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Revised Version

I. Introduction

Gerda Weyand, a medical doctor who hailed from Ludwigshafen, Germany, started work at Ravensbrück concentration camp in September 1939, approximately a year after she finished studying medicine at Würzburg and Heidelberg universities. Weyand, who worked at Ravensbrück for approximately two years and three months, departing in December 1941, was one of only three female doctors employed to work at Ravensbrück, a camp in the Third Reich designated to intern solely women prisoners.¹ The other two were Herta Oberheuser, who worked there between December 1940 and July 1943, and Erika Jantzen, who arrived in May 1939 and departed in September 1940.² Shedding light on the recruitment of Weyand, Oberheuser and Jantzen to Ravensbrück not only provides an insight into how gender affected the motivations of these women to work there and how gender and medicine intersected in their hiring, but also enables an analysis of the extent to which gendered medical ideals were

¹ Rheinland-Pfalz Landesarchiv (hereafter RPL), R 18 Nr. 17451, 'Gouvernement Militaire en Allemagne, Fragebogen', 30 September 1949. This source is a questionnaire that Weyand filled out as part of her denazification.

² Nuremberg Medical Trial (hereafter NMT), Examination of Herta Oberheuser by Dr Seidl, 3 April 1947, microfiche number 062. Hessisches Hauptstaatsarchiv (hereafter HHStA), 520/16 Nr. 9391, 'Meldebogen', Erika Jantzen, 7 October 1947. This source is a questionnaire that Jantzen filled out as part of her denazification.

It is worth providing a brief note on names here, since two female doctors married while at Ravensbrück and changed their surnames. Gerda Weyand married Walter Sonntag, the *Standortarzt* (Garrison doctor in a concentration camp, a term used to refer to the head doctor in the camp) who worked at Ravensbrück between 1939 and 1941 in July 1941, becoming Gerda Sonntag. See an examination of Weyand, conducted by criminal police as part of investigations into Ravensbrück staff carried out by the *Zentrale Stelle der Landesjustizverwaltungen zur Aufklärung nationalsozialistischer Verbrechen* (the Central Office of the State Justice Administrators for the Investigation of National Socialist Crimes) in the 1960s and 1970s in West Germany. Bundesarchiv Ludwigsburg (hereafter BArch Ludwigsburg), B162/9806, 'Auf Vorladung erscheint die prakt. Ärztin, Gerda Weyand', 4 June 1962. Weyand remarried in the post-war period, becoming Gerda Beyler. See BArch Ludwigsburg, B162/9809, 'Zur Kriminalpolizei Ludwigshafen vorgeladen erscheint die Hausfrau Gerda Beyler, geb. Weyand', 24 May 1974. This article will refer to the female doctors by their last names and will thus refer to this doctor as 'Weyand', so to easily differentiate her from her wartime husband. Erika Jantzen was known as such after she married in 1940; her maiden name was Erika Koehler. See Hessisches Hauptstaatsarchiv (hereafter HHStA), 520/16, Nr 9391, 'Betr.: Spruchkammerverfahren gegen Frau Dr Jantzen', 8 July 1948. However, this article will refer to this doctor as 'Erika Jantzen', since this was what prisoners and war crimes authorities called her, and what she referred to herself as in documentation.

practiced in particular sites of Nazi persecution and thus sheds new light on the connections between gender and medicine in a concentration camp. For those prisoners who worked in the Ravensbrück camp hospital and suffered as patients there, this space was at the centre of their camp experiences.³ Unpicking the intersection between gender and medicine in the hospital by exploring the roles of women doctors can thus enable us to better glean the textures of their everyday lives. Exploring the recruitment and roles of the Ravensbrück doctors also sparks a reassessment of gender's importance in shaping the experiences of female personnel in a women's concentration camp.

In recent years, not only have more nuanced interpretations of female victims of the Holocaust come to light – scholarship on female victims of the genocide no longer simply stresses the role of women as mothers and rescuers and is now varied, detailing, for example, women's experiences of sexual violence – but we also have more rounded interpretations of female perpetrators.⁴ Since the *Historikerinnenstreit* (dispute between women historians) of the late 1980s, whereby Gisela Bock insisted on the status of women as victims of the Nazi regime in contrast to Claudia Koonz's contention that they were perpetrators, a plethora of nuanced studies pertaining to the culpability of particular groups of women in Nazi persecution

³ See, for example, the memoir of Norwegian prisoner and *Revier* worker Sylvia Salvesen, which mostly discusses the camp hospital at Ravensbrück. S. Salvesen, *Forgive – but do not forget* (London, 1956).

⁴ Studies on gender and the Holocaust initially faced as scholarly backlash, amid concerns that focusing on the experiences of women would overlook the importance of anti-Semitism and trivialize or minimize the genocide. See, for example, L. Langer, 'Gendered Suffering?', in D. Ofer and L. Weitzman (eds.), *Women in the Holocaust* (New Haven, 1998), pp. 351-364. Some of this earlier work adopted an essentialist standpoint, claiming that women survived the camps as they were naturally more caring and thus better at supporting each other than men. See J. Ringelheim, 'The Unethical and the Unspeakable', *Simon Wiesenthal Centre Annual*, 1 (1984), p. 69. Zoë Waxman has produced a nuanced and wide-ranging study that emphasizes the plurality of women's experiences during the Holocaust, rather than universalising experiences. See Z. Waxmann, *Women in the Holocaust* (New York, 2017). For recent work on gender and the Holocaust that has moved to analyse important and taboo topics, see J. Ann-Owusu, 'Menstruation and the Holocaust', *History Today*, 69 (2019). See also the work of Anna Hájková on sexuality during the Holocaust; a recent special issue of this journal dealt with this theme. See A. Hájková, 'Introduction: Sexuality, Holocaust, Stigma', *German History* (2020) and the articles in this issue. For a comparative survey of gender and genocide, see A. Randall (ed.), *Gender and Genocide in the Twentieth Century* (London: Bloomsbury, 2015).

have emerged.⁵ In the context of the young, mostly working-class women who came to work at Majdanek concentration camp as *Aufseherinnen* (female guards, literally ‘female overseers’), Elissa Mailänder demonstrated that although these women were subordinate to male SS guards since, as women, they were not eligible for SS membership, they still perpetrated acts of violence on their own volition.⁶ Johannes Schwartz noted that *Aufseherinnen* in Ravensbrück rarely received direct orders but rather orientated themselves to the rules of the camp commandant and ‘sporadically received’ oral instructions, which they often adapted and modified themselves.⁷ Mailänder and Schwartz emphasized the importance of gender in relation to the everyday experiences of *Aufseherinnen*. Schwartz concluded that *Aufseherinnen* flexibly adapted their ‘gender practices’ to their respective professional tasks. While some ignored contemporary promulgations of femininity, choosing to pursue their careers rather than conform to the Nazi ideal of having children, others instrumentalized sexist and traditional gender images to their advantage, utilising their femininity to attract SS men in order to fulfil their own goals.⁸ Mailänder noted that *Aufseherinnen* hit prisoners to impress male colleagues, elucidating the connections between gender and violence in Majdanek.⁹ While *Aufseherinnen* acquired scope for action in a male-dominated hierarchy, Mailänder and Schwartz emphasize that gender influenced many facets of their work experiences.

⁵ See, for example: R. Century, *Female Administrators of the Third Reich* (Basingstoke, 2017) and E. Harvey, *Women in the Nazi East* (Newhaven, 2003). See also V. Joshi, *Gender and Power in the Third Reich* (Basingstoke, 2003).

⁶ E. Mailänder, *Female SS Guards and Workaday Violence* (Michigan, 2015), p. 3.

⁷ J. Schwartz, >>Weibliche Angelegenheiten<< (Hamburg, 2018), p. 349. Gudrun Schwarz was one of the first scholars to write about *Aufseherinnen*, and there are now a plethora of studies on these women. See G. Schwarz, ‘Frauen in Konzentrationslagern – Täterinnen und Zuschauerinnen’, in U. Herbert, K. Orth, and C. Dieckmann, (eds.), *Die nationalsozialistischen Konzentrationslager* (Frankfurt am Main, 2002) Bd. 2, pp. 800-822. See also S. Erpel (ed.), *Im Gefolge der SS* (Berlin, 2007) and T. Fotini, *Zwischen Karrerismus und Widerspenstigkeit* (Bielefeld, 2011).

⁸ Schwartz, >>Weibliche Angelegenheiten<<, p. 365. Schwartz’s approach is reminiscent of Judith Butler’s argument that gender is ‘performed’: that it is manufactured through a sustained set of acts. See J. Butler, *Gender Trouble* (London, 2006), p. vxi.

⁹ Mailänder, *Female SS Guards*, p. 246.

Jane Caplan indicated that the experiences of both inmates and guards in the concentration camps could be ‘shaped by gender’, and, indeed, studies of prisoners and *Aufseherinnen* at Ravensbrück demonstrate the ways in which gender influenced experiences.¹⁰ Yet the question of whether gender impacted particular aspects of the experiences of female doctors who worked at Ravensbrück – for example, their relationships with male doctors, their day-to-day roles, and, indeed, their recruitment to the camp – has yet to be fully explored. The sparse work on these women has focused on Herta Oberheuser’s participation in human experiments at Ravensbrück.¹¹ Silvija Kavčič noted that Oberheuser was ‘no “small”, intimidated woman who had been forced to take part in the medical experiments but was a woman orientated towards her professional advancement and who took advantage of the opportunities of the time’.¹² However, how Oberheuser (and also the other two female doctors) came to work at Ravensbrück – considering their own motivations and the standpoint of their recruiters from a gendered perspective – remains unclear. By discussing how these female

¹⁰ J. Caplan, ‘Gender and the Concentration Camps’ in J. Caplan and N. Wachsmann, (eds.), *Concentration Camps in Nazi Germany* (Oxford, 2010), p. 82. Rochelle Saidel noted the gender-specific experiences of Jewish prisoners in Ravensbrück, drawing on the cessation of menstruation and the forced parading of naked women. See R. Saidel, *The Jewish Women of Ravensbrück Concentration Camp* (Madison, 2006), p. 22.

¹¹ For studies on male concentration camp doctors, see T. Bastian, *Furchtbare Ärzte* (Munich, 2001). Some of these studies have focused on the Ravensbrück male doctors. See K. Stoll, ‘Walter Sonntag’, *Zeitschrift für Gesichtswissenschaft*, 50 (2002), pp. 918-930. For studies of doctors in Nazi Germany more generally, situated in the broader context of Nazi medicine, see M. Kater, ‘Die soziale Lage der Ärzte im NS-Staat,’ in A. Ebbinghaus K. and Dörner (eds.), *Vernichten und Heilen* (Berlin, 2001), pp. 51-68 and M. Kater, *Doctors Under Hitler* (Carolina, 1989). See also R. Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York, 2000). Jantzen and Weyand, the other Ravensbrück female doctors, have been discussed only in short biographies. See Silke Schäfer’s unpublished PhD dissertation, ‘Zum Selbstverständnis von Frauen im Konzentrationslager’ (Fakultät I Geisteswissenschaften der Technischen Universität Berlin, 2002). See also C. Wickert, ‘Die Abteilung “Lagerarzt” im KZ-Ravensbrück’, in R. Saavedra Santis and C. Wickert (eds.), *„Unmöglich, diesen Schrecken aufzuhalten“: Die medizinische Versorgung durch Häftlinge im Frauen-KZ Ravensbrück* (Berlin, 2017), p. 54, p. 56. For scholarship on the Ravensbrück nurses, see S. Benedict, ‘The Nadir of Nursing’, *Nursing History Review*, 11 (2003), pp. 129-146 and P. Betzien, *Krankenschwestern im System der nationalsozialistischen Konzentrationslager* (Frankfurt am Main, 2018). This book includes a section about the Ravensbrück nurses and is by far the most comprehensive study of nurses in concentration camps. For key studies on nurses in Nazi Germany more generally, see H. Steppe (ed.), *Krankenpflege im Nationalsozialismus* (Frankfurt, 2001) and B. McFarland-Icke, *Nurses in Nazi Germany* (Princeton, 1999). See also S. Benedict and L. Shields (eds.), *Nurses and Midwives in Nazi Germany* (London, 2014).

¹² S. Kavčič, ‘Dr. Herta Oberheuser’, in V. Schubert-Lenshardt and S. Korch (eds.), *Frauen als Täterinnen und Mittäterinnen im Nationalsozialismus* (Halle, 2006), p. 113. For other work on Oberheuser, see A. Ebbinghaus, *Opfer und Täterinnen* (Nördlingen, 1987), p. 31 and C. Taake, *Angeklagt* (Oldenburg, 1973), p. 11.

doctors came to work at the camp, we can better piece together the processes involved in how they, to varying extents, came to be involved in medical atrocities.

While this article is the first detailed discussion of the three Ravensbrück doctors together, studies have begun to explore gender and medicine in Nazi Germany more generally, and scholarship on medicine in the Third Reich is plentiful. Generally coinciding with the German medical profession's official acceptance in 1989 that doctors were involved in medical atrocities during the Nazi regime, literature has shed light on the sterilisation, 'euthanasia', and human experiments that people deemed racially or socially inferior, for example, Jews, so-called 'asocials', Roma and Sinti Gypsies, and disabled people were subjected to.¹³ Studies have also explored the Nazi fight against cancer and anti-smoking public health campaigns, outlining that these policies stemmed from the desire to create a true *Volksgemeinschaft* ('people's community') comprising exclusively of 'racially pure' and healthy Germans.¹⁴ Melissa Kravetz's work has hitherto shed the most light on the experiences of female doctors during the Weimar Republic and Nazi Germany. Kravetz outlined how women crafted spaces for themselves in the male-dominated realm of medicine by stressing that the motherly, caring, intuitive qualities they possessed rendered them ideally suited to treating female patients and practicing in so-called 'womanly' areas of medicine. By drawing upon existing gendered

¹³ Initial attempts to shed light on the culpability of the German medical profession in Nazi atrocities were met by hostility. Alexander Mitscherlich and Fred Mielke were sued by Ferdinand Sauerbach and Wolfgang Heubner for publishing trial documents (in a report entitled *Das Diktat der Menschenverachtung*, produced in 1947) which charged them with participating in a conference about the sulfonamide experiments which took place at Ravensbrück. This was translated into English and published in 1949 with the title *Doctors of Infamy* (New York, 1947). For more on this subject, see C. Pross, 'Nazi Doctors, German Medicine, and Historical Truth', in G. Annas and M. Grodin (eds.), *The Nazi Doctors and the Nuremberg Code* (New York, 1992), p. 40, p. 42, p. 45. The study of Gerhard Baader was one of the earliest to explore Nazi medicine. See G. Baader, *Medizin und Nationalsozialismus* (Munich, 1980). See also J. Michalczyk, *Medicine, Ethics and the Third Reich* (Kansas City, 1994). See the work of Robert Proctor: *Medical Killing in the Nazi Era* (New York, 1986) and *Racial Hygiene* (Cambridge, 1988). See also G. Cocks, *The State of Health* (Oxford, 2012). For a study on sterilisation, see G. Bock, *Zwangssterilisation im Nationalsozialismus* (Opladen, 1986). For literature on the 'euthanasia' programme specifically, see M. Burleigh, *Ethics and Extermination* (Cambridge, 1997) and E. Klee, 'Die Ermordung der Unproduktiven' in H. Volkman (ed.), *Ende des Dritten Reiches* (Munich, 1995).

¹⁴ See R. Proctor, *The Nazi War on Cancer* (Princeton, 1999) and R. Proctor, 'The anti-tobacco campaign of the Nazis', *British Medical Journal*, 313 (1996), pp. 1450-1453.

ideals, women doctors advanced their careers, specialising in gynaecology and children's medicine and working in venereal disease counselling centres. Men also suffered from sexually transmitted diseases, but they were commonly classed as feminine ailments due to traditional labelling of female sex workers as disease carriers.¹⁵ Kravetz stated that the 'feminine activities of women doctors' appeared attractive to city authorities during the Weimar Republic, who sought to fill venereal disease care positions by women physicians only. This gendered assignment of roles was also the case during the Nazi regime; while the BDÄ (*Bund Deutscher Ärztinnen*, the League of German Women Doctors), prioritised the population's collective wellbeing over individual healthcare, the types of work female doctors undertook did not change, even if the focus of the work shifted to embody ideals of the *Volksgemeinschaft*. Women doctors also worked with the BDM (the *Bund Deutscher Mädel*, the League of German Girls), promoting eugenics ideals and pro-natalism (although to a lesser extent than maternalistic medical notions) and working in breast milk collection clinics. Women doctors in these institutions gathered surplus breast milk from mothers and distributed it to sick infants.¹⁶

The pervasive contemporary idea – elucidated by Kravetz, and what might be termed a 'gendered medical belief' – that women should treat female patients suffering from 'womanly' diseases such as venereal illnesses and work in female medical spaces is highly relevant in the context of the Ravensbrück concentration camp hospital, where women doctors were employed to treat women suffering from venereal diseases. Christopher Dillon explored the recent

¹⁵ M. Kravetz, *Women Doctors in Weimar and Nazi Germany* (Toronto, 2019), p. 4, p. 96.

¹⁶ Kravetz, *Women Doctors*, p. 6, p. 109, p. 10, p. 175. Kravetz's work has built on other studies of women doctors in Nazi Germany, which have also outlined their alignment with Nazi policies of persecution. The BDÄ, for example, excluded Jewish women doctors from membership. See S. Schleiermacher, 'Rassenhygienische Mission und berufliche Diskriminierung', in U. Lindner and M. Niehuss (eds.), *Ärztinnen Patientinnen* (Cologne, 2002). See also C. Eckelmann, *Ärztinnen in der Weimarer Zeit und im Nationalsozialismus* (Wermelskirchen, 1992) and A. Grossmann, 'German Women Doctors from Berlin to New York', *Feminist Studies*, 19 (1993), pp. 65-88. Michael Kater included a chapter on female doctors in *Doctors Under Hitler*. See pps 89-111.

approaches to the Holocaust which, as he noted, seek to reconcile cultural representations of masculinity with the social practices of gender.¹⁷ In a not entirely dissimilar vein, this article aims to discern how the aforementioned gendered medical belief – a particular gendered cultural representation of femininity – intersected with the paths of female doctors to Ravensbrück, and how it played out in the distinct setting of the Ravensbrück *Revier* (short for *Krankenrevier*, the term used by prisoners and staff to refer to the hospital). Casting attention to gender and medicine in a concentration camp furthers Kravetz's work, who focused largely on the significance of gendered medical ideals in schools, breast milk collection centres, and marriage counselling centres. Kravetz notes that 'these medical spaces offered them the opportunity to showcase their expertise in women's and children's health and their personal experiences as women and mothers'.¹⁸ However, in the specific and extreme context of Ravensbrück, gendered medical ideals were increasingly not upheld and actively violated, which sheds light on the varied roles of female doctors during the Nazi regime. This article also contributes a new perspective to the *Revier*'s history and to Ravensbrück more broadly, by demonstrating that while gender was initially significant in this space, it became less so, Nazi policies of persecution took precedence. Important analyses of the *Revier* outline the varying types of medical malpractice which took place in this space; the work of Bernhard Strebel, Petra Betzien, Christl Wickert, and Ramona Saavedra Santis are examples.¹⁹ However, studies have not considered the roles of the female doctors in relation to gender beyond

¹⁷ C. Dillon, 'Commentary: Masculinity and the Racial State', *Central European History*, 51 (2018), p. 521. For important recent studies on masculinities and the Holocaust, see Björn Krondorfer and Ovidiu Creangă's edited collection entitled *The Holocaust and Masculinities* (Albany, 2020), which 'aims to make visible experiences that pertain to the gendered character of male agency' (p. 1). See also Vol 51, Issue 3 of *Central European History*, a special issue dedicated to the Holocaust and masculinities produced in 2018. See also T. Kühne, *The Rise and Fall of Comradeship* (Cambridge, 2017) and C. Dillon, *Dachau and the SS* (Oxford, 2015).

¹⁸ Kravetz, *Women Doctors*, p. 221.

¹⁹ See B. Strebel, *Das KZ-Ravensbrück* (Paderborn, 2003), pp. 242-269. P. Betzien, *Krankenschwestern im System der nationalsozialistischen Konzentrationslager*, pp. 155-263. Santis and Wickert (eds.), „Unmöglich, diesen Schrecken aufzuhalten“.

Oberheuser's participation in the human experiments.²⁰ Ultimately, we cannot fully understand the descent into medical malpractice in the *Revier* – including the types of medical atrocities enacted, who was subjected to them, and who perpetrated them – without evoking a detailed gendered analysis that incorporates the female doctors.

Hitherto untapped contemporary documentation pertaining to Oberheuser's specialisation in skin and venereal diseases and her career at Ravensbrück, located at the *Brandenburgisches Landeshauptarchiv*, and post-war statements given by Jantzen and Weyand in the context of their denazification proceedings, stored at the *Rheinland-Pfalz Landesarchiv* and at the *Hessisches Hauptstaatsarchiv*, will be drawn upon in this article, alongside court testimony. Oberheuser was a defendant in the Nuremberg Medical Trial, which took place between December 1946 and August 1947 and was conducted by United States military authorities.²¹ Documentation pertaining to this trial will be used, in addition to the interrogations of witnesses and defendants, and depositions produced as part of the Ravensbrück concentration camp trials, which occurred from December 1947 until July 1948.²²

Trial material carries certain well-documented caveats for the historian. Christopher Browning and, more recently, Mary Fulbrook, drew on the possibility of defendants lying since they feared the judicial consequences of telling the truth.²³ Anna Hájková noted that male

²⁰ Wickert and Santis aim to produce a 'gender-specific' analysis of the Ravensbrück *Revier*, but they only focus on women prisoners rather than the male and female medical staff. See C. Wickert, 'KZ-Krankenreviere', in Saavedra Santis and Wickert (eds.), „Unmöglich, diesen Schrecken aufzuhalten“, p. 25.

²¹ For more on the Nuremberg Medical Trial, see, for example, U. Schmidt, *Justice at Nuremberg* (Basingstoke, 2004). Oberheuser was sentenced to twenty years in prison at Nuremberg, but was released in 1952, after serving only four years of her sentence. Jantzen and Weyand were never subjected to post-war trials but underwent denazification proceedings. See Jantzen's file at the Hessisches Hauptstaatsarchiv (520/16, Nr 9391) and Weyand's (R 18 Nr. 17451) at the Rheinland-Pfalz Landesarchiv for more information about their denazification.

²² For more detail about these trials, see H. Elling and U. Krause-Schmitt, 'Die Ravensbrück-Prozesse vor den britischen Militärgerichten in Hamburg', *Informationen. Studienkreis Deutscher Widerstand*, 35 (1992), pp. 13-29 and S. Erpel, 'Die britischen Ravensbrück-Prozesse 1946-1948', in Erpel (ed.), *Im gefolge der SS*, pp. 114-129.

²³ C. Browning, 'German Memory, Judicial Interrogation, and Historical Reconstruction', in S. Friedländer, (ed.), *Probing the Limits of Representation* (Cambridge, 1992), p. 29. M. Fulbrook, *Reckonings* (Oxford, 2018), p. 8. For other discussions pertaining to the methodological use of trial material for the historian, see, for example, R.

witnesses were often perceived as more reliable, factual informants than women.²⁴ Indeed, entrenched gendered prejudices prevented war crimes investigators from fully taking the testimony of female survivors into account during the Ravensbrück trials. B. Silley, of the British War Crimes Investigation Unit, reported that ‘In all, the investigators have attempted to allow for the histrionic exaggerations to be expected from the female sex’, echoing stereotypes of women as prone to embellishing.²⁵ These prejudices might have affected what those investigating war crimes recorded from witness testimony, and thus the court’s scope of evidence, limiting material for the historian, too.

However, utilising Christopher Browning’s method of reading perpetrator legal testimony, which involves checking whether statements were made simply for self-interest, assessing the vividness of memories recalled, and analysing possibility and probability, legal sources can profitably tell us about the backgrounds, motivations, and the daily jobs of female doctors at Ravensbrück, and how gender intersected with these themes.²⁶ Annette Kretzer and Ljilijana Heise used documents from the Ravensbrück trials to detail the gendered representation of perpetrators, while Johannes Schwartz, for example, drew on this material to explore the actions of the Ravensbrück *Aufseherinnen*.²⁷ This article furthers such work by providing an insight into how trial documents might be fruitfully utilized to shed light on gender and medicine in the Ravensbrück *Revier*. The article will first explore Ravensbrück concentration camp and the camp hospital, before turning to examine the motivations of female doctors to work there and why they were hired. It will then explore the work female doctors

Evans, ‘History, Memory and the Law’, *History and Theory*, 3 (2002), pp. 326-345 and A. Hájková, ‘What Kind of Narrative is Legal Testimony?’, in N. Goda (ed.), *Rethinking Holocaust Justice* (Oxford, 2019), pp. 71-99.

²⁴ A. Hájková, E. Mailänder, D. Bergen, P. Farges, and A. Grossmann, ‘Forum: Holocaust and the History of Gender and Sexuality’, *German History*, 36 (2017), p. 85.

²⁵ TNA, WO 235/316, ‘Interim Report by War Crimes Investigation Unit, BAOR, on Ravensbrück concentration camp’, undated.

²⁶ C. Browning, *Collected Memories* (Madison, 2003), p. 11.

²⁷ See A. Kretzer, *NS-Täterschaft und Geschlecht* (Berlin, 2009) and L. Heise, *KZ-Aufseherinnen vor Gericht* (Frankfurt, 2009). See also Schwartz, >>Weibliche Angelegenheiten<<.

did in the *Revier*, outlining how, and the extent to which, gender and medicine intersected in this specific site of increasing atrocity.

II. Ravensbrück concentration camp and the camp hospital

Ravensbrück concentration camp for women was opened in May 1939. The first prisoners were 867 women transferred directly from Lichtenburg women's concentration camp, which had closed due to overcrowding.²⁸ Ravensbrück was situated by the town of Fürstenberg, some fifty miles away from Berlin.²⁹ Approximately 132,000 women were interned in the camp until its liberation in 1945, and an estimated 100,000 to 117,000 prisoners died there.³⁰ The women interned during the camp's early years were primarily those classed as political and social enemies of the Nazi regime; for example, communists, and so-called 'asocials'.³¹ The Nazi category of 'asocial' encompassed women who undertook sex work, homeless women, criminals, and women who engaged in same-sex relations. Roma and Sinti 'Gypsies' and, increasingly, Jewish women, were also prisoners in Ravensbrück, although they were fewer.³²

²⁸ J. Morrison, *Ravensbrück* (Princeton, 2000), p. 14. There is now a plethora of literature on many different aspects of Ravensbrück. See S. Helm, *If This is a Woman* (London, 2015). For more rigorous, scholarly studies that were produced earlier than Helm's work but retain a great deal of value, see Strebel, *Das KZ Ravensbrück* and A. Bessmann and I. Eschebach (eds.), *Das Frauen-Konzentrationslager Ravensbrück* (Berlin, 2013). For work on particular 'groups' of prisoners at Ravensbrück, see, for example, S. Arend and I. Eschebach (eds.), *Ravensbrück 1939-1945: Christliche Frauen im Konzentrationslager* (Berlin, 2018). For a case study about the forced labour prisoners did at Siemens, the firm directly next to Ravensbrück, see Internationaler Freundeskreis e.V. für die Mahn- und Gedenkstätte Ravensbrück (ed.), *Zwangsarbeit für Siemens im Frauekonzentrationslager Ravensbrück* (Berlin, 2017). For information about children at Ravensbrück, see W. Hiemesch, *Kinder im Konzentrationslager Ravensbrück* (Köln, 2017). For a study on homophobia in Ravensbrück and other camps, see I. Eschebach (ed.), *Homophobie und Devianz* (Berlin, 2012).

²⁹ G. Schafft and G. Zeidler, *Die KZ-Mahn- und Gedenkstätten in Deutschland* (Berlin, 1996), p. 219. For an insight into how Ravensbrück has been remembered in the neighbouring town of Fürstenberg, see A. Leo, *Das ist so 'n zweischneidiges Schwert hier unser KZ' – Das Frauen-KZ Ravensbrück im Gedächtnis der Fürstenberger Bürger* (Berlin, 2007).

³⁰ Saidel, *The Jewish Women of Ravensbrück Concentration Camp*, p. 3.

³¹ Mailänder, *Female SS Guards*, p. 45.

³² N. Wachsmann, *KL* (London, 2015), p. 226.

Ravensbrück was part of the more co-ordinated concentration camps that replaced the sporadically constructed and improvised institutions of the early 1930s. The camps came under the jurisdiction of the *Inspektion der Konzentrationslager* (Concentration Camps Inspectorate, hereafter IKL).³³ In 1942, the IKL was absorbed into the *SS Wirtschafts und Verwaltungshauptamt* (Economic and Administrative Main Office, WVHA).³⁴ The camps were places of political detention for purposes of intimidation; after 1939 and the outbreak of war, they became spaces where prisoners were exploited for hard work to aid the economy, and, after 1942, the goal was both to use inmates for forced labour and to exterminate them.³⁵ While the development of Ravensbrück followed these general lines, it differed from other camps in its early years. Murder was infrequent, food adequate, and working conditions better than many of the men's camps.³⁶ As the war progressed and increasing volumes of prisoners were interned – the number of inmates rose from 5,000 in 1940 to 14,000 in 1942 – overcrowding became prevalent in spite of the camp's ever-rapid physical expansion. The number of deaths related to illness, violence, work-related accidents, and murder increased.³⁷ From 1941, prisoners were selected for transportation to locations of extermination, and from January 1945, a gas chamber was constructed in the main camp.³⁸

³³ J. Caplan, 'Political Detention and the Origin of the Concentration Camps in Nazi Germany, 1933-1935/6' in N. Gregor (ed.), *Nazism, War and Genocide* (Exeter, 2005), p. 35.

³⁴ M. Broszat, 'The Concentration Camps 1933-1945' in H. Krausnick et. al (eds.), *Anatomy of the SS State* (Reading, 1982), p. 143.

³⁵ TNA, WO 235/532, Translation of a letter from Himmler to Pohl. 'Subject: Incorporation of the Inspectorate's Office for Concentration Camps into the Main Bureau of SS Economic Administration', 30 April 1942. N. Wachsmann, 'The dynamics of destruction', in J. Caplan and N. Wachsmann (eds.), *Concentration Camps in Nazi Germany* (London, 2010), p. 29

³⁶ Wachsmann, *KL*, p. 227.

³⁷ Morrison, *Ravensbrück*, p. 14. Gerda Weyand stated that there were 3500 prisoners at the camp in August 1940. It is possible that this was the number at this time, and that it had increased to 5,000 by the end of 1940. See TNA, WO 235/530, Gerda Weyand Sworn Statement.

³⁸ A. Postel-Vinay, 'Gaskammern und die Ermordung durch Gas im Konzentrationslager Ravensbrück', in S. Jacobeit and G. Philipp (eds.), *Ravensbrück* (Berlin, 1997), p. 37. TNA, WO 235/305, 'Opening Speech of the First Ravensbrück Trial by Major Stewart', 3 December 1946.

The camp hospital initially consisted of one main building, with an administrative block containing offices, consulting rooms, dental centre, and a laboratory. There was also a pharmacy, a writing room, a washroom and a small kitchen, and a further one and a half barrack blocks for sick patients.³⁹ In line with the expansion of Ravensbrück camp, the *Revier* also grew in size. By the end of the war, there were eleven hospital blocks with different functions. For example, one housed sick workers, while prisoners with infectious conditions were placed in another.⁴⁰ While some new buildings were constructed, barrack blocks were taken over quite sporadically as sick blocks; the development of the *Revier* was overall fairly ad-hoc, occurring in response to the influx of prisoners and thus the prevalence of more illnesses.⁴¹ Nikolaus Wachsmann noted that ‘flux and fluidity’ shaped the visible and invisible boundaries that divided Auschwitz into distinct zones; in a similar vein, space was used flexibly at Ravensbrück for medical means.⁴²

The medical staff structure at Ravensbrück aligned with that of other camps. A *Standortarzt* (head garrison doctor in a concentration camp) was subordinate to the chief medical officer in the IKL (the IKL was absorbed into the WVHA in 1942), known as the *Leitender Arzt* (Head Doctor). The medical department of concentration camps within the WVHA was entitled ‘Department D III’, and it reported to the Waffen SS medical office, based in the SS Leadership Main Office, which provided the camps with equipment and medical supplies.⁴³ The Ravensbrück doctors were integrated into this department, and from December

³⁹ TNA, WO 309/149, Major Arthur Keith Mant RAMC, Special Medical Section War Crimes Group, H.Q. B.A.O.R, ‘Ravensbrück Concentration Camp. A report on the Medical Services, Human Experimentation and various other atrocities committed by medical personnel in the camp’. The final version of this report was produced on 1 September 1949, but earlier versions were written before the start of the Ravensbrück trials in December 1946. For further detail on the *Revier*’s development, see Betzien, *Krankenschwestern im System der nationalsozialistischen Konzentrationslager*, pp. 151-171.

⁴⁰ Strebel, *Das KZ Ravensbrück*, p. 252.

⁴¹ TNA, WO 309/149, ‘Ravensbrück Concentration Camp’.

⁴² N. Wachsmann, ‘Being in Auschwitz’, *Times Literary Supplement*, 24 January 2020, p. 10.

⁴³ Wachsmann, *KL*, p. 111, p. 396.

1944, the Ravensbrück nurses were administratively encompassed into it.⁴⁴ At any one time, there were at least two camp doctors, in addition to the *Standortarzt*. Women doctors were not eligible for the position of *Standortarzt*; SS membership was required for this role.⁴⁵ While they worked for Department D III, they were not members of the SS; Gerhard Schiedlausky, the *Standortarzt* at Ravensbrück between 1941 and 1943, sharply drew this distinction, remarking that the female doctors under him were ‘civilians’.⁴⁶ Female doctors remained continually subordinate to a male *Standortarzt*, even if they wielded significant amounts of power over prisoners.⁴⁷

At least several nurses also worked in the *Revier* at any one time. They were initially members of the *NS-Schwesternschaft* (the National Socialist Nursing Association). At the end of 1940 or the beginning of 1941, these nurses were replaced by personnel from the *Reichsbund der Freien Schwestern* (the Reich Association of Free Nurses). When the *NS-Schwesternschaft* and the *Reichsbund der Freien Schwestern* merged in 1942 to form the *NS-Reichsbund Deutscher Schwestern* (The National Socialist Association of German Nurses), nurses from this reformed organisation were sent to work at Ravensbrück.⁴⁸ An *Oberschwester* (Head Nurse) supervised the nurses, but all nursing staff, and doctors, were ultimately responsible to the *Standortarzt*. Nurses worked in different *Revier* blocks and were also assigned specific posts such as in the operating theatre or pharmacy.⁴⁹ From 1941, prisoner doctors and nurses worked in the *Revier*, owing to increasing staff shortages; approximately

⁴⁴ Betzien, *Krankenschwestern im System der nationalsozialistischen Konzentrationslager*, p. 175.

⁴⁵ International Tracing Service (hereafter ITS), 1.1.35.0/82150226, ‘Dienstvorschrift für das F.K.L Ravensbrück’, undated.

⁴⁶ TNA, WO 235/307, Gerhard Schiedlausky examined by Dr Von Klitzing, 15 January 1947. This quote is from an English translation of testimony originally given in German.

⁴⁷ Mailänder, ‘The Violence of Female Guards in Nazi Concentration Camps’, p.

⁴⁸ BArch Ludwigsburg, B162/461, ‘Zur Person: Doris Maase’, 4 January 1972. This is an examination of Doris Maase, a former German political prisoner at Ravensbrück, conducted as part of *Zentrale Stelle* investigations into Ravensbrück personnel.

⁴⁹ TNA, WO 309/149, ‘Ravensbrück Concentration Camp’.

226 women prisoners were stationed as medical personnel.⁵⁰ During the early years of the camp's existence, medical care was certainly not abysmal. Weyand remarked that, during her time at the camp (from September 1939 until December 1941) there were sufficient supplies of medicine and dressings and enough beds.⁵¹ However, by 1943, the situation had worsened; Oberheuser recalled that just before she departed in July 1943, 'medicine had become so scarce that medical care became more difficult'.⁵² Overall, the provision of medical care at Ravensbrück became increasingly limited. A focus on the Ravensbrück female doctors is necessary to fully understand how and why the *Revier* became a place of extreme suffering.

III. The motivations of female doctors to work at Ravensbrück

Exploring the motivations of the Ravensbrück female doctors provides an insight into who these women were, and the processes involved in how they – to varying extents – came to commit medical malpractice at the camp. Male doctors were posted to work at Ravensbrück; Schiedlausky recalled that he was 'ordered' to work there.⁵³ In contrast, the three Ravensbrück female doctors volunteered for jobs at Ravensbrück. Oberheuser and Weyand were members of the *Nationalsozialistische Deutsche Arbeiterpartei* (National Socialist German Workers' Party, the Nazi Party, hereafter NSDAP); they joined in May 1937.⁵⁴ Jantzen was not an NSDAP member, but she worked with the BDM while completing her degree, as did

⁵⁰ R. Saavedra Santis, 'Topografien der medizinischen Versorgung durch Häftlinge im Lagerkomplex Ravensbrück', in Saavedra Santis and Wickert (eds.), „*Unmöglich, diesen Schrecken aufzuhalten*“. p. 42. C. Wickert, 'Work in Progress', in Saavedra Santis and Wickert (eds.), „*Unmöglich, diesen Schrecken aufzuhalten*“, p. 253.

⁵¹ TNA, WO 235/530, Gerda Weyand Sworn Statement.

⁵² NMT, Examination of Dr Herta Oberheuser.

⁵³ TNA, WO 235/307, Gerhard Schiedlausky examined by Dr Von Klitzing, 15 January 1947.

⁵⁴ Stadtarchiv Düsseldorf (hereafter SAD), 0-1-5 Bestand V Personalakten 0-1-5-11609.0000, 'Fragebogen über Zugehörigkeit zu politischen Parteien usw.', 30 June 1939. RPL, R 18 Nr. 17451, 'Gouvernement Militaire en Allemagne'. These women probably joined in May 1937 as membership rolls re-opened then after being closed since 1933. See D. Orlow, *The Nazi Party 1919-1945* (New York, 2007), p. 348.

Oberheuser, like many other female medical students.⁵⁵ The three female doctors thus affiliated themselves, in different ways, with the Nazi state. They were members of the *NS-Frauenschaft* (National Socialist Women's Organisation).⁵⁶ This might point towards their desire to be part of a largely middle-class community of women as opposed to highlighting fervent ideological zeal; the three hailed from middle-class backgrounds, and, as Jill Stephenson noted, the *NS-Frauenschaft* was a 'relatively elite' organisation in comparison to the more open *Deutsches Frauenwerk* (German Women's Enterprise).⁵⁷ Weyand and Oberheuser also might have joined the NSDAP partly for career reasons, believing that Party membership would give them a higher chance to succeed as women in the male-dominated, strongly Nazi affiliated world of medicine.⁵⁸ However, the behaviour of Oberheuser at Ravensbrück, and Weyand's romantic involvement with a doctor who persecuted inmates, indicates that they aligned themselves with National Socialist discriminative ideology.

Yet Oberheuser and Weyand were also spurred on to work at Ravensbrück by the prospect of financial gain. As Angela Ebbinghaus argued, Oberheuser was drawn to the relatively good pay that work at Ravensbrück offered in comparison to her job at the Düsseldorf dermatological clinic in the state hospital of this town (and her subsequent work in the Düsseldorf town health office).⁵⁹ Oberheuser started working at the Düsseldorf clinic on 1

⁵⁵ HHStA, 520/16 Nr 9391, 'Meldebogen'. Universitätsarchiv Heidelberg (hereafter UAH), 'StudA_Weyand, Gerda, Deutsche Studentenschaft', Ebbinghaus, *Opfer und Täterinnen*, p. 318. HHStA, 520/16 Nr 9391, HHStA, 520/16 Nr. 9391, 'Meldebogen'. SAD, 0-1-5 Bestand V Personalakten 0-1-5-11609.0000, 'Fragebogen über Zugehörigkeit zu politischen Parteien usw.', 30 June 1939. Betzien, *Krankenschwestern im System der nationalsozialistischen Konzentrationslager*, p. 146.

⁵⁶Universitätsarchiv Heidelberg (hereafter UAH), 'StudA_Weyand, Gerda, Deutsche Studentenschaft', Ebbinghaus, *Opfer und Täterinnen*, p. 318. HHStA, 520/16 Nr 9391, HHStA, 520/16 Nr. 9391, 'Meldebogen'.

⁵⁷ NMT, Herta Oberheuser examined by the President, 3 April 1937, microfiche number 062. Mahn-und Gedenkstätte Ravensbrück (hereafter MGR), P-FH/17, 'Ermittlungsabteilung, Erika Jantzen, Giessen', 16 April 1948. This source is an examination was conducted as part of Jantzen's denazification. R 18 Nr. 17451, 'Gouvernement Militaire en Allemagne, Fragebogen'. J. Stephenson, *Women in Nazi Germany* (Harlow, 2001), p. 39.

⁵⁸ Kater, *Doctors Under Hitler*, p. 1, p. 90.

⁵⁹ Ebbinghaus, *Opfer und Täterinnen*, p. 318.

April 1938, a month before she was formally awarded her medical degree.⁶⁰ Indeed, Oberheuser stated that the financial possibilities work at Ravensbrück offered were ‘rather favourable’.⁶¹ Oberheuser was only paid 120RM a month at the dermatological in Düsseldorf, as opposed to the 200RM married doctors received.⁶² While Oberheuser earned 150RM in her later position at the Düsseldorf town health office, a job at Ravensbrück offered 400RM month (500RM without deductions).⁶³

Oberheuser stated that she was paid the same as ‘all other doctors in the same position’ at the Düsseldorf clinic; she did not differentiate between male and female doctors.⁶⁴ Indeed, the provisions that outlined her employment did not distinguish between the payment of male and female doctors – either married or single – by gender.⁶⁵ However, as a woman, Oberheuser was less likely to be awarded a paid position in the first instance; she reflected that ‘Paid jobs were more likely to be given to a male colleague than a woman’.⁶⁶ Work at Ravensbrück thus not only offered better pay but also a permanent position in Oberheuser’s specialist medical area: skin and sexually transmitted diseases.⁶⁷ The main personnel department of the state hospitals in Düsseldorf reported in June 1939 that Oberheuser’s employment at the skin clinic would end automatically on 31 December 1939.⁶⁸ Indeed, she left at the end of December 1939,

⁶⁰ SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘An das Personalamt der Stadt, Betr.: Beschäftigungsverhältnis der Dr. Med. Herta Oberheuser in der Zeit vom 1 4 1938 bis 19 11 1940, Paul Limbach’ 21 October 1960.

⁶¹ NMT, Herta Oberheuser examined by the President.

⁶² SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘Bestimmungen über die Einstellung der Volontarassistenten an den Städtischen Krankenanstalten Düsseldorf’, 15 May 1939. SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, Herta Oberheuser, ‘An das Personalamt der Stadt’...

⁶³ SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, Herta Oberheuser, ‘An das Personalamt der Stadt’...

⁶⁴ Landesarchiv Schleswig-Holstein (hereafter LSH), Abt. 761 Nr. 9589, ‘An das Büro des United States High Commissioner for Germany über die Verwaltung des War Criminal Prison Nr. 1 in Landsberg’.

⁶⁵ SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘Bestimmungen über die Einstellung...’

⁶⁶ SAN, Rep 502 VI O1, KV-Anklage, Interrogations, ‘Vernehmung von Frl. Dr. Oberheuser durch Prof. Dr. Alexander’, 28 December 1946.

⁶⁷ Brandenburgisches Landeshauptarchiv (BLHA), Rep 72 Nr. 2428, ‘Zeugnis’, Schreus, 4 February 1941.

⁶⁸ SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘Haupt-und Personalamt’, 24 June 1939.

working in the town health office for a year before coming to Ravensbrück.⁶⁹ After remarking that Ravensbrück offered favourable financial opportunities, Oberheuser noted that ‘the camp was near Berlin’.⁷⁰ Since Oberheuser had previously lived in Düsseldorf, being close to another city with its cultural offerings was probably appealing. Ultimately, Oberheuser’s motivations for applying to a job at Ravensbrück were multiple and varied: support of the National Socialist movement, the prospect of financial gain, promise of a stable job, and the opportunity to remain close to a city all came into play.

The prospect of financial gain also propelled Weyand to take up a position at Ravensbrück in September 1940.⁷¹ Weyand was not paid for her position as a doctor in the Ludwigshafen state hospital, and remarked after the war that she desired a paid job.⁷² Weyand’s brother, who was a doctor at Dachau, obtained her a job at Ravensbrück; she thus utilized this personal connection to further her career.⁷³ Financial motivations also likely drew Jantzen to work at Lichtenburg; she took a job at this concentration camp in 1938 and worked there until 1939, when the camp was closed and prisoners and staff moved to Ravensbrück. Jantzen earned 300RM a month as a doctor at Lichtenburg, and it is highly likely that she earned the same if not more at Ravensbrück, given Oberheuser’s salary.⁷⁴ Like Oberheuser, Jantzen also struggled to obtain a permanent position; she remarked that she worked in ‘various’ clinics after she qualified as a doctor in 1935.⁷⁵ Lichtenburg thus provided a stable job, and was one Jantzen

⁶⁹SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘Herta Oberheuser, Haupt-und Personalamt’, 23 February 1940. SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘Herta Oberheuser, An das Personalamt der Stadt’...

⁷⁰NMT, Herta Oberheuser examined by the President.

⁷¹Schäfer, ‘Zum Selbstverständnis von Frauen im Konzentrationslager’, p. 258. RPL, R 18 Nr. 17451, ‘Gouvernement Militaire en Allemagne’.

⁷²RPL, R 18 Nr. 17451, ‘Vernehmungsniederschrift’, Gerda Sonntag, 17 February 1950. This source is a statement given by Weyand as part of her denazification.

⁷³RPL, R 18 Nr. 17451, ‘Vernehmungsniederschrift’. This is also affirmed in a statement made by Doris Maase, a former German political prisoner at Ravensbrück who worked closely alongside Weyand. See RPL, R 18 Nr. 17451, ‘Betr.: Dr. Gerda Sonntag’, Marga Schumacher, 24 March 1950.

⁷⁴HHStA, 520/16 Nr 9391, ‘Meldebogen’.

⁷⁵MGR, P-FH/17, ‘Ermittlungsabteilung, Erika Jantzen, Giessen’, 16 April 1948.

actively sought out; she, in her own words, ‘paid a personal call on the SS Economic and Administrative Head Office’ which ultimately resulted in a job offer.⁷⁶ While women doctors certainly had opportunities in the Third Reich, as outlined, the experiences of Jantzen and Oberheuser illustrate that some still struggled to obtain permanent jobs, even in, as Oberheuser’s case suggests, traditionally ‘womanly’ areas of medicine and in spite of the fact that, certainly in Weyand and Oberheuser’s case, they presented themselves as dedicated to the NSDAP.⁷⁷ The case of the Ravensbrück female doctors conforms to Michelle Mouton’s contention, that many women in professional careers were ‘forced to change positions frequently’.⁷⁸

Yet this rather bleak picture did not prevent Jantzen, Weyand and Oberheuser from striving for careers. The particular gendered socialisation of these women impacted their quest to do so. As Dagmar Reese highlighted, the BDM provided leadership skills and careers for girls; when working for the BDM, the three likely took on this ethos.⁷⁹ Indeed, Oberheuser held a leadership role in the BDM; she medically examined girls and treated injuries obtained through sport.⁸⁰ Elizabeth Harvey noted that women who went to work in the Nazi East were ‘encouraged, as educated middle-class girls, to aspire to a career and to welcome experiences that would serve their personal development’.⁸¹ As middle-class women, the Ravensbrück female doctors were also encouraged to aspire to careers suitable for their gender. Mailänder remarked that the prospect of social mobility attracted *Aufseherinnen* to Ravensbrück, but for the female doctors, it was the prospect of enhanced professional status, a stable job, favourable pay and, especially in the case of Weyand and Oberheuser, their affiliation with Nazism, that

⁷⁶ Wiener Library (hereafter WL), 1655/3229, Affidavit of Erika Jantzen, 3 June 1946. This affidavit was produced while Jantzen was interned in the immediate post-war period.

⁷⁷ Kravetz, *Women Doctors*, p. 175.

⁷⁸ M. Mouton, ‘From Adventure and Advancement’, *Journal of Social History*, 43 (2010), p. 959.

⁷⁹ D. Reese, *Growing Up Female in Nazi Germany* (Ann Arbor, 2006), p. 9.

⁸⁰ NMT, Examination of Dr Herta Oberheuser.

⁸¹ Harvey, *Women in the Nazi East*, p. 295.

most significantly drew them to the camp.⁸² The difference in motivations between *Aufseherinnen* and female doctors, coupled with the fact that Jantzen distanced herself from these women at the camp and regarded them as ‘inferior types’, indicates that female physicians at Ravensbrück ought to be regarded as a highly distinct group.⁸³

IV. Gender and the hiring process

Medical officials in the SS wanted to hire women doctors. The National Socialist definition of ‘race’ meant that Jantzen, Weyand and Oberheuser were eligible to work at Ravensbrück, as ‘Aryan’ Germans. However, there is another, gendered layer to their recruitment; as Gisela Bock noted, we should chart the intersection of gender with race during the Third Reich.⁸⁴ The gendered medical notion that women doctors should treat female patients was important in the hiring of these women to a camp where those in need of treatment were women.⁸⁵ The camp’s service regulations specified that ‘The camp doctor is assigned two female doctors for the treatment of prisoners’, indicating the preference for women.⁸⁶ Yet, the more specific prevailing gendered medical belief that female doctors were better suited to treating female patients suffering from ‘womanly’ diseases than male doctors also shaped the recruitment of Oberheuser and Jantzen to Ravensbrück; female specialists were preferred. In the case of Oberheuser, the *Leitender Arzt* from the *Inspektion der Konzentrationslager* (Concentration Camp Inspectorate) and also the *Standortarzt* at Sachsenhausen, Dr Gustav Ortman, wrote to the *Kassenärztliche Vereinigung* (Union of Medical Insurance Practitioners)

⁸² Mailänder, *Female SS Guards*, p. 69.

⁸³ WL, 1655, Affidavit of Erika Jantzen.

⁸⁴ G. Bock, ‘Ordinary Women in Nazi Germany’, in Ofer and Weitzman (eds.), *Women in the Holocaust*, p. 95.

⁸⁵ Kravetz, *Women Doctors*, p. 4.

⁸⁶ ITS, 1.1.35.0, 82150226, ‘Dienstvorschrift für das F.K.L Ravensbrück’.

in Brandenburg in February 1941 requesting that Oberheuser formally be granted her specialism in skin and sexually transmitted diseases since ‘Ravensbrück camp urgently needed a specially trained female doctor’. This was because Oberheuser’s predecessor, Jantzen, had left due to a pregnancy.⁸⁷ Jantzen confirmed that Oberheuser was her successor, which further implies that Oberheuser specifically replaced Jantzen in December 1940 since she had some training in the specialist area of venereal diseases.⁸⁸

Oberheuser had trained to specialise in dermatology and venereal diseases under the auspice of Professor Schreus, the director of the Düsseldorf clinic.⁸⁹ Schreus noted that Oberheuser treated skin and sexually transmitted diseases; she also worked in the children’s section, in the outpatient department, and in the counselling section for women with venereal diseases.⁹⁰ Although Oberheuser had not been formally granted her medical specialisation, she was thus suited for the Ravensbrück job. The need for a female medical specialist after Jantzen had departed, and the implication that Oberheuser was required specifically to replace Jantzen, indicates that Jantzen was also employed to work at Lichtenburg and then at Ravensbrück because she had experience in treating venereal illnesses. Christl Wickert stipulated that both

⁸⁷ BLHA, Rep 72 Nr. 2428, ‘An die Kassenärztliche Vereinigung, Deutschlands, Bezirk Brandenburg’, Dr Ortmann, 26 February 1941. Very little is known about Ortmann. He held the joint role of *Leitender Arzt* and *Standortarzt* at Sachsenhausen from 1940 and appears to have departed in February 1941, presumably after lobbying for Oberheuser’s case. See J. Tuchel, *Die Inspektion der Konzentrationslager 1938-1945* (Berlin, 1994), p. 218.

⁸⁸ MGR, P-FH/17, ‘Ermittlungsabteilung’. Oberheuser was officially granted her specialism in skin and sexually transmitted diseases in May 1941, after a dispute occurred between the *Facharztausschuss* (Specialist Doctors’ Committee) in the *Ärztetkammer* in Brandenburg about whether she should obtain this qualification, with one doctor maintaining that she had insufficient training. See BLHA, Rep 72 Nr. 2428, ‘Facharztanerkennung’, 19 May 1941.

⁸⁹ Archiv Rheinische Friedrich-Wilhelms-Universität Bonn, MF-Prom 84, ‘Die Würde eines Doktors’, 6 May 1948. Ebbinghaus, *Opfer und Täterinnen*, p. 318. NMT, Herta Oberheuser examined by the President. Stadtarchiv Düsseldorf (hereafter SAD), 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘An das Personalamt der Stadt, ,Betr.: Beschäftigungsverhältnis der Dr. Med. Herta Oberheuser in der Zeit vom 1 4 1938 bis 19 11 1940’. SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘Lebenslauf’, Herta Oberheuser, 20 February 1939. For some more (sparse) information on Professor Schreus, see See F. Mergenthal, ‘Die Klinik für Haut- und Geschlechtskrankheiten’, in M. G. Esch. et al (eds.), *Die Medizinische Akademie Deutschlands 1945-1952* (Essen, 1997), p. 196.

⁹⁰ BLHA, Rep 72 Nr. 2428, ‘Zeugnis’, Schreus, 4 February 1941. Melissa Kravetz has noted that venereal disease counselling centres came into fruition during the Weimar Republic, as part of Weimar population politics. Women doctors argued that women should be employed in these centres. See Kravetz, *Women Doctors*, p. 110.

Weyand and Jantzen were gynaecologists.⁹¹ However, while Jantzen almost certainly had some experience in diagnosing and treating sexually transmitted diseases, there is no evidence to suggest that Weyand did.

Male doctors also worked at Ravensbrück. Rolf Rosenthal was the first male doctor, apart from the *Standarzt*, to work at the camp, arriving in 1941 to replace Weyand.⁹² Percy Treite took Rosenthal's position in 1943; he stated that when Dr Lolling, who was head of the medical division of the camps at this time, found out that he was a gynaecologist, he sent him to Ravensbrück.⁹³ Treite's recruitment was spontaneous, and does not necessarily indicate that female doctors were not preferred, but rather that it was easier from a practical standpoint to hire men; the same was probably also the case for Rolf Rosenthal. Franz Lucas, who had training in the specialist area of gynaecology, was employed to work at Ravensbrück between December 1944 and February 1945; he sterilized approximately forty Sinti men and boys in January 1945, and Andrew Wisely noted that he might have come to Ravensbrück specifically to do so.⁹⁴ Overall, certainly during the early years of Ravensbrück's existence, specialist women doctors were preferred and were hired, even if male gynaecologists later worked there.

V. Venereal diseases in the *Revier* at Ravensbrück

⁹¹ Wickert, *Die Abteilung "Lagerarzt" im KZ-Ravensbrück*, p. 56, p. 54. Silke Schäfer also described Weyand as a gynaecologist in her PhD thesis. See Schäfer, 'Zum Selbstverständnis von Frauen im Konzentrationslager', p. 259.

⁹² Schäfer, 'Zum Selbstverständnis von Frauen im Konzentrationslager', p. 254.

⁹³ TNA, WO 235/317, 'Deposition of Dr Percy Treite', 14 August 1946.

⁹⁴ A. Wisely, 'War Against Internal Enemies', *Central European History*, 52 (2019), p. 652, p. 657. See this article for a study of Franz Lucas's involvement in sterilisation at Ravensbrück.

‘Asocial’ prisoners – homeless women, ‘criminals’, and women who had undertaken sex work – were the largest group of prisoners at Ravensbrück between 1939 and 1940.⁹⁵ With the advent of war, Christa Schikorra noted that this number ‘almost doubled’, due to increased policing, and most of the prisoners up to spring of 1940 were ‘asocials’.⁹⁶ Overall, the total estimated number of ‘asocials’ at Ravensbrück was approximately 5,000.⁹⁷ According to Schikorra, most of them initially sent to the camp had undertaken sex work, which was considered a socially degenerate act by the Nazi regime (although brothels were permitted).⁹⁸ Hedwig B., for example, was deemed a ‘great danger for the preservation of the population’s health’ and sent to Ravensbrück in May 1941. Female sex workers were incarcerated for ‘sexual offences’ and for carrying venereal disease.⁹⁹ Unfavourable attitudes amongst some German political prisoners towards sex workers might have led the prevalence of sexually transmitted diseases in the camp to be exaggerated; Nanda Herbermann, who was interned for collaboration with the Catholic resistance, described the women who had undertaken sex work in the block she was in charge of ‘unruly prostitutes’.¹⁰⁰ However, Christine Schikorra noted that more than a third of women who were classed as ‘asocial’ and deported to Ravensbrück were recorded as having a ‘sexually transmitted disease’. Even if a case of gonorrhoea or syphilis was not confirmed, women suspected of having these diseases were still sent to a concentration camp, so that the *Volksgemeinschaft* could be protected from such illnesses.¹⁰¹

⁹⁵ Saidel, *The Jewish Women of Ravensbrück Concentration Camp*, p. 37. C. Schikorra, “‘Herumtreiberei’”, und “‘leiderlicher Lebenswandel’”, in A. Allex and D. Kalkan (eds.), *Ausgesteuert – ausgegrenzt – angeblich asozial* (Holzheimer, 2009), p. 60.

⁹⁶ Schikorra, “‘Herumtreiberei’” und “‘leiderlicher Lebenswandel’”, p. 60, p. 59. Schikorra, *Kontinuitäten der Ausgrenzung*, p. 223.

⁹⁷ Schikorra, “‘Herumtreiberei’” und “‘leiderlicher Lebenswandel’”, p. 59.

⁹⁸ Saidel, *The Jewish Women of Ravensbrück Concentration Camp*, p. 213.

⁹⁹ V. Harris, *Selling Sex in the Third Reich* (Oxford, 2012), p. 183.

¹⁰⁰ N. Herbermann, *The Blessed Abyss* (Detroit, 2000), p. 171.

¹⁰¹ Schikorra, *Kontinuitäten der Ausgrenzung*, p. 178.

Indeed, venereal diseases were prevalent amongst women at Ravensbrück. Weyand remarked that when she came to work at the camp, prisoners were suffering from venereal diseases.¹⁰² Herta Brünen, a former German political prisoner of the camp, remarked that when she was at Ravensbrück, which was from Easter 1939 until November 1940, there was a special room for those suffering from sexually transmitted diseases.¹⁰³ While these illnesses were common political prisoners did stigmatize those with them; Oberheuser remarked that prisoner workers in the Revier 'saw the enormous danger for their political prisoners since there was an enormous amount of venereal diseases'.¹⁰⁴ The need for a doctor specialising in venereal diseases might have been even greater in December 1940 when Oberheuser came to the camp than in 1939, since 64000 women had arrived at the camp in the years between 1940 and 1941, and the number of 'asocial' prisoners incarcerated in particular was increasing.¹⁰⁵ The need for a specialist female doctor thus probably particularly impacted Oberheuser's recruitment to the camp.

Prisoners arriving at Ravensbrück underwent gynaecological examinations.¹⁰⁶ Sylvia Salvesen, a Norwegian political prisoner who came to Ravensbrück in July 1943, remarked that she and others who had newly arrived at the camp were examined for venereal diseases.¹⁰⁷ Oberheuser conducted some of these examinations; she remarked that she was there when transports of prisoners arrived at the camp in order to check for sexually transmitted diseases.¹⁰⁸ Gynaecological examinations also served the purpose of uncovering valuables. Alexandra

¹⁰² BArch Ludwigsburg, B 162/9806, 'Auf Vorladung erscheint die prakt. Ärztin, Gerda Weyand'.

¹⁰³ BArch Ludwigsburg, B162/9808, 'Polizeiprasidum Duisburg vorgeladen erscheint die Hausfrau Herta Brunen', 30 January 1974.

¹⁰⁴ NMT, Herta Oberheuser examined by Dr Seidl, 3 April 1947, microfiche number 062.

¹⁰⁵ Wachsmann, *KL*, p. 123, p. 229.

¹⁰⁶ Strebel, *Das KZ-Ravensbrück*, p. 242.

¹⁰⁷ Salvesen, *Forgive - but do not forget*, p. 73.

¹⁰⁸ Polish Research Archive at Lund University, 'Record of Witness Testimony 235', Alexandra Kawęczyn, 18 January 1946. B 162/9809, 'Aufgesucht in der Wohnung erklärt die Frau Dr. Herta Oberheuser', 18 June 1974.

Kawęczyn, a Polish political prisoner, stressed that ‘gold, diamonds, etc’ were searched for.¹⁰⁹ Many women found these examinations highly humiliating; a former Spanish prisoner remembered that the medical examination involved the ‘most humiliating vaginal examination imaginable’.¹¹⁰

These examinations were also intended to check for pregnancy. As Erika Buchmann noted in her book, *Die Frauen von Ravensbrück*, considerable numbers of prisoners came to Ravensbrück pregnant.¹¹¹ During the camp’s early years, prisoners were sent to give birth in the nearby town of Templin.¹¹² The babies were mostly looked after in National Socialist children’s homes, while their mothers were sent back to Ravensbrück. After 1942, babies were born in Ravensbrück but most were strangled shortly after they were born.¹¹³ Abortions were also conducted. Rolf Rosenthal, the other camp doctor who worked alongside Oberheuser at Ravensbrück between January 1941 and the summer of 1943, performed abortions on inmates; he stated that ‘I have made interruptions of pregnancy on German women only’ on written orders from Berlin’.¹¹⁴ However, Rosenthal purposely experimented with abortions procedures, performing various operations to find out about the stages of birth.¹¹⁵ Gerda Quernheim, a German political prisoner at Ravensbrück who had a romantic liaison with Rosenthal, also assisted in these abortions.¹¹⁶ Percy Treite a doctor who worked at Ravensbrück between 1943 and 1945, stated that he carried out ten abortions on German women whose

¹⁰⁹ Polish Research Archive at Lund University, ‘Record of Witness Testimony 235’.

¹¹⁰ Morrison, *Ravensbrück*, p. 33.

¹¹¹ Buchmann, *Die Frauen von Ravensbrück*, p. 79.

¹¹² Polish Research Institute Archive at Lund University, ‘Record of Witness Testimony 88’, Wanda Stanisławów, 10 January 1946. BArch Ludwigsburg, B 162/9806, ‘Auf Vorladung erscheint die prakt. Ärztin, Gerda Weyand’.

¹¹³ B. Pawelke, ‘Als Häftling geboren – Kinder in Ravensbrück’, in C. Füllberg-Stolberg et al., *Frauen in Konzentrationslagern* (Bremen, 1994), p. 158. For a recent study on the work of prisoner female doctors in the birthing section at Ravensbrück, see C. Wickert, ‘Fallstudie: Zwangsarbeiterseinsatz von Häftlingsärztinnen und-pflegerinnen in der Geburtenabteilung’, in Saavedra Santis and Wickert (eds.) “...unmöglich, diesen Schrecken aufzuhalten”, pp. 91-101.

¹¹⁴ TNA, WO 235/317, Notes on Dr Rosenthal’s Testimony, undated.

¹¹⁵ TNA, WO 309/469, Statements by Ravensbrück Witnesses, 9 July 1945

¹¹⁶ Buchmann, *Die Frauen von Ravensbrück*, p. 80.

pregnancies were as a result of sexual encounters before they came to Ravensbrück with Polish or Russian men; the encounters were classed as ‘race defilement’.¹¹⁷ Schiedlausky also carried out abortions.¹¹⁸

If women classed as Jewish were pregnant, they were sent on death transports to Auschwitz; the treatment of pregnant women thus varied according to the Nazi category of ‘race’.¹¹⁹ From autumn of 1944, some babies were kept alive since there were too many pregnant women to conduct abortions on; 560 children were born in Ravensbrück between September 1944 and April 1945, but most of these starved.¹²⁰ While 293 were recorded dead, the number is likely to have been much higher.¹²¹ The change in the treatment of pregnant women at Ravensbrück was an ad-hoc response to the increasing numbers of them rather than due to a change in Nazi attitudes towards non-‘Aryan’ pregnant women and is emblematic of the ‘chaos and improvisation’ that characterized Nazi concentration camps.¹²²

From 1942, some Ravensbrück female prisoners were selected and forced to work in *Sonderbauten* (special buildings – brothels) at other concentration camps such as Auschwitz, since Himmler believed that sex would enhance the productivity of male prisoners.¹²³ Camp authorities were concerned about the spread of venereal diseases to these prisoners. Schiedlausky noted that ‘Girls were sent to different camp brothels’. He further remarked that the women ‘were not allowed to have sex or skin-illnesses’, and that ‘I myself had to inspect this, to ascertain that they had no sex or skin-illnesses’.¹²⁴ The involvement of men in

¹¹⁷ TNA, WO 235/308, Judge Advocate’s Comments, 31 January 1947.

¹¹⁸ L. Walz, „Und dann kommst du dahin an einem schönen Sommerag“: *die Frauen von Ravensbrück* (Munich, 2005), p. 379.

¹¹⁹ Polish Research Institute Archive at Lund University, ‘Record of Witness Testimony 88’, Wanda Stanisławów, 10 January 1946. BArch Ludwigsburg, B 162/9806, ‘Auf Vorladung erscheint die prakt. Ärztin, Gerda Weyand’.

¹²⁰ Walz, „Und dann kommst du dahin an einem schönen Sommerag“, p. 379.

¹²¹ *Ibid.*, p. 400.

¹²² Wachsmann, ‘The dynamics of destruction’, p. 36.

¹²³ Betzien, *Krankenschwestern im System der nationalsozialistischen Konzentrationslager*, p. 265. For studies of the camp brothels, see R. Sommer, *Das KZ-Bordell* (Munich, 2009) and I. Eschebach and R. Mühlhäuser (eds.), *Sexuelle Gewalt im Krieg und Sex-Zwangsarbeit im NS-Konzentrationslagern* (Berlin, 2008).

¹²⁴ TNA, WO 235/317, Deposition of Dr Gerhard Schiedlausky, 22 November 1946.

traditionally ‘womanly’ areas of medicine, and Oberheuser’s cruel gynaecological examinations, indicates that the gendered medical notion of women doctors treating female patients was not, by 1942, upheld at Ravensbrück.

However, female prisoners suffering from sexually transmitted diseases were initially treated. Jantzen remarked that during her time in Lichtenburg and Ravensbrück ‘sexually transmitted illnesses were treated in a separate hospital block’.¹²⁵ Oberheuser claimed that there was an ‘enormous amount of venereal diseases’ at Ravensbrück, and that she had many more ‘fresh cases’ at the camp than in the Düsseldorf clinic she worked in. She stated that ‘at certain hours of the morning there was treatment of syphilis cases’. Oberheuser saw a variety of different venereal diseases at the camp, some of which she had no experience of diagnosing and treating. She recalled that Professor Schrues, who was the head of the skin clinic Oberheuser worked at in Düsseldorf, ‘advised me that I should introduce the most effective therapeutic methods here, and he advised me in cases which occurred during the war especially and which we had not known before’.¹²⁶ Indeed, Ilse Dolanská, a Czech prisoner nurse in the *Revier*, remarked that Oberheuser introduced syphilis cures to the camp. According to Dolanská, Oberheuser gave women strong doses of Salvarsan, a drug that was used to treat syphilis, resulting in deaths.

Oberheuser relished the opportunity to utilize her knowledge to experiment with syphilis cures on prisoners.¹²⁷ Dolanská implied that Oberheuser took the job at Ravensbrück, as, after visiting, she saw that there were many opportunities to further her work on sexually transmitted diseases.¹²⁸ Dolanská’s statement also sheds further light on Oberheuser’s quest to

¹²⁵ BArch Ludwigsburg, B162/457, Erika Jantzen, ‘Bericht über den Sanitätsdienst im F.K.L Lichtenburg u. Ravensbrück’, 30 May 1957.

¹²⁶ NMT, Examination of Herta Oberheuser, 3 April 1947, microfiche number 062.

¹²⁷ Christine Schikorra briefly discusses experiments on women with venereal diseases at Ravensbrück but does not note Oberheuser’s participation in these experiments. See Schikorra, *Kontinuitäten der Ausgrenzung*, pp. 177-183.

¹²⁸ MGR, Slg Bu 34, ‘Bericht Nr. 500 Ilse Dolanská, Prag’.

develop her career. Himmler had ordered Grawitz to instruct the *Standortarzt* at Ravensbrück to conduct gonorrhoea experiments at the camp in January 1941, but Oberheuser conducted syphilis experiments, which suggests that she performed these entirely on her own volition. Walter Sonntag, the *Standortarzt* from 1939 until December 1941, was also involved in syphilis experimentation.¹²⁹ Erika Buchmann remarked that those sent to brothels ‘returned to the camp, often infected with syphilis or gonorrhoea. When they had syphilis, for example, they were given injections and were subjected to various experiments to find cures, or they didn’t receive any medical treatment and were simply left to die’.¹³⁰ While Schiedlausky remarked that ‘at least 30 women with syphilis’ in the daily sick parades (where doctors inspected sick prisoners) received ‘salvarsan [sic] injections’, the administration of injections was not sufficient treatment but rather medical experimentation.¹³¹ Walter Jahn, a male survivor of Ravensbrück, noted that syphilis germs were injected into women’s spinal cords. He remarked that ‘Feminine illnesses were artificially transferred to other women’, which further illuminates the contemporary interpretation of venereal diseases as ‘womanly’ maladies.¹³²

Ultimately, attitudes towards those suffering from sexually transmitted diseases in the camp were, by 1942 when the brothels were constructed, marked by Nazi ideology. Women were checked for venereal illnesses before they were sent to brothels so that they did not infect male prisoners, but women prisoners were not sufficiently treated for sexually transmitted diseases. Since these women were considered racially and socially inferior as ‘asocials’, they were deemed unworthy of treatment. Oberheuser made her attitude towards these women clear in an NMT examination, noting that venereal diseases ‘endangered not only the prostitutes

¹²⁹ Schikorra, *Kontinuitäten der Ausgrenzung*, p. 178, p. 181.

¹³⁰ Schikorra, ‘Forced Prostitution in Nazi Concentration Camps’, p. 174.

¹³¹ TNA, WO 235/317, ‘Deposition of Dr. Gerhard Schiedlausky, 22 November 1946.

¹³² ITS, 1.1.35.072, 82149898, ‘Headquarters 84th Infantry Division, U.S Army, Memorandum to the Officer in Charge, Subject: Translation of Document. Atrocities Committed in the Ravensbrück Concentration Camp’, 9 May 1945.

themselves but the best elements, the political prisoners'.¹³³ Oberheuser was not concerned about 'asocial' prisoners, but rather the political prisoners that worked in the *Revier*. In November 1941, prisoners with venereal diseases were selected for a death transport.¹³⁴ Keith Mant, a British forensic pathologist who collected evidence about the medical atrocities which took place at Ravensbrück for the British-conducted camp trials, remarked that Oberheuser 'states that 200 of the V.D. patients went on the transport'.¹³⁵

Oberheuser not only conducted cruel experiments on those with sexually transmitted diseases, but she also treated victims of the sulfonamide experiments which took place at Ravensbrück appallingly. Starting in July 1942, these experiments aimed to test the effectiveness of sulfonamide drugs on healing artificially created battlefield wounds.¹³⁶ Oberheuser was responsible for the post-operative 'care' of those who had undergone experimental operations. She refused morphine, and gave women water laced with vinegar; a deliberately cruel action.¹³⁷ Karl Gebhardt, the instigator of these experiments, stated that Oberheuser was not present during the first set of experiments, where men from Sachsenhausen were brought to Ravensbrück to be operated on, because 'they were concerned with men' and 'then later at some stage a women station [sic] was created, and it was at this point at which she became the station doctor'.¹³⁸ We might take from this comment that Oberheuser administered post-operative 'care' because she was a woman, deemed apt for treating female

¹³³ Harvard Law School Nuremberg Trials Project, Examination by Dr Seidl of Herta Oberheuser, 3 April 1947.

¹³⁴ Schikorra, *Kontinuitäten der Ausgrenzung*, p. 181.

¹³⁵ NMT, 'Selections for an Extermination Transport', Keith Mant, undated, microfiche number 287.

¹³⁶ However, the experiments had no scientific legitimacy since Karl Gebhardt, who presided over the experiments, already knew that sulfonamide drugs were no substitute for surgery in the treatment of battlefield wounds. See Schmidt, 'The Scars of Ravensbrück', p. 31. For more on Grawitz and Gebhardt, see Judith Hahn, *Grawitz, Genzken, Gebhardt* (Münster, 2008). Seventy-five Polish women, known as *Kaninchen* (rabbits) by other prisoners, were experimented on. Five of the women died from the effects of the experiments, while six were later executed in an attempt to cover up the results of the operations, which left the victims with significant scars. See Schmidt, 'The Scars of Ravensbrück', p. 32.

¹³⁷ TNA, WO 309/469, 'Report by Major Arthur Keith Mant, Experiments in Ravensbrück Concentration Camp', undated.

¹³⁸ NMT, Examination of Dr Gebhardt by Dr Seidl, 5 March 1947, microfiche number 046.

patients. Indeed, male doctors carried out the surgical procedures.¹³⁹ As Michael Kater noted, surgery was associated with men during the Nazi regime; it ‘represented the qualities of German masculinity’, and women comprised only 1.6 per cent of surgical doctors.¹⁴⁰ However, Oberheuser was not given the task of post-operative ‘treatment’ simply because she was a woman. Schiedlausky, the *Standortarzt* at Ravensbrück when the sulfonamide experiments took place, was given this task; he remarked that ‘The responsibility for the care of the prisoners operated on was given to me but I usually passed it on to Dr Oberheuser and the nurses’.¹⁴¹ Gebhardt might have perceived Oberheuser’s involvement in the experiments along gendered lines, but she was not relegated to the post-operative care of patients just because she was a woman but rather due to Schiedlausky delegating it to her. This further suggests that gendered medical ideals were not particularly significant in the *Revier* in 1942, in spite of the fact that Oberheuser was hired to work at the camp as she was a female doctor with experience of treating sexually transmitted diseases.

While Oberheuser utilized her position to maltreat inmates, Weyand initially treated prisoners according to conventional medical principles. Fedi Wawczyniak, a former prisoner, wrote to Weyand in November 1949 thanking her for treating her at Ravensbrück when she was ill with various ailments including facial erysipelas (a bacterial infection of the skin), jaundice, and pneumonia. While Wawczyniak indicated that this happened in the summer of 1942, it is likely that she meant 1941, since Weyand departed in December 1941.¹⁴² This example is illustrative of the adequate medical care administered at Ravensbrück during its early years, and demonstrates that Weyand adhered to gendered expectations of female doctors treating women patients. However, Doris Maase, a former German political prisoner, indicates

¹³⁹ Harvard Law School Nuremberg Trials Project, Affidavit of Fritz Fischer, 1 November 1946.

¹⁴⁰ Kater, *Doctors Under Hitler*, p. 91.

¹⁴¹ TNA, WO 235/307, Gerhard Schiedlausky examined by Dr Von Klitzing, 15 January 1947.

¹⁴² RPL, R 18 Nr. 17451, Letter from Fedi Wawczyniak to Gerda Sonntag, 2 November 1949.

that Weyand became crueller. She stated ‘Under the influence of her later husband she was certainly so irresponsible’, noting that she sent people away from the *Revier* without treatment.¹⁴³ However, to argue, based on this comment, that Weyand only usurped conventional medical principles because she was under the influence of her husband, as Sarah Helm implies, detracts from the fact that Weyand actively chose to behave in such a way.¹⁴⁴ An excerpt from Weyand’s post-war testimony indicates that she embodied Nazi rhetoric even if she had not always behaved cruelly towards prisoners; she remarked that those incarcerated in the camp’s early years were ‘work-shy’.¹⁴⁵ She did not note that this was a Nazi categorisation, indicating that she had believed and perhaps still believed National Socialist views. The fact that Weyand initially experienced friendly relations with prisoner *Revier* workers, however, as exemplified in Buchmann’s statement that ‘You always stayed friendly to the *Revierarbeiterinnen* (prisoner *Revier* workers)’ indicates that the *Revier* was not simply the place of ‘absolute power’ – a space where medical personnel were uniformly cruel to the inmates – that Petra Betzien has recently interpreted it to be.¹⁴⁶ Certainly, Weyand might have only behaved in a friendly manner towards German political prisoners such as Buchmann. Yet looking at the *Revier* through a gendered lens allows us to newly understand it as a place of dynamic and varied social interaction, where demarcated boundaries between medical staff and prisoners were sometimes blurred, particularly during the earlier years of the camp’s existence.

VI. Conclusion

¹⁴³ BArch Berlin, DY 55/51, ‘Betr.: Schreiben 6.1.50 Rav./Sch.’, Doris Maase, 22 January 1950.

¹⁴⁴ Helm, *If This Is A Woman*, p. 110.

¹⁴⁵ B 162/9806, ‘Auf Vorladung erscheint die prakt. Ärztin, Gerda Weyand’, 4 June 1962.

¹⁴⁶ BArch Berlin, DY 55/40, ‘Frau Dr. Med. Gerda Sonntag’, Erika Buchmann, 7 August 1947. Betzien, *Krankenschwestern im System der nationalsozialistischen Konzentrationslager*, p. 322.

The three female doctors did not remain at Ravensbrück until its liberation by Soviet soldiers in April 1945. Jantzen departed from Ravensbrück in December 1940 due to a pregnancy, conforming to the Nazi regime's expectations for pregnant women to leave their posts.¹⁴⁷ She had married Günter Jantzen in October 1939, who died fighting in October 1944.¹⁴⁸ Weyand also left Ravensbrück because she was pregnant, departing in December 1941.¹⁴⁹ The fact that both Jantzen and Weyand stated that they left because they were pregnant further indicates that these women held some affiliation with Nazism: they did not depart due to their dislike of working at a Nazi institution. Weyand's marriage to the SS doctor Walter Sonntag, an *Hauptsturmführer* ('head storm leader', a mid-level commander), and Jantzen's relationship with an *SS-Rottenführer* (SS section leader) officer further indicates that the Ravensbrück female doctors openly affiliated themselves with the Nazi regime and indeed desired to become part of an elite SS community.¹⁵⁰ Both, as wives of SS men, became members of the *SS-Sippengemeinschaft* (SS race community); these women were thus embedded in the Nazi elite, even if, as women, they remained subordinate to men.¹⁵¹

Oberheuser took a rather different path. She left the camp in July 1943 to work in the women's and children's ward at Hohenlychen clinic, a position she obtained through her

¹⁴⁷ HHStA, 520/16 Nr. 9391, HHStA, 520/16 Nr. 9391, 'Meldebogen'. BArch Ludwigsburg, B 162/9806, 'Zeugen-Vernehmung Doris Maase', 25 November 1968.

¹⁴⁸ MGR, P-FH/17, 'Ermittlungsabteilung'. See Günther and Erika's application for marriage to the *Rasse-und Siedlungshauptamtes* (Race and Settlement Head Office) at the Bundesarchiv in Berlin (hereafter BArch Berlin): R 9361-III/86442.

¹⁴⁹ RPL, R 18 Nr. 17451, 'Vernehmungsniederschrift'. Weyand came back to Ravensbrück on brief occasions in 1942 and 1943; in 1943, this was apparently to collect furniture she had left behind. See BArch Ludwigsburg, B 162/9806, 'Auf Vorladung erscheint die prakt. Ärztin Gerda Weyand'.

¹⁵⁰ BArch Berlin, R 9361-III/86442, 'An des SS-Rottenführer Günter Jantzen', 'Der Chef des Sippenamtes', 22 April 1937. BArch Berlin, R 9361-III/557270, 'An den SS-Oberabschnitt Nordine, gez. Dr. Sonntag', undated. Sonntag was a defendant in the fourth Ravensbrück concentration camp trial, which took place between May and June 1948, and was hung as a result of his cruel behaviour at the camp. See TNA, WO 309/692, 'Telegram from British Government Hameln Prison to Concomb Lubbrecke', 17 September 1948. In the post-war period, Weyand remarried and continued practicing medicine. See BArch Ludwigsburg, B 162/9806, 'Auf Vorladung erscheint die prakt. Ärztin Gerda Weyand'.

¹⁵¹ BArch Berlin, R 9361-III/195957, 'Sippenakte', 26 June 1941. K. von Kellenbach, 'God's Love and Women's Love', *Journal of Feminist Studies in Religion*, 20 (2004), p. 7. For more on the *SS-Sippengemeinschaft*, see G. Schwarz, *Eine Frau an seiner Seite* (Hamburg, 1997).

affiliation with Gebhardt, who facilitated the sulfonamide experiments at Ravensbrück.¹⁵² Oberheuser was the doctor of Gebhardt's family; she thus achieved further career status, and this role demonstrates that she was certainly committed to serving the Third Reich.¹⁵³ Oberheuser never married, nor had children, in spite of the Nazi regime's drive for 'Aryan' women to marry and have multiple children.¹⁵⁴ As Cornelia Osborne noted, the regime's control over the body politic and the body female was certainly not total; some women could still, and did, exercise agency over their own reproductive rights.¹⁵⁵

Jantzen, Weyand and Oberheuser also had some degree of agency over their jobs. While they initially struggled to obtain permanent positions after graduating from medical school like some other female doctors, they were not wholly disadvantaged in terms of their career paths. Their work in the BDM and status as middle-class professional women provided them with the drive and ability to seek out opportunities themselves and establish careers. Work at Ravensbrück concentration camp offered these particular individuals welcome job security and favourable financial remuneration. This article has only scratched the surface of the recruitment of female doctors to Ravensbrück, and there is certainly more to unravel: for example, how important were the personal connections Weyand and Jantzen drew upon in securing their hiring? By unpicking the patchworks of their paths to the camp further, we might begin to greater probe the significance of gender in their recruitment.

¹⁵² NMT, Examination of Herta Oberheuser. NMT, 'Final Plea for the Defendant Herta Oberheuser by Attorney Dr. Alfred Seidl', 30 May 1947, microfiche number 225.

¹⁵³ NMT, Cross-examination of Karl Gebhardt by Mr Hardy, 8 April 1947, microfiche number 062.

¹⁵⁴ LSH, Abt. 352.3 Kiel, Nr. 1141, LSH, Abt. 352.3 Kiel, Nr. 1141, 'Der Oberstaatsanwalt, Gegenwärtig: Erster Staatsanwalt Albrecht Als Vernehmender, Justizangestellte Gottorf als Protokollführerin, Auf Vorladung erscheint als Beschuldigte Ärztin Dr. med. Oberheuser aus Stocksee...', 5 December 1956. This examination was conducted by a public prosecutor in Schleswig-Holstein as part of investigations into Oberheuser's activities at Ravensbrück which took place in this state in the late 1950s. After a protracted legal battle, Oberheuser's medical license was revoked in 1958. See LSH, Abt 761 Nr. 9588, 'Pressestelle der Landesregierung Schleswig-Holstein, Frau Dr Oberheuser verzichtet auf Approbation', 28 June 1961.

¹⁵⁵ C. Osborne, 'Social Body, Racial Body, Woman's Body', *Historical Social Research*, 36 (2011), p. 159.

Paul Weindling indicated that venereal diseases ‘received less attention’ by the Nazi regime than the drive to sterilize those considered ‘unworthy’ of producing and the encouragement of those deemed ‘suitable’ to produce to have children, but the Nazi regime still deemed them an important issue to tackle.¹⁵⁶ The employment of specialist female doctors at Ravensbrück to treat venereal disease during the camp’s earlier years demonstrates this, together with a more recent body of literature that has explored the fight against venereal diseases during the Third Reich.¹⁵⁷ The broader gendered medical notion which stipulated that female doctors should treat sexually transmitted diseases carried different connotations in the Ravensbrück *Revier* than it did in a conventional clinic that treated sexually transmitted diseases. It meant that the female doctors who worked there witnessed a wide range of venereal diseases, and that there were, particularly at the time in which Oberheuser was at the camp, unprecedented numbers of patients suffering from them. While Oberheuser was hired since she was a female doctor who could treat women prisoners with ‘womanly’ diseases, she conducted invasive gynaecological examinations designed to humiliate inmates, utilized the opportunity to experiment with syphilis cures, and likely selected some prisoners to work in camp brothels. What gender and medicine meant in the context of the Ravensbrück *Revier* thus changed; treatment of those with sexually transmitted diseases became mostly replaced by medical malpractice that was carried out by male as well as female doctors, even if the later hiring of male doctors does not necessarily indicate that female physicians were not preferred to work at the camp. The notion that female doctors should treat prisoners suffering from ‘womanly’ diseases thus increasingly did not play out in reality.

¹⁵⁶ P. Weindling, ‘Venereal diseases between Imperial and Nazi Germany’, *Genitourin Med*, 70 (1994), p. 287.

¹⁵⁷ See, for example, J. Roos, ‘Backlash against Prostitutes’ Rights’, *Journal of the History of Sexuality*, 11 (2002), pp. 67-94 and A. Timm, ‘Sex with a Purpose’, in D. Herzog (ed.), *Sexuality and German Fascism* (Oxford, 2005), pp. 223-256.

For the women prisoners who were at Ravensbrück when Oberheuser was at the camp, having a female doctor there did not mean adequate medical care administered by another woman, but rather invasive gynaecological examinations. For those who suffered from syphilis, it could also entail experimentation, and, for some women, probable selection to work in camp brothels. Gendered medical ideals were certainly upheld in other medical contexts during the Third Reich. Melissa Kravetz demonstrated how women physicians drew on maternalistic arguments to stress their suitability for working in breast milk collection clinics; Dr Marie-Elise Kayser founded the first breast milk collection facility in Magdeburg.¹⁵⁸ In the extreme, specific context of the Ravensbrück *Revier*, however, gendered medical notions became less important. Going beyond exploring the work of female doctors in conventional medical settings sheds light on how, and the extent to which, broader gendered medical ideals played out in particular sites of persecution in the Third Reich, deepening the analysis of Kravetz with regard to the work of women doctors in Weimar and Nazi Germany more generally. Ultimately, while Jantzen, Weyand and Oberheuser were hired to work at Ravensbrück because they were women, gendered medical ideals became increasingly less important in the *Revier* as Nazi policies of persecution took precedent. While Schwartz has shown that gender marred the experiences of *Aufseherinnen*, gender did not shape Oberheuser's behaviour in the *Revier*, which points towards a more differentiated interpretation of female camp staff collectively at Ravensbrück.¹⁵⁹

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¹⁵⁸ Kravetz, *Women Doctors*, p. 174.

¹⁵⁹ Schwartz, >>*Weibliche Angelegenheiten*<<, p. 365.

