



## JAN OLBRYCHT

On 5 October 1947 in Kraków, a Member of the Main Commission for the Investigation of German Crimes in Poland, Appellate Investigating Judge Jan Sehn, acting pursuant to a written motion submitted by the First Prosecutor of the Supreme National Tribunal, dated 25 April 1947 (file no. NTN 719/47), interviewed as an expert witness – this in accordance with the provisions of and procedure provided for under the Decree of 10 November 1945 (Journal of Laws of the Republic of Poland No. 51, item 293), in connection with Articles 141, 124 and subsequent of the Code of Criminal Procedure – Professor Jan Olbrycht, who testified as follows:

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Name and surname	Jan Olbrycht
Age	61 years old
Citizenship and nationality	Polish
Religion	Roman Catholic
Occupation	Professor and Head of the Institute of Forensic Medicine at the Jagiellonian University in Kraków, an Active Member of the Polish Academy of Learning, a Member of the International Academy of Forensic and Social Medicine, a Foreign Corresponding Member of the French Association of Forensic and Social Medicine, and a Standing Expert in Forensic Medicine
Place of residence	Kraków, [...]

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I have been involved in issues concerning health, hygiene, nutrition and medical care at the former Auschwitz-Birkenau concentration camp while acting as an expert witness in the case of Rudolf Höß, the camp's long-standing commandant. During his trial I presented

my opinion to the Supreme National Tribunal. I based the abovementioned opinion – as I do the present – first and foremost on a completely objective and significant foundation, namely the remaining original German documents and materials that were collected by the Chairman of the Kraków District Commission for the Investigation of German Crimes in Poland and collated in the form of investigative files, and thereafter made available to myself for study.

The materials in question comprise documents pertaining to issues of health, hygiene, nutrition and medical care which on the one hand – I would say from the standpoint of camp regulations – present the state of affairs that should have existed in theory, and on the other irrefutably prove that these directives were never enforced. I cannot but help surmising that their real purpose was to paper over reality, which stood in glaring contradiction to this regulatory theory. And if not for the collapse of Hitlerism, some outside observer who might one day have read these camp regulations and documents, studying the case records of prisoners and the protocols of the procedures performed on them, could well have thought that as regards sanitary, hygienic and medical conditions, the camp at Auschwitz was a model facility, and that the inmates were excellently housed, fed and clothed, enjoying medical care based on the latest achievements of medicine. Fortunately, the fall of Nazism rendered it impossible to obliterate all traces of the system's crimes, leaving behind so many witnesses and written materials that we were able to ascertain the Germans' hypocrisy with unquestionable objectivity and unshakable firmness, proving beyond a doubt that the SS men as a whole – from the most senior all the way down to the youngest in rank – acted intentionally and purposely, utilizing both mass and individual murders, hunger, slave labor, physical and moral torture, and also the deprivation of medical care in order to bring about the destruction and annihilation of the camp's contemporary and potential future inmates. All these people [the SS men] were the willing tools of an intricately thought-out system that in accordance with National-Socialist ideology was to ensure Germany both European and global hegemony.

According to the regulations of the concentration camp (*Lagerordnung für die Konzentrationslager*), attached in volume 21, sheet 54 and subsequent, "new arrivals to the camp are to be examined as thoroughly as possible, while the potentially sick are to be placed in the camp hospital for observation. Prisoners working in the camp kitchen and in the SS men's kitchen are to be kept under strict medical observation in order to

disclose any infectious diseases. The camp doctor shall from time to time check on the cleanliness of inmates. Prisoners who report sick are to be presented to the camp doctor for examination on a daily basis. Whenever necessary, he shall have sick prisoners transferred to the hospital for professional treatment. Malingerers who intend to shirk work in this way are to be reported by the camp doctor for punishment. A dental surgeon is available to all inmates. The camp doctor shall confirm the necessity of conducting dental treatment. He shall also be tasked with giving regular recommendations as to the quality and methods of preparation of food in the kitchens. Any shortages are to be reported thereby to the camp commandant forthwith. Victims of accidents are to be treated with particular care, so that the full earning ability of such prisoners is not impaired. Prisoners who are to be released or transferred from the camp shall be presented to the camp doctor for examination. The camp doctor is the superior of physicians assigned thereto, of the dental surgeon, and the *Sanitätsdienstgrade* [auxiliary sanitary personnel], as well as of inmates working as nurses in the camp hospital. The camp doctor acts as adviser to the camp commandant in all medical, sanitary and hygienic matters. He shall inform the camp commandant forthwith of any oversights observed thereby in the camp. Medical reports submitted by the camp doctor to his superiors shall also be notified to the camp commandant”.

At Auschwitz concentration camp, all these regulatory provisions were just a dead letter. For how did their practical enforcement look? While prisoners leaving the camp, for example due to their release or transferral to another camp or prison, were indeed presented to the camp doctor, new arrivals did not undergo any medical examination – after their particulars, height and weight were written down by inmates working in the administration, a stereotypical note would be made in the *ärztliche Aufnahmeuntersuchung* [medical admission examination] form to the effect that the person in question was not found to be suffering from any morbidity (“*ein krankhafter Befund wurde nicht erhoben*”). Whereupon, irrespective of their state of health, all the prisoners from a given transport would be herded into cramped rooms – even though many of the arrivals were severely emaciated, having experienced acute maltreatment in the course of police investigations conducted immediately prior to their incarceration at Auschwitz, while a good few were cripples (proof of this are the photographs presenting piles of prosthetic appliances).

The living conditions, clothing, nutrition, as well as the prevalence and incidence of diseases and the medical care provided to inmates at Auschwitz, have all been aptly – and starkly –

depicted in the testimonies of witnesses. Their accounts find confirmation in documents left by the Germans. And thus, in the Auschwitz parent camp (*Stammlager*) blocks designed to house some 400 prisoners contained 700 – 1,000, and even 1,200 people. A calculation of the cubature of one such block, based on dimensions given in the original plan of block 11, clearly shows that under these circumstances one person had access to approximately 2 m<sup>3</sup> of air. But in Birkenau, a branch of Auschwitz, the conditions were worse still. The basic structure used in this camp was the so-called “horse barrack” (*Pferdestallbaracke*), type 260/9, which was designed to accommodate 300 people. However, a document authored by the head of the clothing warehouse, dated 14 July 1944 and included in volume 6, informs us that as many 1,000 – 1,200 prisoners would be crammed into one such barrack, so that after deducting the area of the block commander’s and *kapo*’s room and that of the food depot, we find that a single inmate would have at his disposal some 0.28 m<sup>2</sup> of area and approximately 0.75 m<sup>3</sup> of air. Just to give some comparison, I would like to add that pursuant to §285 of the Regulation of the Polish Ministry of Justice, dated 20 June 1931 (Journal of Laws of the Republic of Poland No. 71, item 577), the “volume of air for each prisoner shall equal at least: in common cells 13 m<sup>3</sup>, and in single cells 18 m<sup>3</sup>. In winter, quarters occupied by prisoners shall be heated, while the temperature therein cannot be lower than 14°C, with a relative humidity not in excess of 75%”. The situation that existed in Auschwitz fully confirms what I myself have already said about the Germans’ hypocrisy and their eagerness to maintain false appearances. A booklet written by the *Oberstabsarzt* [medical staff officer], Professor F. E. Haag, entitled “*Lagerhygiene*” (J. F. Lehmanns Verlag, München-Berlin 1943), contains a collection of German regulations on the organization of camps for the Hitler Youth (*Hitlerjugend*), displaced persons (*Umsiedler*), the German labor service (*Reichsarbeitsdienst*), forced laborers, and prisoners of war. The minimum housing conditions stipulated therein exceeded those actually existing in Auschwitz many times over. It is characteristic that the camp administration considered it necessary to modify and improve a horse barrack – and structures of this type housed thousands of people in Birkenau – that was being converted into a hospital for dogs. A closer look at the plan for this hospital and that for a delivery room for pigs (*Abferkelstall*) clearly shows that animals were taken better care of than humans.

For while in the parent camp, where the bricked blocks were equipped with stoves, the inmates – using their own initiative – somehow managed to cope with the problem of

heating, in the barracks of Birkenau this was simply impossible. These barracks were fitted with primitive sheet metal stoves provided by the *Todt Organization*, which were lined with brick. Chimney drafts running along the length of each barrack were, according to the author of this concept, commandant Höß himself, to warm the interior with heat transferred from flue gases. Worse still, the barracks were made from planks, and had no dedicated summer or winter insulation. Initially, the prisoners' living blocks had no floors. They slept on pallets placed directly on the ground, five to two pallets, with two or even three inmates having to cover themselves with a single tattered blanket. Later, following the installation of a sewer system, the parent camp was provided with running water and toilets. In Birkenau, however, these facilities were not fully commissioned right until the end of the camp's existence. But water shortages were commonplace even in the parent camp throughout its period of operation, and in consequence inmates were unable to wash themselves and maintain a sufficient level of cleanliness. Professor Zunker from Breslau, who was instructed by Himmler to inspect the properties of the camp's water supply, informed in his written statement of 23 June 1941 – included in volume 12 – that the water available in Auschwitz was not suitable for rinsing one's mouth.

The men's camp in Birkenau was divided into sections that were separated with barbed wire, each of which comprised 32 barracks. One entire section would have only three toilet barracks. The hours in which these primitive facilities could be used were strictly regulated and controlled by the personnel of a special squad. Since on average some 30% of all prisoners suffered from starvation diarrhea, the insufficient number of toilets was a source of great bother, for after a short time the hapless inmates would be forced to vacate the toilet and stand in the queue afresh. Furthermore, since no toilet paper was issued, inmates used pieces of rags torn from their own underwear instead; this fact has been noted in the aforementioned document written by the head of the clothing warehouse, dated 14 July 1944. All the barracks in Birkenau had clay floors, which turned into mud during the rains and generated clouds of dust when the weather was dry.

The clothes handed out to prisoners did not provide sufficient protection against atmospheric factors, and in particular the cold and damp. Garments were identical for inmates who worked under a roof and for those toiling outdoors, irrespective of the weather. The footwear was exceptionally substandard. The majority of inmates worked in clogs, and these caused serious abrasions of the skin. Since – as I have already mentioned – conditions

in the camp were unhygienic, infections would set in, leading to deep phlegmons that accounted for a large percentage of ailments requiring surgical intervention. Both bedlinen and underwear were changed infrequently and irregularly. They would be washed carelessly, so that it was not uncommon for prisoners to receive “clean” bedlinen or underwear that was ridden with lice. These terrible hygienic conditions resulted in thousands of inmates becoming infested with lice, or contracting scabies or ringworms.

As regards the nutrition of inmates, the original German documents – first and foremost among them the records of the Hygiene Institute in Rajsko (*Hygiene Institut der Waffen-SS und Polizei in Auschwitz O/S*) – indicate that the food issued to prisoners in Auschwitz concentration camp did not meet even the most primitive qualitative or quantitative nutritional requirements. Meat delivered to the prison kitchen for the purpose of making soups was usually spoiled, covered with blisters, or rotting, while in a great many instances it carried stamps notifying that it was not fit for consumption. The “meat” was in the main horseflesh, cattle heads, animal blood, and other similar waste products.

According to the official food list (*Speisezettel*), the kitchen was to receive 250 gr of potatoes and 750 gr of rutabaga per day for each prisoner. But the potatoes were delivered to the kitchen rotten, so that after they were sifted and the inedible wastes discarded, there remained no more than 80 – 100 gr per inmate per day. The same goes for the rutabaga. Meat was delivered to the kitchen complete with bones. In 1944, the Germans started handing out canned food, however this too was usually spoiled. Meals were prepared in the prison kitchen using literally all the scraps gathered while sorting products brought to Auschwitz by the people who arrived there in mass transports for extermination in the gas chambers. One cannot therefore be surprised that a soup made from such scraps would often contain buttons, razor blades, shoelaces, condoms and other similar articles. The acidity of this soup was designated in the chemical workshop as corresponding to that of table vinegar, while a bacteriological examination performed at the Hygiene Institute on the liverwurst issued to inmates (*Häftlingsleberwurst*) demonstrated that it was infected with *E. coli* and *Proteus* bacteria, that is with stercoral bacteria (auxiliary book – *Nebenbuch* – pages 76, 98 and 99). In its statement no. 26496, published on page 68 of the aforementioned auxiliary book, the Institute informed that the quality of meat samples taken for examination from the camp kitchen corresponded to that of class II, no. 7 products under the Berlin classification, and that the flesh was originally obtained from an old,

emaciated cow. According to the statement, this meat was in the initial stage of decay. In other of its statements the Institute ascertained that – for example – the liverwurst given to inmates contained 47.9 – 71.3% water and 14.3 – 18.6% proteins, while the blood pudding issued thereto (*Häftlingsblutwurst*) had 51 – 73.2% water and 12.2 – 23.8% proteins. Steamed sausage given to prisoners (*Häftlingsbrühwurst*) was also examined, and found to contain 45.4 – 78.5% water and 13.2 – 16.6% proteins. The Institute's analyses of meat products intended for SS men from the Auschwitz garrison (these documents have also been included in the book) inform of a lower water and higher protein content than in foods of the same type issued to inmates.

The food issued to prisoners did not satisfy the principles of nutritional hygiene in any way at all. It contained mainly carbohydrates and had an exceptionally low vitamin content. What is more, the official camp food rations – quantitatively deficient from the outset – never reached the prisoners in full, this because the more valuable articles (mainly those containing proteins) were regularly stolen by the SS men and higher ranking inmates, through whose hands these products passed. Taking all of the above into consideration, prisoners-doctors – who by way of the functions that they performed in the camp had a greater knowledge of these issues – determined that the calorific value of food actually received by inmates amounted to approximately 1,150 kilocalories per day. This value was woefully insufficient and within a short time, over no more than a few months, led unavoidably to extreme emaciation and death, primarily due to protein and vitamin deficiency. Protein deficiency was, however, considerably greater than theoretical calorific calculations would indicate, for since practically the entire protein requirement of inmates was satisfied by vegetable foods alone, approximately 20% of proteins were excreted without being harnessed. This has been confirmed in research conducted on rats by one Heller, a Western scientist. Namely, he prepared a diet for the animals based on concentration camp dietetic formulas and determined that even if the rats were allowed to eat unlimited quantities of such food, they would still be unable to consume the quantity required to sufficiently satisfy bodily requirements, and already after three or so months displayed a complex of changes typical of hunger disease. At Auschwitz, observations to this effect were made regularly – even if a prisoner somehow managed to get hold of and eat as many as five bowls of camp soup, he would still fall ill with hunger disease, usually after no more than three months, if he did not receive other types of food (from food parcels, or meals organized by the inmates



themselves). The SS men coined a most appropriate saying: "A decent prisoner cannot live longer than three months, otherwise he is a thief" (*Ein anständiger Häftling darf nicht länger als drei Monate leben, sonst ist er ein Dieb*).

The insufficient nutrition, both in quantitative and qualitative terms, and the concomitant reduction in bodily immunity allow us to better understand why inmates were so susceptible to a host of ailments, why even relatively slight purulent infections developed into phlegmons, and why the incidence of hunger disease was so high. The latter disease manifested itself in two forms: either as general edemas, which started in the lower limbs and progressed steadily higher, or in the dry form, the victims of which resembled skeletons stretched over with skin. These persons experienced adipose tissue atrophy, extreme wasting of the muscles and significant asthenia; their faces soon resembled masks, eyes gazing into the distance, pupils dilated, with all living processes – and mental in particular – weakened. They had trouble seeing and hearing, and experienced acute disorientation and dissociation. Their thought processes and physico-mental reactions were slowed down, and thus they came to be called "Muslims", which term was later commonly accepted to describe their state. Worse still, since they performed their tasks slowly, this was interpreted as a sign of passive resistance, and they therefore became the focus of bestial torture meted out by the SS men and administrative personnel.

The sheer ferocity of the hunger that became the lot of prisoners at Auschwitz is starkly described in the case files of inmate no. 122060, who for a slice of bread agreed to have a gold tooth torn out with pincers, and in those of inmate no. 158501, in which it was stated that he and another prisoner attempted to break into a pigsty in order to steal pig fodder. Equally telling are the orders of the commandant's office, which contain a warning for inmates not to eat wastes from the garbage dump as rat poison had been laid out there.

In February and March 1945, the German crimes committed in Auschwitz were examined by the Soviet Extraordinary State Commission tasked with disclosing illegal acts perpetrated by the German-Fascist aggressors and their accomplices. Its official report was published in the form of a communique in the "Krasnaya Zvezda" journal, no. 106, dated 8 May 1945, wherein it was stated that expert physicians from the aforementioned Commission had examined 2,819 surviving inmates and determined that 2,189 of them, that is 91%, suffered from acute exhaustion and bodily emaciation brought on by hunger. Autopsies performed at



the facility on 536 bodies of prisoners showed that in 474 instances death was the result of emaciation caused by hunger. The physical condition of the starving inmates of Auschwitz has been presented in photograph no. 39, which was included in a report of the interview of [Alfred] Woycicki, a witness, and in a series of photographs of sick female prisoners examined by the Kraków District Commission [for the Investigation of German Crimes] in May 1945. The Commission determined that, for example, female prisoner no. 44884, born in 1914 and 160 cm tall, weighed just 25 kg during the examination; female inmate no. 75700, born in 1922, weighed approximately 25 kg after spending just under a year in the camp; while female prisoner no. A27858, 155 cm tall, weighed only 23 kg. The inmates were reduced to this state due to the inherent deficiencies of camp food. The pertinent research clearly shows that an adult person who does not perform physical labor should receive food with a calorific value of some 2,400 kilocalories per day, while those who do work physically – depending on the type of work – require some 3,000 to 4,500 kilocalories per day. The relevant norms were in force in Polish prisons, this pursuant to the Regulation of the Minister of Justice dated 1 August 1923 (Journal of Laws No. 15, item 53).

As in other areas, attempts were made to maintain appearances that the proper nutrition of prisoners was a matter of concern for the camp authorities. To this end, a so-called test cauldron (*Probekessel*) was set up in the inmates' kitchen. Inmates working as cooks were forced to use this cauldron to make a sample of the soup that – of course ostensibly – was to be given to prisoners. In reality, they had to steal products, first and foremost fat and meat, from other cauldrons in order to prepare a "sample" which they then served to the SS man who was tasked with carrying out the inspection. The food from the test cauldron also differed from that given to inmates in that it was not spoiled by the addition of so-called fresh vegetables (*Frischgemüse*), which in actual fact were shreds of all sorts of weeds that gave the prisoners' soup an atrocious taste. It is not therefore surprising that the SS men trumpeted far and wide that the inmates' soup was very good, feeding their dogs on the contents of the test cauldron.

Due to insufficient nutrition and the unhygienic conditions in which they were forced to live – worsened by the hard labor and moral terror under which they existed – inmates at Auschwitz were extremely susceptible to disease, and their mortality rate was very high. For example, the register listing the numerical strength of the camp population and the daily changes therein – caused by death, transferrals, escapes, releases, or the arrival of

new transports of inmates and prisoners of war – shows that 20,969 inmates and 1,470 prisoners of war died during the period from 19 January 1942 to 19 August 1942 (213 days in total). The authors of a report on the examination of this ledger, dated 24 June 1946 and performed by the Kraków District Commission [for the Investigation of German Crimes] (volume 10), calculated the percentage mortality rate for each of the 213 days covered by the tome. The resultant table shows that the lowest daily percentage mortality of inmates was 0.14%, and the highest 2.85%. For Russian prisoners of war, these numbers are 0.1% and 20%, respectively. The lowest daily percentage mortality rate given in the book was used to calculate the annual figure for Auschwitz. This totaled a staggering 511‰. If we take as the basis the highest daily percentage of inmate deaths, the consequent annual number would be 10,402‰. As regards the daily percentages of deaths amongst Russian prisoners of war, the lowest figure gives us an annual death rate of 365‰, while the highest – 73,000‰. These numbers pointedly illustrate the mortality rate in Auschwitz, especially if we take into consideration the fact that according to the official German statistical yearbook entitled “Statistisches Jahrbuch für das Deutsche Reich – Jahrgang 1938 – Internationale Übersichten” (page 19), the average natural annual mortality rate in Holland was 8.8‰, in Germany – 11.8‰, in Belgium – 12.5‰, in Lithuania – 13.1‰, in Czechoslovakia – 13.3‰, in Bulgaria – 13.5‰, in Poland – 14.0‰, in Latvia – 14.3‰, in France – 15.0‰, in Yugoslavia – 16.8‰, and 18.9‰ in the European part of Russia. I have provided data only for those countries whose citizens were incarcerated at the camp. A comparison of average annual mortality rate figures for these countries with the death rate numbers presented in the extant original German camp documents clearly shows that mortality at Auschwitz concentration camp, amounting to 511 and 73,000‰ annually, exceeded the natural average death rate in the countries whose citizens were imprisoned at the camp by between a few times and a dozen or so thousand times. These numbers signify that during a year the camp in Auschwitz was able to destroy a few or even a dozen or so contingents of newly arrived prisoners, and that its facilities and regime were aptly suited to the rapid annihilation [of inmates], which fully justifies calling the camp a “death camp” (*Vernichtungslager*).

The high incidence rate and mortality amongst inmates meant that medical care was always insufficient. During the initial period of the camp's existence, the Germans did not bother to organize a hospital service, while prisoners-doctors were not allowed to act in any medical capacity. In 1940, the only hospital blocks were two single-story blocks, 20 and 21, in the

parent camp. Later, the hospital was expanded to include blocks 28 and 19, while towards the end of the camp's existence another block – 9 – was added. In the very beginning, when the entire hospital was squeezed into two blocks, there were some 5,000 inmates at the camp. Of these, on average approximately 1,000 would be sick, in the main due to acute exhaustion or following beatings given by the SS men or administrative personnel.

Two or three patients would be forced to sleep on one pallet – irrespective of the sicknesses afflicting them – with no pillows, while the tattered remains of a single ragged blanket would also have to be shared between two or three prisoners. Since they were unfit for labor, patients would receive worse food than those who worked. The quantities of drugs allocated to the camp hospital were symbolic, and the monthly drug allowance would be used up within no more than a few days. The same goes for dressings, whereas it should be stressed that the medications brought in in large quantities by Jews were handed over for use to the SS. Initially, the hospital did not have any instruments. A few knives, pincettes and small cookers that had been stolen by the prisoners were all that the prisoners-doctors had at their disposal to carry out even the most complex surgical procedures – obviously in secret. Only towards the end of 1941 – one year after the establishment of the camp – did an SS physician, one Dr. Entress, who wanted to learn surgery, organize an operating theater at the prison hospital. Its equipment was primitive, and only later did the inmates furnish it with the requisite tools from stocks left behind by the murdered Jewish transports. The Germans did not provide the hospital blocks with any sanitary or hygienic equipment. This task was left to the inmates themselves, who stole the necessary materials.

During its initial period the camp hospital did not serve any therapeutic purposes; rather, it was a collection point for the dead and dying, and also an institution tasked with issuing fictitious case histories and death certificates. The situation changed only in the spring of 1942, when it became apparent that the German economy – now supporting a total war – needed labor. It was then that the term “prisoner-doctor” (*Häftlingsarzt*) was officially introduced. Patients for whom a quick recovery (and thereby a return to work) was prognosticated started to receive treatment, while those considered as hopeless cases were destroyed using gas or injections of poison.

The so-called selections – during which the authorities singled out the sick – served to cleanse the camp of the unproductive element. But these procedures were not based

on the results of medical examinations, for the doctor present at such selections did not check the patients at all – in numerous instances he simply decided about an inmate's death at random. Thus, the victims of these selections were people who, had they received sensible treatment, would have stood every chance of making a full recovery. In any case, the Germans proceeded in this way not only with people whose health had literally been destroyed by camp life, but also with the mass transports of Jews from all over Europe, earmarking for death in the gas chambers those who at the moment of arrival, standing on the railway ramp, appeared unfit for utilization as slave laborers for the German arms industry. This campaign has been described in his testimony by the camp's SS doctor, Entress, who conducted numerous selections at the railway ramp. He testified that approximately 30–60% of [the new] arrivals were gassed.

In 1942, on the pretext of a campaign intended to eliminate typhus fever, the camp administration decided to destroy the carriers of typhus, i.e. lice, together with their hosts. To this end, a general authorization was issued for the liquidation of all patients at the hospital, together with the hospital personnel. The basis for this policy of destruction was a secret order issued in December 1941 by the then head of the D I office, *Obersturmbannführer* Liebehenschel, who sent a special medical commission (*Ärztekommission*) to the concentration camp with the objective of cleansing these facilities of undesirable elements by means of a selection or withdrawal (*Aussonderung, Ausmusterung*) and special treatment (*Sonderbehandlung*) under the code number "14 f 13". The abovementioned document has been included in the files (volume 37, card 78). The method of implementing this order in the camp at Gross-Rosen has been documented in Liebehenschel's correspondence with the camp's commandant (volume 37, card 80 and subsequent). At the time, some 800 patients were selected from the infectious ward at Auschwitz and gassed.

For this same objective, i.e. getting rid of sick persons who were unfit for work, the Germans introduced another method – that of killing by means of poison injections. Initially, they injected a hydrogen peroxide solution, petrol, Evipan [a barbiturate derivative] or phenol, and later settled on the latter exclusively. In the beginning, the shots were administered intravenously, and thereafter intracardially. The first attempts at killing with poison injections were made at blocks 28 and 21. Later, the "action" was transferred to block 20, while in some instances they also used the morgue (*Leichenhalle*) of block 28. The number of people killed daily by means of this method ranged from a few dozen to more than one hundred,

while in periods of greatest intensity more than 300 inmates would perish per day. The death certificates of prisoners nos. 83910 and 83911 indicate that injections were used to kill not only the sick and the elderly, but also completely healthy children – the sole reason being that due to their young age they were unfit for work. Prisoner no. 83910 was 10 years old, while [no.] 83911 was murdered at around 13 years of age.

A fictitious case history would be compiled for each and every inmate killed in this way, as well as for those who were executed or killed during work. Namely, upon the instruction of the German camp doctor and in accordance with his directions, the inmates working at the camp office had to elaborate faked case records. The cause of death could be given as any one of twelve diseases from a set drawn up by the German camp doctor. The following were the most common:

*Herzschlag*, i.e. heart attack, *Kreislaufinsuffizienz*, i.e. acute circulatory failure, *Lungenödem bei Herzmuskeldegeneration*, i.e. pulmonary edema accompanied by the weakening of the cardiac muscle, *Lungenentzündung*, i.e. pneumonia, *allgemeine Sepsis*, i.e. a general infection, *Kachexie beim Darmkatarrh*, i.e. cachexia brought on by enteritis – and various combinations thereof.

As an example I would like to cite files concerning the deaths of prisoners (examination report of 14 September 1946, no. 1641/46) who according to the unequivocally accepted results of investigations were put to death in a violent and sudden manner, [whereas] the files contain certificates issued by the SS camp doctors, Dr Entress and Dr Wirths, which state that these inmates died of natural causes, due to the sicknesses enumerated in the said medical opinions. One [such] inmate was a Professor of Bacteriology at the Jagiellonian University, Dr Marian Gieszczykiewicz, who was murdered in the following circumstances: in July 1942 he was summoned in writing to the camp office, where he was to report the next day after roll call. A prisoner by the surname of Głowa, who worked as a nurse at block 20, where Professor Gieszczykiewicz was lying, replied to the summons by stating that Gieszczykiewicz was unable to rise from his bed due to his state of health. The next day Gieszczykiewicz remained in the block. At 9.00 a.m. that day Głowa received a slip undersigned by *Rapportführer* [reporting officer] Palitzsch, which notified that Gieszczykiewicz was to be immediately sent to block 11 in his present condition. He therefore placed Gieszczykiewicz, who was wearing only his underwear, on a stretcher, covered him with a blanket and, together with another nurse, carried him over to block 11. There in the courtyard Palitzsch lifted the edge of the blanket with which Gieszczykiewicz was covered, checked his number, and thereupon fired twice at Gieszczykiewicz's

head. However, Gieszczykiewicz's files contain – among others – a death certificate and a medical opinion authored by the camp physician, Dr Entress, and addressed to the camp headquarters, wherein it is stated that Gieszczykiewicz died of cachexia brought on by enteritis (*Kachexie beim Darmkatarrh*).

Other files, too, contain faked descriptions of diseases purportedly suffered by the prisoners whom the files concern, as well as their causes of death, whereas in actual fact these inmates were killed by lethal injections, shooting, or in the gas chamber. The dates of death given in these files are also fictitious. Prisoners who were killed on one and the same day have different dates of death in their documents. This was in line with the practice applied at Auschwitz, whereby larger groups of persons who had been killed on the same day were distributed in the records in smaller batches over a number of days or even longer periods.

[The fact] that the registers were used to cover instances of unnatural death by the entry therein of sicknesses of which the inmates purportedly died is attested to by the record detailing the numbers of Soviet prisoners of war who perished in the camp. According to the overwhelming testimony of witnesses, the majority of Soviet POWs were murdered and starved to death. The aforementioned record of deaths shows that during the period from 7 October 1941 to 28 February 1942, that is over 144 days (no deaths were reported under [the date of] 23 February 1942), a total of 8,320 POWs died, whereas the number of deaths per day was as high as 392. This book also informs of the time and cause of death. It is characteristic that the times of death of individual men were given as being a few minutes apart. And so, for example, on 7 November 1941 the POWs died a few each five minutes apart, between 8.00 a.m. and 10.00 a.m. A detailed analysis of entries in the column entitled "cause of death" shows that the catalog of diseases is repeated in the same order on different days, depending on which clerk made a given entry. This can be easily ascertained on the basis of their handwriting. Since, therefore, the records and documents of the deceased were falsified, there could also have been (and indeed were) instances where a very young prisoner would have died – according to his death certificate – of senility, or that the office, when elaborating a medical opinion concerning a German who upon admittance had had an artificial left limb, could have stated that he died of necrosis of the left leg. Such a matter would be followed up with the camp authorities by his life insurance company, which would want to learn how could it have been humanly possible for him to die of necrosis of a limb of which he was already deprived.

The SS doctors who served in Auschwitz were in no way interested in treating the sick. Rather, they cared for external appearances, putting much effort into writing case records, plotting fever curves, elaborating statistical lists, and completing other formalities that for those who were unaware of what went on in the camp were to appear as evidence of real and professional treatment. Furthermore, the German camp doctors assisted in “actions” and performed functions that they, being physicians, should not have, for these were grossly against commonly accepted and valid principles of medical ethics. One of the camp physicians, Dr Johann Kremer, an Associate Professor at Münster University, a Doctor of Medicine and a Doctor of Philosophy, recounted in his diary that during the period between 30 August 1942 and 18 November 1942 he took part in 14 “special actions” (*Sonderaktionen*), was present at executions during which prisoners were shot using small-caliber weapons, and also attended procedures concerned with administering lethal injections to women.

The Germans used the term *Sonderaktion* to kill people using poison gas in gas chambers, observing the course of the poisoning of their victims through a special sight-glass in the chamber door, which would be opened only when the doctor signaled that everyone inside had perished. All the SS doctors who served in the camp would take part in these “actions”. The participants of these operations and the division of roles between SS men from the headquarters and individual branches of the camp command responsible for their implementation have been determined in the course of numerous investigations. Findings indicate that apart from the doctors, the following also took part in special “actions”: the camp commandant, the permanent deputy camp commandant [*Schutzhaftlagerführer*, *Lagerführer* for short], and functionaries of the political division and the administrative division (*Verwaltung*). The latter were tasked with robbing the property of the victims.

The Zyklon B used to kill inmates in the gas chambers was brought in by SS doctors and their auxiliary sanitary personnel (SDG [*Sanitätsdienstgrade*]) on board medical vehicles marked with the red cross, thereby abusing a symbol internationally recognized as one of humanitarianism by its appropriation for criminal purposes. This poison was brought into the camps through the agency of Dr Grawitz, Reich Physician – SS and Police (*Reichsarzt*), who also held various important positions in the German Red Cross and in German medical circles. The act of poisoning in the gas chambers, i.e. the pouring of Zyklon B granules into the chambers, was carried out by male SS nurses who had received special training in how to handle strongly toxic poisonous gases. They were officially known as *Sanitätsdienstgrade*, SDG for short.



These “actions”, as Kremer described in his diary, as well as other special operations, were to take the lives of 10 million human beings. This is attested to by correspondence between *Oberführer* Brack and Himmler (volume 37, card 4). In the document Brack stressed that in accordance with Himmler’s wishes, the entire campaign of murder aimed against the Jews of Europe was to be conducted as rapidly as possible due to the necessity of maintaining its secrecy (“[...] die ganze Judenaktion [...] schon aus Gründen der Tarnung so schnell wie möglich arbeiten müsse”). Since, however, the German arms industry required more laborers, Brack turned to Himmler with the following proposal: “Amongst the approximately 10 million European Jews there are, as far I am able to establish, at least 2–3 million men and women who are fully fit for work. I am of the opinion that in light of the extraordinary difficulties with which we are faced regarding the issue of laborers, these 2–3 million should be separated from the rest and retained, just in case. Obviously provided that they are at the same time rendered incapable of breeding”. To this end, Brack also proposed to Himmler the sterilization [and castration] of these remaining 2–3 million Jews using X-rays, and declared that he was ready to supply the appropriate number of doctors, personnel and instruments.

The testimony of Rudolf Höß, confirmed by recently obtained documents, proves that the campaign of biological destruction of people through their sterilization and castration was also to be applied to achieve the extermination of the Slavic nations. In particular, Höß testified that Professor Clauberg, acting upon the instruction of Himmler, conducted experiments on the female inmates of Auschwitz in order to determine a method of sterilizing women that would be quick, reliable, appropriate for mass implementation and undetectable (“schnell, sicher, unauffällig und massenhaft”).

Höß’ testimony was consistent with the truth and finds confirmation in the letter of *Obersturmbannführer* Brandt from Hitler’s headquarters, dated July 1942 (volume 37, card 15). According to this document, on 7 July 1942 there was a conference between the SS Commander for the Reich, *Brigadeführer* Professor Gebhardt, *Brigadeführer* Glücks and *Brigadeführer* Professor Clauberg from Königshütte. Their discussion centered on the sterilization of Jewesses. The SS Commander for the Reich promised *Brigadeführer* Professor Clauberg that he would put the concentration camp of Auschwitz at his disposal for the purpose of conducting trials on humans and animals. A few fundamental experiments were to lead to the development of a method of sterilization that would be undetectable to its victims. The SS Commander for the Reich wanted to receive a report on the results of these

trials in order to be able to practically implement the campaign of sterilization of Jewesses. Furthermore, they intended to determine, this with the participation of a German specialist in the field of roentgenology, Professor Hohlfelder, ways of using X-rays to castrate men. The SS Commander for the Reich made it absolutely clear to all of the members of the commission that they were dealing with matters of the utmost confidentiality, which could be discussed only internally, and that everyone participating in the experiments and conferences must be obligated to maintain secrecy. The secret correspondence revealed to date (volume 37, cards 1–21) shows that in accordance with Himmler's wish, the trials aimed at determining methods of castration and sterilization that would satisfy the requirements set forward by Himmler were conducted by SS doctors – Horst, Schumann and Clauberg. Its contents clearly indicate that already in 1941 serious consideration was given to the issue of sterilization by means of X-rays.

According to Brack's report, which he submitted to Himmler along with his letter of 28 March 1941, the method of X-ray sterilization could be used to perform 150–200 sterilizations per day at one facility, and thus – according to the memo – a daily total of some 3,000 to 4,000 people could be rendered infertile at the planned 20 facilities. Further on in the document, he conducted a comprehensive analysis of the method of sterilization itself, and recommended the following procedure for its practical implementation: "Persons who are to be dealt with should be instructed to approach a window or counter (*Schalter*), at which they would be asked questions or receive a form to complete, which should keep them near the window for some 2–3 minutes. In the meantime, the clerk sitting behind the counter would operate the apparatus by means of a switch that would activate both X-ray tubes at once (since it is obvious that exposure to radiation must occur from both sides)".

Schumann used the inmates of Auschwitz to conduct experiments during which he irradiated male testicles and female ovaries. Next, these organs were cut out and the effects of irradiation were examined histologically. A few dozen men and women were mutilated in this way. Some of them died, while others were sent to the gas chamber. The fact that SS doctors castrated prisoners is officially confirmed by the contents of a report on the operations of the surgical ward at the camp hospital, dated 16 December 1943, in which the procedures listed included 90 *Hodenamputationen* [testicle amputations].

Ultimately, castration using X-rays was abandoned, for the report submitted to Himmler stressed that the castration of a male by means of this method is most troublesome and

thus uneconomical, whereas surgical castration, which takes no more than 6–7 minutes, is more reliable and quicker (“Die operative Kastration, die, wie ich mich selbst überzeugt habe, nur 6–7 Minuten dauert, ist demnach zuverlässiger und schneller zu bewerkstelligen als die Kastration mit Röntgenstrahlen” – from the memo dated 29 April 1944, volume 37, card 7).

While Schumann conducted his trials mainly on men, Dr Clauberg, a Professor of Gynecology in Königsberg, who for the duration of the War had been assigned to the hospitals in Kattowitz and Königshütte, carried out sterilization experiments – together with a chemist, Dr Goebel – on female inmates incarcerated at block 10 of the parent camp. These trials consisted in injecting the women’s genitalia with various preparations – which in light of the research conducted into the files of the Hygiene Institute in Rajsko [*Hygiene Institut der Waffen-SS und Polizei in Auschwitz O/S*] could have been solutions of formalin – and subsequently using X-rays to determine whether their uterine tubes had undergone obliteration. These procedures and the means used were maintained in strict secrecy, pursuant to Himmler’s instruction, while one Dr Samuel, a gynecologist and prisoner from Cologne who had been acquainted with these matters, was ultimately gassed as a *Geheimisträger* [literally a “bearer of secrets”]. German lists which grouped inmates according to types of employment inform us that during the period between 30 April and 31 October 1943 there were 200–395 women in block 10, all of whom were entered in a column entitled “prisoners for experimental purposes” (*Häftlinge für Versuchszwecke*). While presenting the results of his research to Himmler, Clauberg wrote in his communication of 7 June 1943 that the day would soon come when he would be able to report to Himmler that one experienced physician working at an appropriately equipped facility, with the assistance of maybe ten auxiliary personnel, would be able – with the greatest degree of probability – to perform the sterilization of a few hundred, if not a few thousand people in the course of a single day (volume 37, card 18).

Furthermore, the German camp SS doctors, being insufficiently or only minimally prepared to conduct surgical procedures, were taught not on corpses, but on living humans. To this end they selected their “material” for surgical procedures either from the hospital files, or during roll call ordered inmates who had suffered from a specific ailment while still free or had complained of distinct afflictions following incarceration – the gall bladder, appendix, renal calculi, etc. – to report to the hospital. Thus, if at a given time a German doctor was learning, for example, how to operate the gall bladder, prisoners with this condition would be taken to the

surgical theater irrespective of whether they consented to a surgical procedure being carried out on them or not. The system of terror reigning in the camp perforce excluded the possibility of an inmate voluntarily consenting to the performance of a procedure. Performing operations contrary to the will of operatees was completely contrary to the pertinent legal provisions in force at the time (in Germany as well), pursuant to which it was obligatory to obtain a patient's consent. This contravention of such a fundamental principle was made all the more flagrant by the fact that the physicians carried out these procedures solely in order to train; they did not possess the requisite surgical technique and, by attempting procedures that were serious and for them difficult, brought about a high mortality rate amongst operatees. The SS doctors were not interested in caring for the health of these persons, and they had no regard for their fate – indeed, in numerous instances they sent the people whom they had operated on to the gas chambers during the next selection, sometimes just a few days after the procedure.

Pregnant women in the camp hospital had their registration cards stamped with the letters "SB" (*Sonderbehandlung*), which means that they were earmarked for gassing. Until 1943 it was the rule that women who arrived at the camp pregnant or who became pregnant while incarcerated were considered unfit to live. And even if the child was born, both it and its mother would be killed with a phenol injection.

In the first half of 1944, a separate and completely isolated cell on the first floor of block 28 of the main camp – together with a group of perfectly healthy young and middle-aged Jews – was placed at the disposal of *Oberfeldwebel* Dr Kaschub, a Wehrmacht officer-candidate. Kaschub used these inmates to perform experiments that consisted in rubbing toxic substances into their lower and upper limbs, which caused suppuration and extremely painful phlegmons that healed with great difficulty. These trials were intended to provide comparative materials that could be used to expose German deserters or men dodging military service. The effects of Kaschub's procedures have been illustrated by a series of photographs – completely authentic, for they were taken by the man himself – that were developed at the photographic workshop of the Auschwitz police records department (*Erkennungsdienst*). The whole series has been attached to the interview report of witness Woycicki [Alfred], dated 18 November 1946, no. 1565/46.

The head pharmacist at Auschwitz, *Sturmbannführer* Dr Capesius, and two SS camp doctors, Dr Weber and Dr Rohde, once summoned a few prisoners to their office, located in block 21,

and ordered them to drink a liquid that had the smell and color of coffee. After ingesting this "coffee", the inmates left the room in a state of strong manic excitement. The experiment was repeated the next day, however the prisoners who ingested the liquid had to be carried off from the doctors' office on stretchers, and two of them died during the night. When during roll call the next morning their deaths were reported to the camp doctor, he laughed with irony and said that they must have had a nice death. Statements made by those who conducted the trials seem to indicate that they were testing a narcotic agent that would force people to testify in a required manner. This would be confirmed by the account of one of the inmates, Henryk Gąsior, who informed that an identical experiment was performed at Dachau. In his account he cites the memo from the office of SS Commander for the Reich. According to this document, dated 25 April 1944, Himmler ordered the immediate execution of tests using a narcotic agent – mescaline – in order to obtain military secrets from prisoners of war. ("Wspólne więzy" – a special number of the magazine of the youth section of the Polish Association of Former Political Prisoners, association in Wrocław, page 6).

In September or October 1942, the German camp doctor, wanting to determine whether so-called brown atrophy (*braune Atrophie*) of the liver and cardiac muscle is impacted by postmortem changes, and also desiring to eliminate these changes, instead of removing the said organs from the body of one of the "Muslims", i.e. one of the cachetic inmates who died en masse and in whom these changes regularly occurred, ordered that one such "Muslim" be killed with a phenol injection to the heart, and thereafter instructed another inmate to collect specimens from the organs – previously removed – of the man thus murdered. He then placed the specimens in a fixing solution and took them with him. The German SS physician who was interested in these issues worked at Auschwitz for only a few months in 1942. Professor Kremer's diary clearly indicates that it was he who was especially involved in research of this type, and would collect relatively fresh (*lebensfrisch*) material from the liver, spleen and pancreas.

Recently disclosed documents tell us in which actions the German doctors took part and for what purposes they used the people incarcerated at concentration camps. A memo sent by the Reich Physician – SS and Police, Grawitz, to Himmler, and also the latter's reply (volume 37, cards 29–30), inform that Grawitz turned on behalf of himself and Professor Brandt for permission to conduct experiments on prisoners with the objective of determining the causes of infectious jaundice (*Hepatitis epidemica*), stressing that the death of such inmates is to

be reckoned with. In his response, Himmler authorized the performance of such trials at the concentration camp in Sachsenhausen on eight inmates transferred there from Auschwitz.

Furthermore, correspondence exchanged between Professor Brandt and Sievers and between Sievers and Eichmann from the Reich Main Security Office (volume 37, cards 25–28) clearly shows that prisoners from Auschwitz were used not only for experiments of the type described above, but also as material for a collection of skeletons. The first memo, from 1942, informs us that *Hauptsturmführer* Professor Hirt, the Director of the Unit of Anatomy in Strasbourg, received Himmler's sanction to prepare 150 skeletons from inmates of Auschwitz for his institution. The second document, elaborated in 1943, indicates that 115 people were selected for this purpose (79 Jews, 2 Poles, 4 persons from Central Asia and 30 Jewesses) and were to be transferred from Auschwitz to the camp in Natzweiler. But when in 1944 the Allied forces drew near and the situation in Strasbourg became uncertain, a query was sent to Himmler's personal staff as to what was to be done with the 80 bodies located in the mortuary of the Unit of Anatomy in Strasbourg (*Leichenkeller der Anatomie*). It was stressed therein that although the skeletonization of the bodies could still be performed, thus rendering them unidentifiable (*Entfleischung und damit Unkenntlichmachung*), it would also become impossible to make the casts that were of importance for the collection; that the skeletons themselves would not arouse any suspicion and that the soft tissue could be considered as old, left behind by the French while taking over the Unit of Anatomy and intended to be burned.

Materials collected in volume 37, cards 32–39, and in particular the report on experiments undersigned personally by Associate Professor Mrugowsky, the chief hygienist of the SS, inform us that along with two other accomplices – both holding academic titles – he performed trials on five healthy people, who were shot with bullets poisoned with aconitine and who lay dying for more than two hours in terrible agony, during which period they constituted the object of detailed observations for the hygienist, Associate Professor Mrugowsky. These bullets were undoubtedly intended to kill people – specifically enemy soldiers, for the wounds themselves were superficial, and the victims – once healed – could have returned to the front.

Finally, it should be mentioned that according to the memo constituting card 31 in volume 37, Professor Rascher also received Himmler's dispensation for conducting his trials – during which victims were frozen – in the concentration camps of Auschwitz and Lublin.

The above shows with absolute clarity that German doctors functioned contrary to the age-old principle of supporting human life, no matter what, and providing aid to each and every patient, irrespective of whether he was friend or foe. Contrary to the principles of treatment of patients adopted throughout the civilized world, and also contrary to the credo of ethics binding upon the entire medical profession, German doctors did not treat patients, but without any medical indications whatsoever made them the subject of procedures, the type of which and the circumstances under which they were performed, as well as the fact that they were shrouded in secrecy, clearly indicate that they were not intended for the good of the patient, but rather constituted non-scientific experiments. German physicians sent thousands of people to their deaths, ordered the elaboration of fictitious case records, and entered false causes of death therein, namely by stating that these persons had died naturally. German doctors used living humans to perform trials that ended in their deaths and cannot in any way be considered as medical in nature. And although the carrying out of experiments on people is not alien to the medical world, being viewed as a means of ensuring the progress of medical science and practice, such trials may be conducted only by highly qualified representatives of the medicinal science following a thorough and comprehensive theoretical consideration of the issue, and using human subjects only after conducting extensive laboratory tests on animals.

What is more, the history of medicine teaches us that researchers, having as their objective the good of mankind, usually first perform experiments on themselves or on other persons, including younger physicians and even students of medicine, who apply voluntarily to be so experimented on. We would never have found local anesthesia or lumbar anesthesia if the scientists Schleich and Bier had not carried out trials on themselves and others. What is more, someone had to be the first to carry out a specific surgical procedure, e.g. a stomach resection, a brain operation, etc., before such surgical interventions became common. It is, however, obvious that any patient must give his consent to such an experiment, and also that it cannot endanger his life or health. No operation may commence without the agreement of the patient or the person to whose care he is entrusted, while a physician who ignores this requirement is subject to prosecution. This principle applies throughout the civilized world, and it also applied to German doctors, for in accordance with the unanimous opinion of commentators on German criminal law – and here let me quote Reinhard Frank: “Das Strafgesetzbuch für das Deutsche Reich”, page 479, and Adolf Schönke:



“Strafgesetzbuch für das Deutsche Reich”, page 459 – an experiment carried out on a living person without his consent is a crime.

From a medical point of view, one should condemn procedures that although in principle allowed, have been carried out on helpless prisoners. And we must consider as criminals those doctors who so conducted themselves and performed surgical interventions or, worse still, killed the sick and unfit for work, or ordered others to do so. The same applies to terminations of pregnancies in inmates against their will, and even with their consent, so as not to lose labor hours because of gravidity and childbirth. And I am completely unable to accept the explanation that the reason for these mass murders was a feeling of pity brought about by the terminal illness of any such person, or that they were performed in accordance with regulations imposed by higher authority. Just as other cultured states have properly dealt with the issue of euthanasia, so in Poland Article 227 of the Criminal Code provides for the punishment of anyone who kills a human being even if requested to do so thereby and under the influence of mercy towards him. In any case, we possess irrefutable proof that the killings of patients in concentration camps were not performed out of compassion due to terminal illnesses. The documents that we have gathered indicate that the Hitlerite Germans extended the meaning of the term “euthanasia” to include all mass murders of people selected in concentration camps by so-called medical commissions, calling the murder campaign conducted under the codename “Sonderbehandlung 14 f 13” the implementation of the Führer’s euthanasia program (*Euthanasieprogramm des Führers*).

The entire body of correspondence concerning medical trials is covered with stamps reading “Streng geheim” [strictly confidential] or “Geheime Reichssache” [secret state matter]. It was conducted in a closely recorded and registered number of copies, and hedged with clauses ordering the confidential and personal treatment of matters discussed therein. The partners to this correspondence were, on the one hand, the leading dignitaries of the SS, including Himmler and his personal staff, and – on the other – professors and associate professors from numerous German universities, among them Professor Rascher, Professor Clauberg, Professor Gebhardt, Professor Hirt, Professor Hohlfelder, Associate Professor Mrugowsky, senior medical counselor Doctor Schumann, and the chemist Doctor Goebel. The contents of these communications prove that the German hospital authorities, citing the orders of their superiors, not only did not oppose the criminal decisions and regulations of the rulers of the Third Reich, but also failed to resist the national-socialist system or show

any civil courage in a matter where human dignity and life were laid on the line; indeed, to the contrary, they actively cooperated with the system, providing it – as did Clauberg – with criminal ideas and, once these had been approved by Himmler, implementing them. Characteristic in this regard are the obsequious and groveling memos sent by Professor Clauberg to Himmler, wherein he proposed that sterilization experiments be performed in Auschwitz, writing thus: “I do not want to anticipate your decision, Sir, however I would propose that you allow the installation of these devices and the performance of trials at the concentration camp in Auschwitz”, and also the expression that he used in his memo to *Obersturmbannführer* Brandt: “I ask most humbly that you recommend my person to the *Reichsführer*”.

A clear example of the German hospital authorities’ lack of civil courage, of how they shirked responsibility, and of their myriad tactical excuses – and also the ease with which they adapted to changing circumstances – can be found in the memoirs of Professor Kremer from Auschwitz. Desiring to be promoted to a chair, he kept on stressing that he was the first Assistant Professor at the University in Münster to join the party (page 29). Following the occupation of Münster by the Americans, who disclosed that he was a Nazi and in consequence forced him to provide labor, he tried to present himself as an opponent of National Socialism, and desperately sought for arguments that would prove that he actually fought against the system.

In any case, in order to assess the ethical level of these people, even though they had academic titles, it is sufficient to cite the testimony of witnesses, who observed how the aforementioned appropriated gold dentures ripped from the jaws of freshly gassed people and, ultimately, had them melted into bars. It says everything about the ethics of these men that they did not perform experiments on inmates for the good of mankind or out of idealism, but as collaborators of heavy industry and in performance of lucrative contracts, concluded – for example – with the IG Farbenindustrie concern (Dr Vetter) or with the Schering concern (Dr Goebel), harnessing the professional knowledge of prisoners-physicians for the purpose of testing the new drugs that these companies intended to market on hapless inmates. It has been disclosed that the Germans infected healthy people with the blood of typhus fever patients – for example Dr Vetter in Auschwitz – and this proves beyond a doubt that the German doctors did not hesitate to commit crimes motivated by the vision of profit.

Surviving German documents clearly show that the trials performed on female inmates in Auschwitz by Professor Clauberg, as well as the mass X-ray irradiations of prisoners, did not have any scientific objective, but served to find a method of sterilization [and castration] that would help bring about the biological extermination of the Slavic nations. Neither can we consider as medical experiments the killings of hundreds of people in order to create museum collections of their skeletons, or the wounding of prisoners with bullets dipped in aconitine [so as to test the lethality of this poison] (so that those [of the enemy's soldiers] who received only superficial injuries [in combat conditions] would be unable to return to the front), or the putting to death of people in order to collect certain of their organs for research, since it would have been possible to wait until the natural death of other persons with pathological changes and only thereupon remove their organs for study. The Anti-Vivisection Society is making concerted efforts throughout the entire civilized world to ban or at least minimize scientific tests conducted on animals, and in the main animals occupying the lower rungs of the genealogical ladder, and yet the Germans did not hesitate to carry out painful experiments on healthy people, causing them to experience phlegmons, inflammations of the genitals, cripplehood, and even death. This is all the more condemnable as it was the Germans who boasted before the whole world that they have the most humanitarian animal protection act, whereas they performed such trials on people.

I would like to bring my opinion to a close with the same words with which I commenced, namely with the statement that all these people, from the highest ranking right down to the lowliest SS man, were the willing tools of an intricately thought-out system that in accordance with National-Socialist ideology was to win *Lebensraum* [living space] for the German nation and ensure its hegemony in Europe and, ultimately, the world. Living conditions in the camp at Auschwitz were the result of the general premises adopted for all concentration camps on the territory of the Reich and in countries occupied by Hitler, constituting a reflection of the system that had as its primary objective bringing about the extermination not only of individual of its enemies, but also the biological annihilation of entire nations and ethnic groups, all of which were considered as hindering German expansion.

In this system, the German concentration camps were utilized by the leaders of the Third Reich as one of the surest tools leading to the implementation of their criminal goals. Individual concentration camps differed between themselves only as regards the methods



of killing prisoners and the scale on which these killings were perpetrated. And while in some camps experiments focused on injecting bacteria, in some inmates were frozen, and in others still they were subjected to high and low pressure, Auschwitz used the methods of destruction described hereabove, amongst which the “special actions” were in the forefront. The course of these “actions” is best illustrated by Kremer, who in his memoirs under the date 2 September 1942 wrote that Dante’s vision of Hell is no more than a comedy in comparison with these operations, and further stressed that the camp in Auschwitz is known as an extermination camp (*Lager der Vernichtung*) or the anus of the world (*annus mundi*) for very good reason.

The report was read out. At this point the report was brought to a close.