted in the letter that there were at least two to three million Jews in Europe that would be fit enough for work. However, this could 'only be done, if at the same time they are rendered incapable to propagate.'⁶⁷ This fits in with the Nazi racial desires at the time for the elimination of the Jewish people, but the need for the initial slave labour to help expand the German empire. Brack stated that the standard process as used for hereditary diseases would be too slow for this large a population. As an alternative he suggested x-rays as a quicker, cheaper method. He also said that 'it's already irrelevant whether the people in question become aware of having been castrated after some weeks or months once they feel the effects.'⁶⁸ The people to be sterilised did not matter to the Germans as individuals, just as a mass labour force, so concerns about autonomy for these people were non-existent.

The war also marked a change in the way in which sterilisation was carried out. The development of concentration camps created a captive population of women, specifically those in Auschwitz and Ravensbrück, on which experiments were carried out. As has been shown by the treatment of the captives in concentration camps, little thought was given to ethical treatment of these populations. As such there was no concern among Nazi officials and most of the medical professionals in these camps about how to treat the women who

⁶⁴ Proctor, p. 109.

⁶⁵ Proctor, p. 109.

⁶⁶ V. Brack, Letter to Heinrich Himmler concerning the x-ray sterilization proposal, trans. S. Tauber, [NO-205] Nuremberg Trials Project.

⁶⁷ Brack, Letter to Heinrich Himmler, p. 1.

⁶⁸ Brack, Letter to Heinrich Himmler, p. 1.

were forced into these experiments.⁶⁹ It was in these conditions that sterilisation experimentation, such as the mass x-raying and injections of caustic substances, was trialed on both male and female victims.

Block 10, Auschwitz is perhaps the most notorious place in which medical experimentation on captive women occurred, including sterilisation experimentation. This was mostly done under the instruction of Dr Carl Clauberg who worked there from 1942 until he moved his work to the Ravensbrück concentration camp towards the end of the war. The experimentation varied from x-rays to the injecting of caustic substances into the womb.⁷⁰ The exact number of women who were experimented on is not known though in his affidavit, Rudolf Brandt, the Personal Administrative Officer to Himmler, suggested that several thousand women were sterilised in Auschwitz under Clauberg.⁷¹ Dr Horst Schumann was another key doctor in this time, who from 1942 was given Block 30 in Birkenau to carry out his x-ray sterilisation experimentation.

The experimentation done, whether by x-ray or injection, was painful and dangerous to the women that it was inflicted on. The x-ray experimentation, which it turned out did not even aid in sterilisation, in many cases caused substantial burns that later got infected.⁷² After the x-rays had been done, the ovaries were removed to test the success of the experiment. According to Dr Marie L. who worked under Schumann, 'There were deaths, there were complications, there were aggravations of pulmonary tuberculosis, given the absence of preliminary examination. There were pleurisies, long endless suppurations.'⁷³ Such conditions seem to have been common amongst those subjected to sterilisation experimentation, with little thought or care being given to the women in those conditions. Deep x-rays, crude surgery, and 'septic' conditions often resulted in serious infections.⁷⁴

Dr Wanda J. was ordered to look after a group of Greek girls, aged between 16 and 18, where in most cases their sterilisations were not done properly, leading to complications of bleeding and infection. Dr J said, 'They were nine months in bed. I was doing the dressing

⁶⁹ Lifton, *The Nazi Doctors*, p. 277.

⁷⁰ Lifton, pp. 270-286.

⁷¹ R. Brandt, Affidavit concerning the sterilization experiments, trans. G. Levinger, [NO-440] Nuremberg Trials Project, p. 1.

⁷² Lifton, *The Nazi Doctors*, p. 281.

⁷³ Lifton, p. 281.

⁷⁴ Lifton, p. 247

all the time – and the smell, I can't tell you. They were in a big room – only ... eight of them, because two died.⁷⁵ 16 was not even the youngest age that children might be sterilised at. In the deposition given by Gustawa Winkowska in the Nuremberg Trials, she mentioned female gypsy children being sterilised as young as 13, and often without anaesthetic.⁷⁶ The deposition given by Zdenka Nedvedova-Nejedla recalls gypsy girls about 10 years old being sterilised.⁷⁷ There was clearly no moral concern about using children in experimentation by the doctors involved.

Accounts from some of the women who were sterilised themselves are even more harrowing. A Czech Jew, Margita Neumann, was sterilised by Dr Clauberg, who injected her in her womb with a large needle. She recounted,

I had the feeling that my stomach would burst with the pain. I began to scream so that I could be heard through the entire block. Dr Clauberg told me roughly to stop screaming immediately, otherwise I'd be taken back at once to Birkenau concentration camp.... After this experiment I had inflammation of the ovaries.⁷⁸

Threat of death was constant in the camps, and possibly even more so in the experimentation blocks. Dr J noted that Dr Schumann eventually lost interest in his experiments, seeing that there was nothing more to learn from castration-sterilization. Dr J had to keep the women hidden 'because if Schumann knew that they [were] alive ... [on] Block 10, he would kill them straightaway.'⁷⁹ The women who had been sterilised often had to be protected as they were under threat of being sent to the gas chambers as "bearers of secrets" (*Geheimnisträger*) that is, they had undergone the surgical experiments.⁸⁰ It is unlikely that many of the women who were forced to undergo these experiments survived. A large number were killed after being tested on, and others would have passed away from the nature of their wounds.

⁷⁵ Lifton, p. 281.

⁷⁶ G. Winkowska, Affidavit concerning experiments, sterilizations, and medical killings at Ravensbrueck, [NO-865] Nuremberg Trial Project, p. 2.

⁷⁷ Z. Nedvedova-Nejedla, Deposition concerning medical experiments and other procedures at Ravensbrueck [bone/muscle experiments, sterilizations, abortions, etc.], [NO-875] Nuremberg Trial Project, p. 3.

⁷⁸ Lifton, *The Nazi Doctors*, p. 273.

⁷⁹ Lifton, pp. 281-282.

⁸⁰ Lifton, p. 247.

The total effects that the sterilisation had on the women that it was forced upon is unknowable. Most of the testimony on this subject is from women who were sterilised under the 1933 Law, rather than in the concentration camps, because as mentioned these women were more likely to survive their ordeal. From personal testimonies it is clear that sterilised women suffered a variety of short and long term effects, both physical and psychological. A common feeling amongst these women was that of shame and inferiority. One woman wrote that after her sterilisation in May 1937, she 'would not leave the apartment because of the feelings of shame, of inferiority,'⁸¹ and as such would only go out at night. In Dorothea Buck's speech '70 Years of Coercion in German Psychiatric Institutions, Experienced and Witnessed' given in 2007, she too speaks of this feeling as a result of her sterilisation, speaking of 'the lifelong stigmatization as being "inferior."'⁸² This feeling of inferiority seems to have been encouraged by Nazi society with measures in place to restrict what a sterilised person could do. A sterilised individual could not marry someone who was not sterilised, which would have increased the feeling of isolation from the rest of the population. As well as this, those who had been sterilised were not allowed to attend secondary school or gain any higher education through schooling.⁸³ For some women, like with Buck who had planned to be a kindergarten teacher, this meant that any career plans that needed further education had to be abandoned, causing further hurt and restriction on the lives of these women.⁸⁴

Pain was another shared experience that many women have mentioned as a result of the sterilisation. There was the initial pain with some women having lengthy hospital stays to recover from the surgery, and some not being able to walk properly afterwards.⁸⁵ One woman interviewed by Horst Biesold mentioned being in hospital for five or six weeks after her surgery with a temperature of forty degrees Celsius, which was something she never entirely recovered from.⁸⁶ Pain during sexual intercourse even after one would expect

⁸¹ Letter from K.M., 10 August 1993, cited in S. Westermann, 'Secret suffering: the victims of compulsory sterilization during National Socialism', *History of Psychiatry*, vol. 23, no. 4, 2012, p. 485.

⁸² D.Buck, '70 Years of Coercion in German Psychiatric Institutions, Experienced and Witnessed' Keynote lecture from 7 June 2007, at the congress "Coercive Treatment in Psychiatry: A Comprehensive Review", run by the World Psychiatric Organisation in Dresden, Germany, June 6 – 8, 2007, p. 3, <http://www.bpe-online.de/1/buck-wpa-2007-e.pdf>, (accessed 11 October 2016).

⁸³ Buck, p. 2.

⁸⁴ Buck, p. 2.

⁸⁵ Burleigh, *Death and Deliverance*, p. 58.

⁸⁶ Biesold, *Crying Hands*, p. 146.

the healing process to be over, was another commonality amongst women that were sterilised. The most consistent pain, though psychological, amongst the sterilised came from their inability to have children and the loneliness associated with this. Most of the women interviewed by Biesold brought this up in relation to ongoing trauma.⁸⁷ Although not necessarily all these women would have had children of their own, having their autonomy and decision in the matter taken away clearly had a lasting psychological impact. This can only have been made worse for the women who were initially pregnant but were forcibly aborted and then sterilised.

The stigma associated with sterilisation was possibly exacerbated by its concealment. Despite what the law outlined, in some cases the women being sterilised did not know what was being done to them until later, after it had happened. This fact was noted in Buck's speech with her stating that,

Concealment of the fact that the operation I had been subjected to was in fact a sterilization seemed to be common practice here, even though the genetic-health law of 1933 required that those sterilized had to be informed by the physicians about the nature of the procedure.⁸⁸

Buck herself, was not informed of what was to happen to her beforehand. When she asked a ward nurse about the scars on the middle lower abdomen on fellow patients, she was lied to and told that they were appendectomy scars.⁸⁹ After Buck's operation, she said that, 'it was not a doctor or a nurse who told me what had been done to me, but a fellow female patient.'⁹⁰ Being brought for the sterilisation under false pretences seems to have been common among teenagers, who often thought they were being brought in for some other treatment.⁹¹ Horst Biesold suggests that this may have contributed to the severity of the suffering of teenagers (male and female) when compared to other age groups.⁹² Combined with the personal nature of the operation and the affected areas, this would have only added to the trauma and sense of shame as a result.

⁸⁷ Biesold, p. 145-146.

⁸⁸ Buck, '70 Years of Coercion in German Psychiatric Institutions, Experienced and Witnessed', p. 2.

⁸⁹ Buck, p. 2.

⁹⁰ Buck, p. 2.

⁹¹ Biesold, *Crying Hands*, pp. 150-151.

⁹² Biesold, p. 151.

In some cases, even if evidence proved that the woman in question was not hereditarily diseased and did not meet the criteria to be sterilised, they would be anyway. Horst Biesold makes note of some of these cases where women could prove that their deafness was through accident and therefore not hereditary, or had proof that they could give birth to 'healthy' (not deaf) children, but were still sterilised. This was despite, in many cases, the woman or her family fighting against the sterilisation. Of the 662 women who responded to Biesold's questionnaire, 43 women, or 7 percent of them, were sterilised even though they could prove that they had previously given birth to 'healthy' children, and thus were not hereditarily ill.⁹³ Gertrud Jacobs managed to avoid unwarranted sterilisation by marrying a man from outside of Germany but this was all that stopped her from being sterilised despite the proof she had that her deafness was not hereditary.⁹⁴ It is not entirely clear why sterilisation was still pursued in cases where there was proof that the individual in question did not fit the requirements of the 1933 sterilisation law. Most likely it seems that those in charge did not want to risk not sterilising any individual who needed it, so even in cases where it might not be hereditary, it was better to be over cautious. The amount of cases being dealt with too would have left doctors with little time to pay specific attention to individual cases. Even if they were not hereditarily ill, those at risk were still seen as lesser Germans due to their own illness. The doctors and judges probably did not see it as detrimental to sterilise some non-hereditarily ill, but still diseased people.

Another source to examine the effects that sterilisation had on women is what was reported by the medical professionals who worked with them. However, most of these are biased towards the supposed positive effects that sterilisation had on the hereditarily diseased. A medical student's account of what they believed were women's opinions on the sterilisations, argued that some women were 'so morally inferior, that they welcomed sterilisation.... Other women saw sterilisation as a relief, because they were in such financial straits.'⁹⁵ They did acknowledge that some women would not view it this way and would see it as 'a devaluation of their humanity, a source of shame and disgrace,' but for them 'the

⁹³ Biesold, p.153.

⁹⁴ Gertrud Jacobs, interviewed by Horst Biesold, 1983, London, cited in Biesold, pp. 121-128.

⁹⁵ E. Hofmann, *Körperliches Befinden und Einstellung von Frauen, die nach dem Erbgesundheitsgesetz sterilisiert wurden*, Heidelberg, 1937, pp. 14-17 cited in Bock, *When Biology became Destiny*, p. 280.

only solace could be the conviction that their sacrifice had not been in vain, but had been made to the German people.⁹⁶ Even articles in psychological journals on dealing with the after effects of sterilisation claimed that 'most of the hereditary ill regarded sterilisation with indifference, and sometimes even euphorically.'⁹⁷ Fanny Mikus who was sterilised against her will in 1936 found out about the trivialising of the sterilisation first hand. She went to the health insurance office to apply for medical benefits after her operation. She was denied any of these and told 'What do you want medical benefits for? Now you'll have a lot of fun, you don't need to be careful any more that you'll get pregnant.'⁹⁸ Through this, there can be seen a clear public perception, particularly in the medical community, that for the hereditarily ill sterilisation was not much of a loss for them. This undermining of the women's feelings and dismissal of their experience of loss would have helped to create the sense of isolation and shame that they felt as a result.

It is unclear how many women died due to their sterilisation. While some women passed away as a direct result of the operation itself, others ended their own lives as a result of the physical and psychological trauma. The sterilisation experiments too provided a number of deaths that will never be accounted for due to the circumstances under which they occurred. Death as a result of the operation itself could happen right away, or in some cases even years afterwards due to wounds not healing properly. Prior to the war, the operation had an official average mortality rate of .5 percent for women (compared to .1 percent for men).⁹⁹ Women made up a greater number of these deaths than men, with 70 of the 89 deaths in 1934 as a result of sterilisation being women.¹⁰⁰ This is not surprising considering the invasiveness of the procedure for women however, it is possible that some deaths could have been avoided if greater care was taken. The death of Hedwig F. a domestic servant in Munich 1935 is one that could have been avoided. Hedwig was seven or eight months pregnant, but the public health officer in charge refused to wait until after the birth to sterilise her. As a result, she haemorrhaged to death from the caesarean section.

⁹⁶ Hofmann, pp. 14-17, cited in Bock, p. 280.

⁹⁷ K. Heydecke, 'Unsere Erfahrungen über den Einfluss der Sterilisierung auf die psychische Gesamthaltung der Sterilisierten', *Psychiatrisch-Neurologische Wochenschrift*, vol. 38, 1936, pp. 1641-1642 in Burleigh, *Death and Deliverance*, p. 57.

⁹⁸ Biesold, *Crying Hands*, p. 88.

⁹⁹ Proctor, *Racial Hygiene*,

¹⁰⁰ J. Stephenson, *Women in Nazi Germany*, Harlow, Pearson Education Limited, 2001, p. 35.

Although her guardian submitted criminal charges, with the agreement of the Reich Minister of Justice, the prosecutor's offices stopped the prosecution going ahead.¹⁰¹

Death was not always immediate for sterilised women. There are at least several recorded cases where a woman passed away years later as a direct result of her sterilisation. Gertrud L. was a deaf girl who was sterilised at age fourteen. She was then chronically ill for the next four years of her life until her death in 1938.¹⁰² A similar occurrence happened with Tatjana S. who after being sterilised, never healed properly and suffered continuous bleeding after her operation until after five years she died at only 28.¹⁰³ With suicides particularly, the exact statistics can never be known. In Horst Biesold's survey of the deaf, he received six accounts (of men and women) where a suicide was a known result of the sterilisation.¹⁰⁴ However, he estimates that they would not have been the only cases where that happened. Whether immediately or years later, death for sterilised woman was generally given no compensation. The statistical recording of such deaths too is inconsistent, so it is possible that we will never be known how many women died, either directly from their sterilisation or the aftermath of it.

¹⁰¹ Bundesarchiv Abteilungen Potsdam, 30.01 RMJ/10161, f. 215-218, 10162, f. 104, cited in G. Czarnowski, 'Women's Crime, State Crimes: Abortion in Nazi Germany', trans. M. Schoofs, in M. Arnot and C. Usborne (ed.), *Gender and Crime in Modern Europe*, London, UCL Press, 1999, p.238.

¹⁰² Biesold Archive 722, cited in Biesold, *Crying Hands*, p. 153.

¹⁰³ Biesold Archive 1506/2 f, cited in Biesold, p. 153.

¹⁰⁴ Biesold, p. 153.

Chapter Three – After the War

For most victims of forced sterilisation, the postwar period offered very little solace. Reparation payments were something that many would not receive, at least not until the end of the century if they got them at all. One of the main problems straight after the war was that Nazi Germany's sterilisation program was not seen as atypical when compared with similar programmes that were occurring throughout Europe and the United States of America at the time. It was argued that 'there had been good, scientific reasons for these programmes at the time and that, hence, the claimants were not to be considered as 'victims of Nazi persecution'.¹⁰⁵ Sweden, for example, had a particularly stringent law still in place until 1975, under which between 1934 and the law's annulment, at least 60, 000 women were sterilised for moral deficiency or disability.¹⁰⁶

In Germany, recognition was only given to those sterilised for political or racial reasons according to the *Richtlinien für die Anerkennung als Verfolgte des Naziregimes* (Guidelines for Recognition of Victims of the Nazi Regime), published on February 10 1950.¹⁰⁷ Those who were sterilised on eugenic grounds, as many were, did not receive any recognition or reparations at this point. In 1952, the Federal Indemnification Law (the Bundesentschädigungsgesetz or BEG) was enacted by the government in West Germany. The BEG defined who was included as a victim, and as such who was to be entitled to reparations. Under this law, only in cases of 'illegal' application of the Nazi sterilisation law were victims of sterilisation given any sort of financial compensation.¹⁰⁸

The lack of recognition for eugenic sterilisation victims was not simply a result of the normalisation of this practice, but was also linked to the continuity within Germany's

¹⁰⁵ Herrmann and Braun, 'Excluded victims: the role of civil society in the politics of reparations for victims of Nazi sterilisation policy in post-war Germany', p. 3.

¹⁰⁶ 'Here of All Places', *The Economist*, August 28 1997, <http://www.economist.com/node/155244>, (accessed 10 October 2016).

¹⁰⁷ 'Richtlinien für die Anerkennung als Verfolgte des Naziregimes', *Gesetzblatt der DDR*, no. 14, 1950, p. 92, cited in P. Heinelt, 'Financial Compensation for Nazi Forced Laborers', *Norbert Wollheim Memorial*, 2010, http://www.wollheim-memorial.de/files/1066/original/pdf_Peer_Heinelt_Financial_Compensation_for_Nazi_Forced_Laborers.pdf, p. 29.

¹⁰⁸ BEG 1953, Art. 171, cited in Herrmann and Braun, 'Excluded victims: the role of civil society in the politics of reparations for victims of Nazi sterilisation policy in post-war Germany', p. 6.

medical profession after the war. According to Svea Luise Herrmann and Kathrin Braun these professionals, 'acted as experts in revision trials on forced sterilisations after WWII, consultants in a committee discussing (and defeating) reparations for forced sterilisation in 1961/63 and experts in a parliamentary hearing on "forgotten victims" in 1987.'¹⁰⁹ The presence of these 'experts' would have aided in ensuring that the environment for sterilisation was still prevalent. Even in the 1950s there was discussion about the need for a new eugenics-based sterilisation law by both medical and legal professionals in Germany proving that eugenic ideas did not disappear from Germany when the war ended

For those who had been sterilised, the differentiation of sterilisation on the basis of whether it had been performed for eugenic or racial and political reasons was a source of pain and frustration. This can be seen reflected in a letter written by a man who had been sterilised for eugenic reasons. He wrote arguing against the separation in treatment,

In the forced sterilization program of the Third Reich there was no difference. We were hauled off together, we were sterilized together. Together we suffered terribly. Yet at the end of the war, when the awful pain was finally supposed to be at an end, those who had suffered a common fate were divided into those qualified to make an application for compensation and those unqualified. Was that humane? No, it truly was not. It was very inhumane.¹¹⁰

Undeniably, Jews in Germany and Nazi occupied territories suffered incredible losses, through an atrocity greater than any other religious or ethnic group faced. However, this does not mean that other non-Jewish victims should not have received compensation for the suffering they were subjected to. Sadly, the recognition of atrocities committed on Germans themselves based on eugenic measures were not perceived in the same light in the postwar period. Some argued that this was reasonable. If reparation were to be paid to those who were sterilised then 'up to 60% of reparations would be paid to the mentally ill, the feeble-minded, and severe alcoholics,'¹¹¹ as it was noted by one expert on a committee.

¹⁰⁹ Herrmann and Braun, p. 3.

¹¹⁰ Biesold Archive 931/4, cited in Biesold, *Crying Hands*, p. 149.

¹¹¹ Herrman and Braun, 'Excluded victims: the role of civil society in the politics of reparations for victims of Nazi sterilisation policy in post-war Germany', p. 10.

This shows that even under a new government, many of these victims were still perceived as different, and perhaps even less deserving than the rest of society.

Slowly the ethical nature of forced sterilisation began to be questioned in Germany and in the rest of Europe. It is not exactly clear why it began to lose popularity. It is possible that this was due to its association with Nazi eugenic policy. The German Federal Attorney General, in a 1965 discussion on eugenic laws stated that, 'sterilization on biological grounds, that is, in consideration of demographic policy [that is, eugenics], is inadmissible, since the ethical views of the general population thus far do not support to any appreciable degree sterilization for biological reasons.'¹¹² In this same discussion the Attorney General made particular note on female sterilisation that it 'represents a violation of physical integrity with very serious consequences, since the elimination of reproductive capability is a procedure that cannot be reversed.'¹¹³ Although nothing was done to make amends to those who had suffered from this, it shows that there was a change in the way sterilisation, and its victims, were thought about.

The 1980s brought positive developments for sterilisation victims in Germany. In this period, what have been referred to as the 'forgotten victims' of Nazi Germany started getting acknowledgement for what they had been through. These 'forgotten victims' included Sinti and Roma, gay men, forced labourers, victims of 'euthanasia', and victims of sterilisation.¹¹⁴ In 1980 the Federal Minister of Finances established the first hardship compensation fund for those who had been forcibly sterilised. This involved a single payment of 5,000 Deutschmarks per person.¹¹⁵ In 1987 the victims' alliance the Union of Euthanasia and Forced Sterilisation Victims (Bund der "Euthanasie"-Geschädigten und Zwangssterilisierten or BEZ) was founded.¹¹⁶ In the same year, twenty-five victims including those of forced sterilisation, were invited as experts to a hearing by the Interior Committee of the Bundestag in 1987.¹¹⁷ However, progress was still slow. Klara Nowark, spokeswoman

¹¹² *Deutsche Richterzeitung*, 1965, cited in Biesold, *Crying Hands*, p. 144.

¹¹³ *Deutsche Richterzeitung*, 1965, cited in Biesold, p. 144.

¹¹⁴ K.Braun, S. Herrmann and O. Brekke, 'Sterilization policies, moral rehabilitation and the politics of amends', *Critical Policy Studies*, vol. 8, no. 2, 2014, p. 212.

¹¹⁵ Herrman and Braun, 'Excluded victims: the role of civil society in the politics of reparations for victims of Nazi sterilisation policy in post-war Germany', p. 6.

¹¹⁶ Herrman and Braun, p. 14.

¹¹⁷ Deutscher Bundestag, 1987, cited in Herrman and Braun p. 14

for the BEZ said, 'Up to now, we have not been recognized as victims of the Nazi regime and have been shut out of every reparations measure... Letters to Chancellor Helmut Kohl have been answered negatively or with consoling words, and requested talks have not taken place.'¹¹⁸ She also noted that, 'most survivors receive only welfare payments or a small pension.'¹¹⁹ In this regard not much changed between the 1980s and the turn of the century with approximately 14,000 sterilised people receiving the one-off payment, 9,589 the regular funding, and 1,882 other payments in this period.¹²⁰ Considering the estimated number of sterilisation victims was 400,000, this seems very little compensation.

The 1933 'Law for the Prevention of Hereditarily Diseased Offspring' was officially rejected by the German Bundestag in May 2007. With this the parliament also offered 'respect and solidarity to victims and their relatives.'¹²¹ The executive of the BEZ at the time said in response, that victims 'do no longer have to feel stigmatized, and are no longer considered 'unworthy of life'.¹²² However, it is difficult to say how much good this would have done the victims, seventy years after the law was enacted. According to Paul Weindling, 'By 31 December 2007, there were 3696 applications for compensation. Of these 2100 were rejected. It therefore means that of the ca.350,000, less than 1% of the cases were compensated.'¹²³ By 2007, many of those sterilised would have passed away, having lived their lives with this stigma. One can only imagine that for the surviving victims it would seem too little done, too late.

When Horst Biesold performed his series of interviews on the deaf that had been forcibly sterilised, they revealed in most cases ongoing trauma and effects from the sterilisation process, even decades after they had happened. Biesold noted that almost half of those (men and women) interviewed by him in the 1980s stated that they still experienced physical pain as a result of the sterilisation. Seventy-six percent still

¹¹⁸ 'Victims of Nazi atrocities seek 'suitable' reparations', *The Telegraph*, April 22 1987, p. 6. Available from: Google News, (accessed 10 October 2016).

¹¹⁹ *The Telegraph*, p. 6.

¹²⁰ Herrman and Braun, pp. 6-7.

¹²¹ Herrman and Braun, p. 2.

¹²² M. Hamm and M. Hess, Bund der "Euthanasie"-Geschädigten und Zwangssterilisierten e.V. Interview, 2009, Detmold, cited in Herrman and Braun, p. 2.

¹²³ P. Weindling, 'Sterilization compensation', *Eugenics Archive*, 2014, <http://eugenicsarchive.ca/discover/connections/535eeaff7095aa0000000217>, (accessed 20 September 2016).

experienced psychological pain.¹²⁴ Pain and loneliness seem to have been common in these surviving victims. A woman born in 1901 stated that 'Even today I still have pain in my abdomen. I am all alone and without help.'¹²⁵ Another born in 1920 stated, 'I am writing you now that I am so lonesome without children. My husband dies in 1981. I am very unhappy. Why were the Nazis so cruel as to sterilize?'¹²⁶ Not only did these people have to suffer the physical and psychological trauma, but as has been shown, little was done by the state to ease their suffering in the years after the war.

¹²⁴ Biesold, *Crying Hands*, p. 147.

¹²⁵ Biesold Archive Bbl, 879/82, cited in Biesold, p. 146.

¹²⁶ Biesold Archive Bbl II, 1202/81, cited in Biesold, p. 147.

Conclusion

This dissertation has shown that sterilisation was not new to Germany or other western nations when the National Socialist came into power. As a concept, sterilisation had been a part of German medical discussion since at least the end of the First World War, though it was never officially introduced into law. The exact reasoning for its introduction to Germany with Nazi rule, and the way in which it was carried out was specific to the Nazi racial and economic policies. This can be seen in the way that the positive benefits of sterilisation were indoctrinated into their society through propaganda, the treatment of those with 'hereditary illnesses' in Germany, and the later sterilisation experimentation in the concentration camps.

The women who were forced to undergo sterilisation suffered both physical and psychological trauma as a result of the operation and the aftermath. The operation itself was invasive for women, which along with its long recovery time, increased the likelihood of something going wrong. A lack of concern for these women, even prior to the concentration camp experiments, shows how lowly they were thought of in regards to their worth to society. Many women experienced physical side effects up until their death, which for some came too early as a result of the operation. The psychological impact caused much suffering for sterilisation victims, who dealt with feelings of inferiority and difference due to the place in society that their sterilisation had placed them in. The inability to have children in particular added to the suffering felt.

Even after the war, sterilisation victims received very little acknowledgement for what they had been through. This was due to the normalisation of sterilisation in other parts of Europe and the United States, making the perception of what had occurred in Germany not a Nazi atrocity, but a scientifically and morally acceptable practice. It was not until these ideas began to be questioned, as well as other non-Jewish victims began to receive attention, that these women (and men) attained any recognition for their experiences. However, by 2007, over sixty years since the end of the war, less than one percent of victims had been compensated. By this stage, many of the victims would have passed away, without receiving any acknowledgement.

This dissertation has made a unique contribution to the current historiography surrounding both women in Nazi Germany and Nazi eugenic medicine. Specifically, it has given a greater sense of women's experiences in relation to their sterilisation, an area that has not been explored in depth previously. This work has also shown that even after the war, victimisation of these women still occurred; a fact that has not been widely publicised. Sterilised women (and men) were one of several groups that experienced ongoing victimisation through a lack of acknowledgement and the continuing social and political thought. Homosexual men were another group who, due to the illegality of homosexuality, received no compensation for their suffering under the Third Reich. This is explored in Pierre Seel's book, *Liberation Was for Others: Memoirs of a Gay Survivor of the Nazi Holocaust*, about his own experiences during and after the Holocaust.¹²⁷ It is worth comparing these experiences as it shows that although the Nazi regime had ended, the continuing social and political circumstances aided in the ongoing suffering of some of the regime's victims. In sharing these women's stories and what they went through I hope that I have, in some small way, given their voices back on a subject that, although it was so personal to them, they were given very little autonomy in.

¹²⁷ P. Seel, *Liberation Was for Others: Memoirs of a Gay Survivor of the Nazi Holocaust*, Boston, Da Capo Press, 1997.

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