Gender, Recruitment and Medicine at Ravensbrück Concentration Camp, 1939–1942

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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 two years and three months, departing in December 1941, was one of only three female doctors employed at Ravensbrück, a camp in the Third Reich designated to intern solely women prisoners. The other two doctors 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. Examination of 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 practised in particular sites of Nazi persecution. For those prisoners who worked in the Ravensbrück camp hospital or suffered as patients there, this space was at the centre of their camp experiences.

In recent years, not only have more nuanced interpretations of female victims of the Holocaust appeared—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

1 Landesarchiv Speyer (hereafter LAS), R 18 Nr. 17451, ‘Gouvernement Militaire en Allemagne, Fragebogen’, 30 Sept. 1949. This source is a questionnaire that Weyand filled out as part of her denazification.

2 Nuremberg Medical Trial (hereafter NMT), microfiche edition, Examination of Herta Oberheuser by Dr Seidl, 3 Apr. 1947, microfiche number 062. Hessisches Hauptstaatsarchiv (hereafter HHStA), 520/16 Nr. 9391, ‘Meldebogen’, Erika Jantzen, 7 Oct. 1947, which is a questionnaire that Jantzen filled out as part of her denazification. A brief note on names is in order here as two female doctors married while at Ravensbrück and changed their surnames. In July 1941 Gerda Weyand married Walter Sonntag, the head doctor at the camp (Standortarzt), who worked at Ravensbrück between 1939 and 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 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 postwar 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 refers to the female doctors by their last names and for this doctor uses ‘Weyand’, to differentiate her from her wartime husband. Erika Jantzen’s maiden name was Erika Koehler, and she went by ‘Jantzen’ after her marriage in 1940; see HHStA, 520/16, Nr 9391, ‘Betr.: Spruchkammerverfahren gegen Frau Dr Jantzen’, 8 July 1948. This article refers to her as ‘Erika Jantzen’, the name used by prisoners and war crimes authorities and by which she referred to herself in documentation.

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).
interpretations of female perpetrators.⁴ Since the Historikerinnenstreit (dispute between women historians) of the late 1980s, during which 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 has emerged.⁵ In the context of the young and 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—as women they were not eligible for SS membership—they still perpetrated acts of violence of 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 commander and ‘sporadically received’ oral instructions, which they often adapted and modified in order to inflict violence on prisoners.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 professional tasks. While some ignored contemporary promulgations of femininity, choosing to pursue their careers rather than conform to the Nazi ideal of motherhood, others instrumentalized sexist and traditional gender images to their advantage, utilizing their femininity to attract SS men in order to fulfil their own goals.⁸ In elucidating the connections between gender and violence in Majdanek, Mailänder noted that


⁵See, for example, R. Century, Female Administrators of the Third Reich (Basingstoke, 2017) and E. Harvey, Women in the Nazi East: Agents and Witnesses of Germanization (Newhaven, 2003). See also V. Joshi, Gender and Power in the Third Reich: Female Denouncers and the Gestapo, 1933–45 (Basingstoke, 2003).


⁷All translations from German are my own unless stated otherwise. J. Schwartz, ‘Weibliche Angelegenheiten’: Handlungsräume von KZ-Aufseherinnen in Ravensbrück und Neubrandenburg (Hamburg, 2018), p. 349. Gudrun Schwarz was one of the first scholars to write about Aufseherinnen, and there is 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/Main, 2002), vol. 2, pp. 800–22. See also S. Erpel (ed.), Im Gefolge der SS: Aufseherinnen des Frauen-KZ Ravensbrück (Berlin, 2007) and T. Fotini, Zwischen Karrierismus und Widerspenstigkeit: SS-Aufseherinnen im KZ-Alttag (Bielefeld, 2011).

Aufseherinnen hit prisoners to impress male colleagues. While Aufseherinnen acquired scope for action in a male-dominated hierarchy, Mailänder and Schwartz emphasize that their gender influenced many facets of their work experiences.

Jane Caplan has argued that the experiences of both inmates and guards in the concentration camps could be ‘shaped by gender’, as studies of prisoners and Aufseherinnen at Ravensbrück confirm. Yet the impact of gender on aspects of the experiences of female doctors 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. 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 took advantage of the opportunities of the time’. However, how Oberheuser (and also the two other female doctors) came to work at Ravensbrück—in particular their motivations and the gendered perspective of their recruiters—has not been explored. By establishing their paths to employment at the camp, we can better understand how they came to be involved in medical atrocities.

While this article is the first detailed discussion of these three Ravenbrück doctors together, studies have begun to explore gender and medicine in Nazi Germany more

9 Mailänder, Female SS Guards, p. 246.
generally and scholarship on medicine in the Third Reich is plentiful. Generally in line with the German medical profession’s official acknowledgement in 1989 of doctors’ involvement in medical atrocities during the Nazi regime, literature has shed light on the sterilization, ‘euthanasia’ and human experiments to which people deemed racially or socially inferior, for example, Jews, ‘asocials’, Roma and Sinti, and disabled people were subjected.\(^\text{13}\) 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 \textit{Volksgemeinschaft} (people’s community) composed exclusively of ‘racially pure’ and healthy Germans.\(^\text{14}\) Melissa Kravetz’s work has 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 and intuitive qualities they possessed rendered them ideally suited to treating female patients and practising in ‘womanly’ areas of medicine. By drawing upon existing gendered ideals, female doctors advanced their careers, often specializing 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 in line with the traditional labelling of female sex workers as disease carriers.\(^\text{15}\) Kravetz stated that during the Weimar Republic ‘these “feminine activities of women doctors” appeared attractive to city authorities’, who aimed to have solely women physicians in venereal disease care positions. This gendered assignment of roles was also the case during the Nazi regime. While the League of German Women Doctors (\textit{Bund Deutscher Ärztinnen}) prioritized the population’s collective wellbeing over individual healthcare, the types of jobs female doctors performed did not change, even if the focus of the work shifted to embody ideals of the \textit{Volksgemeinschaft}. Female doctors also worked with the League of German Girls (\textit{Bund Deutscher Mädel}, BDM) and worked in breast-milk collection clinics, where


they gathered surplus breast milk from mothers and supplied it to sick infants. Female doctors promoted eugenics, although not as strongly as they encouraged maternalism. The pervasive contemporary gendered medical belief, elucidated by Kravetz, that women should treat female patients suffering from ‘womanly’ diseases and work in female medical spaces is highly relevant in the context of the Ravensbrück concentration camp hospital, where female doctors were employed to treat women suffering from venereal diseases. Christopher Dillon has explored recent approaches to the Holocaust which, as he notes, seek to ‘reconcile cultural representations of masculinity with the social practices of gender’. In a similar vein, this article aims to discern how the aforementioned gendered medical belief 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 light on gender and medicine in a concentration camp furthers the work of Kravetz, 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 [female doctors] the opportunity to showcase their expertise in women’s and children’s health and their personal experiences as women and mothers’. However, in the specific and extreme context of Ravensbrück, gendered medical ideals were increasingly no longer upheld and were actively violated.

This article also brings 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 as 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 contributions of Bernhard Strebel, Petra Betzien, Christl Wickert and Ramona Saavedra Santis are examples. However, studies have not considered the roles of the female doctors in relation to gender beyond Oberheuser’s participation.


18Ibid., p. 10.

19Kravetz, Women Doctors, p. 221.

20See B. Strebel, Das KZ-Ravensbrück: Geschichte eines Lagerkomplexes (Paderborn, 2003), pp. 242–69; Betzien, Krankenschwestern, pp. 155–263; Saavedra Santis and Wickert, ‘... unmöglich’.
in the human experiments. 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 a detailed gendered analysis that incorporates the female doctors.

Hitherto untapped contemporary documentation pertaining to Oberheuser’s specialization in skin and venereal diseases and her career at Ravensbrück, located at the Brandenburgisches Landeshauptarchiv, and postwar statements given by Jantzen and Weyand in the context of their denazification proceedings, stored at the Landesarchiv in Speyer and at the Hessisches Hauptstaatsarchiv, have been drawn upon for 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. Documentation relating to this trial will also be used, in addition to interrogations of witnesses and defendants and depositions produced as part of the Ravensbrück concentration camp trials, which occurred from December 1947 to July 1948.

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. Anna Hájková has noted that male witnesses were often deemed to produce more reliable testimony than women. Indeed, entrenched gendered prejudices prevented war crimes investigators from taking the testimony of female survivors fully into account during the Ravensbrück trials. B. Silley of the British War Crimes Investigation Unit reported, ‘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. These prejudices might have affected what those investigating war crimes recorded

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21 Wickert and Saavedra Santis aim to produce a ‘gender-specific’ analysis of the Ravensbrück Revier, but they focus only on women prisoners rather than on the male and female medical staff. See C. Wickert, ‘KZ-Krankenreviere’, in Saavedra Santis and Wickert, ‘... unmöglich’, pp. 15–29, here p. 25.

22 For more on the Nuremberg Medical Trial, see, for example, U. Schmidt, Justice at Nuremberg: Leo Alexander and the Nazi Doctors’ Trial (Basingstoke, 2004). At Nuremberg, Oberheuser was sentenced to twenty years in prison, but she was released in 1952, having served only four years of her sentence. Jantzen and Weyand were never subjected to postwar trials but underwent denazification. 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.


from witness testimony and thus the scope of the court’s evidence, limiting the material available to the historian too.

However, if we utilize Christopher Browning’s method for 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 daily jobs of female doctors at Ravensbrück, and how gender intersected with these themes. Annette Kretzer and Ljilijana Heise used documents from the Ravensbrück trials to detail the gendered representation of perpetrators, while Johannes Schwartz drew on this material to explore the actions of the Ravensbrück Aufseherinnen. 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 describe 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 performed by female doctors in the Revier, outlining how, and the extent to which, gender and medicine intersected in this site of increasing atrocity.

I. Ravensbrück Concentration Camp and the Camp Hospital

Ravensbrück was opened as a concentration camp for women in May 1939. The first prisoners were 867 women transferred directly from Lichtenburg women’s concentration camp, which had closed because of overcrowding. Ravensbrück was situated by the town of Fürstenberg, some fifty miles from Berlin. Approximately 123,000 women had been interned in the camp by the time of its liberation in 1945, and around 10,000 female inmates died there by shooting, gassing, poisoning, and starvation. The

27 C. Browning, Collected Memories: Holocaust History and Postwar Testimony (Madison, WI, 2003), p. 11.
28 See A. Kretzer, NS-Tätterschaft und Geschlecht—der erste britische Ravensbrück-Prozess 1946/47 (Berlin, 2009) and L. Heise, KZ-Aufseherinnen vor Gericht: Greta Bösel—’Another of those Brutal Types of Women’? (Frankfurt/Main, 2009). See also Schwartz, ‘Weibliche Angelegenheiten’.
29 J. G. Morrison, Ravensbrück: Everyday Life in a Women’s Concentration Camp (Princeton, 2000), p. 14. There is now a plethora of literature on many aspects of Ravensbrück. See, for example, S. Helm, If This Is a Woman: Inside Ravensbrück, Hitler’s Concentration Camp (London, 2015). For more rigorous 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: Geschichte und Erinnerung (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 for the forced labour prisoners at Siemens, the firm directly next to Ravensbrück, see Internationaler Freundeskreis e.V. für die Mahn- und Gedenkstätte Ravensbrück (ed.), Zwangsarbeit für Siemens im Frauenkonzentrationslager Ravensbrück (Berlin, 2017). For information about children at Ravensbrück, see W. Hiemesch, Kinder im Konzentrationslager Ravensbrück (Cologne, 2017). For a collection on homophobia in Ravensbrück and other camps, see I. Eschebach (ed.), Homophobie und Devianz (Berlin, 2012).
30 G. E. 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).
women interned during the camp’s early years were primarily classed as political and social enemies of the Nazi regime, for example, as communists and ‘asocials’.\textsuperscript{32} 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 in number.\textsuperscript{33}

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 Concentration Camps Inspectorate (\textit{Inspektion der Konzentrationslager, IKL}).\textsuperscript{34} In 1942, the IKL was absorbed into the SS Economic and Administrative Main Office (\textit{SS Wirtschafts und Verwaltungshauptamt, WVHA}).\textsuperscript{35} The camps had several overlapping functions. Initially they were spaces of political detention with the aim of intimidation; after 1939 and the outbreak of war they became places where inmates were forced to perform hard work to aid economic growth and after 1942 the goal was both to use inmates for forced work and to exterminate them.\textsuperscript{36} While the development of Ravensbrück followed these general lines, it differed from other camps in its early years. Murder was occasional, food sufficient and working conditions better than at many of the men’s camps.\textsuperscript{37} 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 rapid physical expansion. The number of deaths related to illness, violence, work-related accidents and murder increased.\textsuperscript{38} From 1941, prisoners were selected for transportation to locations of extermination, and in January 1945, a gas chamber was constructed in the main camp.\textsuperscript{39}

The camp hospital initially consisted of one main building, with an administrative block containing offices, consulting rooms, a dental centre and a laboratory. There was also a pharmacy, a writing room, a washroom and a small kitchen, and a

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\item\textsuperscript{32} Mailänder, \textit{Female SS Guards}, p. 45.
\item\textsuperscript{37} Wachsmann, \textit{KL}, p. 227.
\item\textsuperscript{38} Morrison, \textit{Ravensbrück}, p. 14. Gerda Weyand stated that there were 3,500 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.
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further one-and-a-half barracks for sick patients. 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. While some new buildings were constructed, barracks blocks were taken over rather sporadically as sick blocks. Thus the development of the Revier was overall fairly ad hoc, occurring in response to the influx of prisoners and resulting greater prevalence of illnesses. 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 purposes.

The structure of medical staff at Ravensbrück aligned with that of other camps. A Standortarzt (head 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 doctor-in-charge (Leitender Arzt). 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 gave the camps medicine and medical equipment. The Ravensbrück doctors were integrated into this department, and from December 1944, the Ravensbrück nurses were administratively encompassed by it. At any one time, there were at least two camp doctors in addition to the Standortarzt. Female doctors were not eligible for the position of Standortarzt, a role for which SS membership was required. While they worked for Department D III, they were not members of the SS. Gerhard Schiedlausky, the Standortarzt at Ravensbrück between 1941 and 1943, drew this distinction sharply, remarking that the female doctors under him were ‘civilians’. Female doctors remained subordinate to a male Standortarzt, even if they wielded significant power over prisoners.

Several nurses also worked in the Revier at any one time. They were initially members of the National Socialist Nursing Association (NS-Schwesternschaft). At the end of 1940 or the beginning of 1941, these nurses were replaced by personnel from the Reich Association of Free Nurses (Reichsbund der Freien Schwestern). When the National Socialist Nursing Association and the Reich Association of Free Nurses merged in 1942 to form the National Socialist Association of German Nurses (NS-Reichsbund Deutscher Schwesternschaft), the female doctors were again subordinate to the male Standortarzt. For further detail on the Revier’s development, see Betzien, Krankenschwestern, pp. 151–71.

40 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, pp. 151–71.

41 Strebel, Das KZ Ravensbrück, p. 252.

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


44 Wachsmann, Kl., pp. 111, 396.

45 Betzien, Krankenschwestern, p. 175.

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

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

48 ITS, 1.1.35.0/82150226, ‘Dienstvorschrift für das F.K.L Ravensbrück’, undated.
Schwestern), the nurses who worked at Ravensbrück were members of this new association.49 A Head Nurse (Oberschwester) 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.50 From 1941, as a result of increasing staff shortages, prisoner doctors and nurses also worked in the Revier, with an estimated 226 women prisoners stationed as medical personnel.51 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.52 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’.53 Overall, the provision of medical care at Ravensbrück became increasingly limited.

II. 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, for example, recalled that he was ‘ordered’ to work there.54 In contrast, the three Ravensbrück female doctors volunteered for jobs at Ravensbrück. Oberheuser and Weyand were members of the Nazi Party, which they had joined in May 1937.55 Jantzen was not a Nazi Party member, but she had worked with the BDM while completing her degree, as did many other female medical students, including Oberheuser.56 The three female doctors thus affiliated themselves in different ways with the Nazi state. They were also all members of the National Socialist Women’s Organization (NS-Frauenschaft).57 This involvement might point to their desire to be part of a largely middle-class community of women rather than provide evidence

49 BArch Ludwigsburg, B162/461, ‘Zur Person: Doris Maase’, 4 Jan. 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.
50 TNA, WO 309/149, ‘Ravensbrück Concentration Camp’.
52 TNA, WO 235/530, Gerda Weyand Sworn Statement.
53 NMT, Examination of Herta Oberheuser.
54 TNA, WO 235/307, Gerhard Schiedlausky examined by Dr Von Klitzing, 15 Jan. 1947.
55 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; LAS, R 18 Nr. 17451, ‘Gouvernement Militaire en Allemagne’. These women probably joined the Nazi Party in May 1937 because membership rolls re-opened then after being closed since 1933; see D. Orlow, The Nazi Party 1919–1945 (New York, 2007), p. 348.
of an ideological zeal. The three women hailed from middle-class backgrounds, and, as Jill Stephenson has noted, the National Socialist Women’s Organization was a ‘relatively elite’ organization in comparison to the more open German Women’s Enterprise (Deutsches Frauenwerk).\(^{58}\) Weyand and Oberheuser might also have joined the Nazi Party partly for career reasons, believing that Party membership would increase their chances of succeeding as women in the male-dominated, strongly Nazi-affiliated world of medicine.\(^{59}\) 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.

Oberheuser and Weyand were also spurred to work at Ravensbrück by the prospect of financial gain. As Angela Ebbinghaus argued, Oberheuser was drawn to the relatively good pay that a position at Ravensbrück offered in comparison to her job at the dermatological clinic in the state hospital in Düsseldorf (and her subsequent work in the Düsseldorf town health office).\(^{60}\) Oberheuser started working at the Düsseldorf clinic on 1 April 1938, a month before she was formally awarded her medical degree.\(^{61}\) Oberheuser later stated that the financial possibilities offered by work at Ravensbrück were ‘rather favourable’.\(^{62}\) Oberheuser was paid only 120 Reichsmark a month at the dermatological clinic in Düsseldorf, while married doctors, both male and female, received 200 Reichsmark.\(^{63}\) While Oberheuser later earned 150 Reichmark in her position at the Düsseldorf town health office, a job at Ravensbrück offered 400 Reichsmark a month (500 Reichsmark without deductions).\(^{64}\)

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.\(^{65}\) Indeed, the provisions of her employment did not distinguish between the payment of doctors—either married or single—by gender.\(^{66}\) However, as a woman, Oberheuser was less likely to be awarded a paid position in the first instance, and she reflected, ‘Paid jobs were more likely to be given to a male colleague than a woman’.\(^{67}\) Additionally, work at Ravensbrück offered not only better pay but also a permanent

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\(^{59}\) Kater, *Doctors under Hitler*, pp. 1, 90.

\(^{60}\) Ebbinghaus, *Opfer und Täterinnen*, p. 318.


\(^{62}\) NMT, Herta Oberheuser examined by the President.

\(^{63}\) 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’.

\(^{64}\) SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, Herta Oberheuser, ‘An das Personalamt der Stadt’.

\(^{65}\) 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’.

\(^{66}\) SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘Bestimmungen über die Einstellung’.

position in Oberheuser’s specialist medical area: skin and sexually transmitted diseases.\(^68\) 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.\(^69\) She did leave at the end of December 1939, working in the town health office for a year before moving to Ravensbrück.\(^70\) After remarking that Ravensbrück offered favourable financial opportunities, Oberheuser noted, ‘the camp was near Berlin’.\(^71\) Oberheuser had previously lived in Düsseldorf and being close to another city with its cultural offerings was probably appealing. Ultimately, Oberheuser’s motivations for applying for a job at Ravensbrück were multiple: support of the National Socialist movement, the prospect of financial gain, the 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.\(^72\) Weyand was not paid in her position as a doctor in the Ludwigshafen state hospital, and she remarked after the war that she had desired a paid job.\(^73\) She utilized a personal connection to advance her career, for her brother, who was a doctor at Dachau, obtained her a position at Ravensbrück.\(^74\) Financial motivations also likely drew Jantzen to work at Lichtenburg concentration camp in 1938, where she remained until 1939, when the camp was closed and prisoners and staff moved to Ravensbrück. Jantzen earned 300 Reichsmark a month as a doctor at Lichtenburg, and given Oberheuser’s salary, it is highly likely that she earned the same if not more at Ravensbrück.\(^75\) Like Oberheuser, Jantzen had struggled to obtain a permanent position; she remarked that she worked in ‘various’ clinics after she qualified as a doctor in 1933.\(^76\) Lichtenburg provided a stable job, one Jantzen 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.\(^77\) While female doctors certainly had opportunities in the Third Reich, the experiences of Jantzen and Oberheuser illustrate that some struggled to obtain permanent jobs, even in, as Oberheuser’s case suggests, traditionally ‘womanly’ areas of medicine and even though, as certainly in

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\(68\) Brandenburgisches Landeshauptarchiv, Potsdam (hereafter BLHA), Rep 72 Nr. 2428, ‘Zeugnis’, Schreus, 4 February 1941.

\(69\) SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘Haupt- und Personalamt’, 24 June 1939.

\(70\) SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, ‘Herta Oberheuser, Haupt- und Personalamt’, 23 Feb. 1940; SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, Herta Oberheuser, ‘An das Personalamt der Stadt’.

\(71\) NMT, Herta Oberheuser examined by the President.


\(73\) LAS, R 18 Nr. 17451, ‘Vernehmungsniederschrift’, Gerda Sonntag, 17 Feb. 1950, which is a statement given by Weyand as part of her denazification. According to this source Sonntag had worked under a ‘Professor Ewig’ as a medical trainee from May 1938 until 7 Sept. 1939. Weyand described this period as ‘other training’, apparently in the Department for Internal Diseases, which indicates that it took place after she had finished her medical degree; see BArch Berlin, R 9361-III/195957, ‘Lebenslauf’, ‘Gerda Weyand’, undated.

\(74\) Ibid. The role of her brother is affirmed in a statement made by Doris Maase, a former German political prisoner at Ravensbrück who worked alongside Weyand; see LAS, R 18 Nr. 17451, ‘Betr.: Dr. Gerda Sonntag’, Marga Schumacher, 24 Mar. 1950.

\(75\) HHStA, 520/16 Nr 9391, ‘Meldebogen’.


\(77\) Wiener Holocaust Library, London (hereafter WHL), 1655/3229, Affidavit of Erika Jantzen, 3 June 1946, produced while Jantzen was interned in the immediate postwar period.
Weand’s and Oberheuser’s cases, they presented themselves as dedicated to the Nazi Party.\textsuperscript{78} 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’.\textsuperscript{79}

Yet this rather bleak picture did not prevent Jantzen, Weand and Oberheuser from striving for careers. Their gendered socialization played a part. As Dagmar Reese highlighted, the BDM provided leadership skills and careers for girls, and when working for the BDM, the three likely took on this ethos.\textsuperscript{80} Indeed, Oberheuser held a leadership role in the BDM, where she carried out medical examinations of girls and treated sports injuries.\textsuperscript{81} 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’.\textsuperscript{82} As middle-class women, the Ravensbrück female doctors were also encouraged to aspire to careers suited to their gender. Mailänder remarked that the prospect of social mobility attracted Aufseherinnen to Ravensbrück, but for these female doctors, it was the prospect of enhanced professional status, a stable job, favourable pay and, especially in the case of Weand and Oberheuser, their affiliation with Nazism that most significantly drew them to the camp.\textsuperscript{83} 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 distinct group.\textsuperscript{84}

\section*{III. Gender and the Hiring Process}

Medical officials in the SS wanted to hire female doctors. The National Socialist definition of ‘race’ meant that as ‘Aryan’ Germans, Jantzen, Weand and Oberheuser were eligible to work at Ravensbrück. As Gisela Bock noted, we need to chart the intersection of gender with race during the Third Reich, and their recruitment had a gendered layer.\textsuperscript{85} The medical notion that female doctors should treat female patients was important to the hiring of these women to a camp where those in need of treatment were women.\textsuperscript{86} The camp’s service regulations specified, ‘The camp doctor is assigned two female doctors for the treatment of prisoners’, indicating the preference for women.\textsuperscript{87} Yet, the prevailing gendered belief that female doctors were better suited than male doctors to treating female patients suffering from ‘womanly’ diseases also shaped the recruitment of Oberheuser and Jantzen to Ravensbrück. In the case of Oberheuser,\textsuperscript{88}
Dr Gustav Ortmann, the doctor-in-charge from the Concentration Camp Inspectorate (Inspektion der Konzentrationslager) and also Standortarzt at Sachsenhausen, wrote to the Kassenärztliche Vereinigung (Union of Health Insurance Doctors) 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’. Oberheuser’s predecessor, Jantzen, had left because she was pregnant. Oberheuser had trained in dermatology and venereal diseases under Professor Schreus, the director of the Düsseldorf clinic. 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. Although Oberheuser had not been formally awarded her medical specialization, she was evidently suited for the Ravensbrück job. The need for a female medical specialist after Jantzen departed and the evidence that Oberheuser specifically replaced Jantzen indicate that similarly, Jantzen had been employed to work at Lichtenburg and then at Ravensbrück because she had experience in treating venereal illnesses. Christl Wickert stated that both Weyand and Jantzen were gynaecologists. Male doctors also worked at Ravensbrück. Rolf Rosenthal was the first male doctor, apart from the Standortarzt, to work at the camp, arriving in 1941 to replace Weyand. 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

88 BLHA, Rep 72 Nr. 2428, ‘An die Kassenärztliche Vereinigung Deutschlands, Bezirk Brandenburg’, Dr Ortmann, 26 Feb. 1941. Very little is known about Ortmann. He held the joint role of doctor-in-charge (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 Inspkektion der Konzentrationslager 1938–1945: das System des Terrors (Berlin, 1994), p. 218.

89 MGR, P-FH/17, ‘Ermittlungsabteilung’. Oberheuser was officially granted her specialism in skin and sexually transmitted diseases in May 1941, after a dispute between the Facharztausschuss (Specialist Doctors’ Committee) in the Ärztekammer 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.


91 BLHA, Rep 72 Nr. 2428, ‘Zeugniserwerb’, Schreus, 4 Feb. 1941. Melissa Kravetz has noted the establishment of venereal disease counselling centres during the Weimar Republic, as part of Weimar population politics. Female doctors argued that women should be employed in these centres. See Kravetz, Women Doctors, p. 110.


gynaecologist, he sent him to Ravensbrück. Treite’s spontaneous recruitment does not disprove the preference for female doctors; it indicates only that it was easier from a practical standpoint to hire men, as had probably been the case when Rolf Rosenthal was appointed. Franz Lucas, who had training in the specialist area of gynaecology, was employed to work at Ravensbrück between December 1944 and February 1945. In January 1945 he sterilized approximately forty Sinti men and boys from the men’s camp at Ravensbrück, built in 1941, and as Andrew Wisely noted, he may have come to Ravensbrück specifically to do so. Overall, during the early years of Ravensbrück’s existence, specialist female doctors were certainly preferred, even if male gynaecologists later worked there.

IV. Venereal Diseases in the Revier 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. With the advent of war, as Christa Schikorra noted, this number almost doubled, as a result of increased policing, and most of the prisoners up until spring 1940 were ‘asocials’. Overall, the total number of women imprisoned as ‘asocials’ has been estimated at approximately 5,000. According to Schikorra, most of the ‘asocials’ initially sent to the camp had undertaken sex work, which was considered a socially degenerate act by the Nazi regime (although brothels were permitted). 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. 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. Thus, for example, 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 as ‘unruly prostitutes’. However, Schikorra has 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.  

Indeed, venereal diseases were widespread amongst women at Ravensbrück. Weyand remarked that when she came to work at the camp, prisoners were suffering from venereal diseases.  

Herta Brünen, a former German political prisoner, remarked that when she was at Ravensbrück—from Easter 1939 until November 1940—there was a special room for those suffering from sexually transmitted diseases. Although these illnesses were common, political prisoners did stigmatize those suffering 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’.  

The need for a doctor specializing in venereal diseases might have been even greater in December 1940, when Oberheuser came to the camp, than in 1939, since 64,000 women arrived at the camp during 1940 and 1941, with the number of ‘asocial’ prisoners increasing in particular. The need for a specialist female doctor was therefore probably particularly significant for Oberheuser’s recruitment to the camp.

Prisoners arriving at Ravensbrück underwent gynaecological examinations. Sylvia Salvesen, a Norwegian political prisoner who arrived at Ravensbrück in July 1943, recorded that she and others who were newly arrived at the camp were examined for venereal diseases. Oberheuser remarked that she was present when transports of prisoners arrived at the camp, in order to check for sexually transmitted diseases. Gynaecological examinations also served to uncover valuables. Alexandra Kawęczyn, a Polish political prisoner, stressed the search for ‘gold, diamonds, etc’. Many women found these examinations highly humiliating, with a Spanish former prisoner recounting that the medical examination involved the ‘most humiliating vaginal examination imaginable’.

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. During the camp’s early years, prisoners were sent to give birth in the nearby town of Templin. 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.

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102 Schikorra, *Kontinuitäten der Ausgrenzung*, p. 178.
103 BArch Ludwigsburg, B 162/9806, ‘Auf Vorladung erscheint die prakt. Ärztin Gerda Weyand’.
105 NMT, Examination of Herta Oberheuser.
106 Wachsmann, KL, pp. 123, 229.
108 Salvesen, Forgive, p. 73.
110 Polish Research Institute Archive at Lund University, ‘Record of Witness Testimony 235’.
112 Buchmann, *Die Frauen von Ravensbrück*, p. 79.
born. Abortions were also conducted. Rolf Rosenthal, the camp doctor who worked alongside Oberheuser at Ravensbrück between January 1941 and the summer of 1943, performed abortions on inmates. He stated, ‘I have made interruptions of pregnancy on German women done only on written orders from Berlin.’ However, Rosenthal purposely experimented with abortion procedures, performing various operations to find out about the stages of pregnancy. Gerda Quernheim, a German political prisoner at Ravensbrück who had a romantic liaison with Rosenthal, assisted at these abortions. Percy Treite, who worked at Ravensbrück between 1943 and 1945, stated that he carried out ten abortions on German women whose pregnancies were a result of their sexual relations with Polish or Russian men before they came to Ravensbrück, encounters classed as ‘race defilement.’ Schiedlausky also carried out abortions.

If women identified as Jewish were pregnant, they were sent on death transports to Auschwitz. The treatment of pregnant women thus varied in line with Nazi categorizations of ‘race.’ From autumn of 1944, some babies were not killed in utero since there were too many pregnant women to conduct abortions on. Most of the 560 children born in Ravensbrück between September 1944 and April 1945 starved to death; while 293 were recorded as having died, the number is likely to have been much higher. The change in the treatment of pregnant women at Ravensbrück was an ad hoc response to their increasing numbers rather than indicative of a change in Nazi attitudes towards non-‘Aryan’ pregnant women. The shift was emblematic of the ‘chaos and improvisation’ that characterized Nazi concentration camps.

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

115 TNA, WO 235/317, Notes on Dr Rosenthal’s Testimony, undated.
116 TNA, WO 309/469, Statements by Ravensbrück Witnesses, 9 July 1945
117 Buchmann, Die Frauen von Ravensbrück, p. 80.
120 Polish Research Institute Archive at Lund University, ‘Record of Witness Testimony 88’, Wanda Stanisławów, 10 Jan. 1946; BArch Ludwigsburg, B 162/9806, ‘Auf Vorladung erscheint die prakt. Ärztin Gerda Weyand’.
121 Walz, ‘Und dann kommst du dahin’, pp. 379, 400
122 Wachsmann, ‘Dynamics of Destruction’, p. 36.
123 Betzien, Krankenschwestern, p. 265. For studies of the camp brothels, see R. Sommer, Das KZ-Bordell: sexuelle Zwangsarbeit in nationalsozialistischen Konzentrationslagern ( Munich, 2009) and I. Eschebach and R. Mühlhäuser (eds), Sexuelle Gewalt im Krieg und Sex-Zwangsarbeit in NS-Konzentrationslagern ( Berlin, 2008).
124 TNA, WO 235/317, Deposition of Dr Gerhard Schiedlausky, 22 Nov. 1946.
medicine, at the same time as Oberheuser’s cruel gynaecological examinations, indicates that the gendered medical notion that female doctors should treat female patients was not being upheld at Ravensbrück by 1942.

Initially, female prisoners suffering from sexually transmitted diseases received treatment. Jantzen remarked that during her time in Lichtenburg and Ravensbrück ‘sexually transmitted illnesses were treated in a separate hospital block’. 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 at the Düsseldorf clinic she had worked in. ‘At certain hours of the morning there was treatment of syphilis cases’, she noted. Oberheuser saw a variety of venereal diseases at the camp, some of which she had no experience of diagnosing and treating. She recalled that Professor Schreus, head of the skin clinic she had 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’. 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 used to treat syphilis, resulting in deaths.

Oberheuser relished the opportunity to utilize her knowledge to experiment with syphilis cures on prisoners. Dolanská implied that Oberheuser took the job at Ravensbrück because having visited the camp, she recognized many opportunities to further her work on sexually transmitted diseases. Dolanská’s statement also sheds light on Oberheuser’s quest to develop her career. In January 1941 Himmler had ordered Ernst Grawitz, president of the Red Cross and Reicharzt (SS Reich Physician), to instruct the Standortarzt at Ravensbrück to conduct gonorrhoea experiments, but Oberheuser conducted syphilis experiments, which suggests that she performed these of her own volition. Walter Sonntag, the Standortarzt from 1939 until December 1941, was also involved in syphilis experimentation. 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.’ While Schiedlausky remarked that in the daily sick rounds (where doctors inspected sick prisoners) ‘at least 30 women with syphilis’ received ‘salvarsan injections’, such injections were not treatment but rather medical experimentation. Walter Jahn, a survivor of the men’s camp at Ravensbrück, noted that syphilis germs were injected into women’s spinal cords. He remarked that ‘feminine illnesses were

126 NMT, Examination of Herta Oberheuser.
127 Christine Schikorra briefly discusses experiments on women with venereal diseases at Ravensbrück but does not note Oberheuser’s participation. See Schikorra, Kontinuitäten der Ausgrenzung, pp. 177–83.
128 MGR, Slg Bu 34, ‘Bericht Nr. 500 Ilse Dolanská, Prag’.
129 Schikorra, Kontinuitäten der Ausgrenzung, pp. 178, 181.
131 TNA, WO 235/317, Deposition of Dr Gerhard Schiedlausky, 22 Nov. 1946.
artificially transferred to other women’, illuminating the contemporary interpretation of venereal diseases as ‘womanly’ maladies.132

Ultimately, attitudes towards those suffering from sexually transmitted diseases in the camp were marked by Nazi ideology by 1942, when the brothels were constructed. Women were checked for venereal illnesses before they were sent to brothels, so that they did not infect male prisoners, but women prisoners did not receive adequate treatment for sexually transmitted diseases. Since these women were considered racially or, as ‘asocials’, socially inferior, they were deemed unworthy of treatment. Oberheuser made her attitude towards these women clear in a Nuremberg Medical Trial examination when she noted that venereal diseases ‘endangered not only the prostitutes themselves but the best elements, the political prisoners’.133 Oberheuser’s concern was not for ‘asocial’ prisoners but rather for the political prisoners who 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 medical atrocities 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 experiments on those with sexually transmitted diseases but also treated victims of the sulphonamide experiments which took place at Ravensbrück. Starting in July 1942, these experiments aimed to test the effectiveness of sulphonamide drugs in healing artificially created battlefield wounds.136 Oberheuser was responsible for the postoperative ‘care’ of those who had undergone experimental operations. She refused to provide morphine and deliberately and cruelly gave women water laced with vinegar.137 Karl Gebhardt, the instigator of these experiments, stated that Oberheuser was not present during the first set of experiments, when men from Sachsenhausen were brought to Ravensbrück to be operated on, because ‘they were concerned with men’, but ‘then later at some stage a women’s station was created, and it was at this point she became the station doctor’.138 We might take from this comment that Oberheuser administered postoperative care because she was a woman, deemed suitable for treating female patients, while male doctors carried out the surgical procedures.139 As Michael Kater noted, surgery, which ‘represented the qualities of German

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.
133 NMT, Examination of Herta Oberheuser.
134 Schikorra, Kontinuitäten der Ausgrenzung, p. 181.
135 U. Schmidt, ‘The Scars of Ravensbrück’: Medical Experiments and British War Crimes Policy, 1945–1950’, German History, 23, 1 (2005), p. 32. However, the experiments had no scientific legitimacy since Karl Gebhardt, who presided over them, already knew that sulphonamide 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 J. Hahn, Grawitz, Genzken, Gebhardt: drei Karrieren im Sanitätsdienst der SS (Münster, 2008). Seventy-five Polish women, known as rabbits (Kaninchen) by other prisoners, were experimented on. Five of the women perished as a result of the experiments, while six were killed later on in an attempt to cover up the results of the operations, which left the victims with significant scars. See Schmidt, ‘Scars of Ravensbrück’, p. 32.
masculinity’, was associated with men during the Nazi regime, with women composing only 1.6 per cent of surgical doctors. However, Oberheuser did not undertake the postoperative ‘treatment’ simply because she was a woman. Schiedlausky, the Standortarzt at Ravensbrück when the sulphonamide experiments took place, was given this task, but later noted, ‘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.’ Gebhardt might have perceived Oberheuser’s involvement in the experiments along gendered lines, but she was not relegated to postoperative care of patients just because she was a woman; the role was delegated to her by Schiedlausky. The initial selection of Schiedlausky suggests that although Oberheuser was hired to work at the camp because she was a female doctor with experience of treating sexually transmitted diseases, gendered medical ideals were not foremost in the Revier in 1942.

While Oberheuser utilized her position to abuse inmates, Weyand initially treated prisoners according to conventional medical principles. Fedi Wawczyniak, a former prisoner, wrote to Weyand in November 1949 thanking the doctor 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 the treatment had happened in the summer of 1942, it is likely that she meant 1941, since Weyand departed in December 1941. 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 that Weyand became crueler. 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. However, to argue that Weyand only usurped conventional medical principles because she was under the influence of her husband, as Sarah Helm has implied, detracts from the fact that Weyand chose to behave in such a way. An excerpt from Weyand’s postwar testimony indicates that she ingested 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’. She did not note that this term was a Nazi categorization, indicating that she had held, and in 1962 perhaps still held, National Socialist views. The fact that Weyand initially experienced friendly relations with prisoner workers, however, as exemplified by Buchmann’s statement ‘You always stayed friendly to the prisoner Revier workers [Revierarbeiterinnen]’, 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.

Certainly, Weyand might have behaved in a friendly manner only towards German

140 Kater, Doctors under Hitler, p. 91.
141 TNA, WO 235/307, Gerhard Schiedlausky examined by Dr Von Klitzing, 15 Jan. 1947.
142 LAS, R 18 Nr. 17451, Letter from Fedi Wawczyniak to Gerda Sonntag, 2 Nov. 1949.
144 Helm, If This Is a Woman, p. 110.
political prisoners such as Buchmann. Yet looking at the *Revier* through a gendered lens allows us to see 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.

### V. Conclusion

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 because she was pregnant, in line with the Nazi regime’s expectation that pregnant women would leave employment.\(^{147}\) In October 1939 she had married Günter Jantzen, who would die 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 after the war that they had left because they were pregnant also suggests an affiliation with Nazism, and notably they did not take the opportunity to claim to have departed because they disliked the work they were performing at a Nazi institution. Weyand’s marriage to Walter Sonntag, a doctor who as an *SS-Hauptsturmführer* held the rank of a mid-level commander, and Jantzen’s relationship with an SS section leader officer (*SS-Rottenführer*) indicates that the Ravensbrück female doctors openly affiliated themselves with the Nazi regime, evidently desiring to become part of an elite SS community.\(^{150}\) As wives of SS men, both women became members of the SS race community (*SS-Sippengemeinschaft*). These women were thus embedded within 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 and children’s ward at Hohenlychen clinic, a position she obtained through her affiliation with Gebhardt, who facilitated the sulphonamide experiments at Ravensbrück.\(^{152}\) Oberheuser was the doctor of Gebhardt’s family, a role that brought a certain status in her career and demonstrates that she was certainly committed to

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\(^{148}\) MGR, P-FH/17, ‘Ermittlungsabteilung’. See Günther and Erika’s application to marry to the *Rasse- und Siedlungshauptamtes* (Race and Settlement Head Office) at BArch Berlin, R 9361-III/86442.

\(^{149}\) LAS, R 18 Nr. 17451, ‘Vernehmungsniederschrift’, Gerda Sonntag, 17 Feb. 1950. Weyand came back to Ravensbrück on brief occasions in 1942 and 1943; in 1943 she was apparently collecting furniture she had left behind. See BArch Ludwigsburg, B 162/9806, ‘Auf Vorladung erscheint die prakt. Ärztin Gerda Weyand’.


\(^{152}\) NMT, Examination of Herta Oberheuser; NMT, ‘Final Plea for the Defendant Herta Oberheuser by Attorney Dr. Alfred Seidl’, 30 May 1947, microfiche number 225.
serving the Third Reich. Oberheuser was not forced to take a husband nor to have children, in spite of the Nazi regime’s drive for ‘Aryan’ women to marry and have multiple children. As Cornelia Usborne noted, the regime’s regulation over the ‘body politic and the body female’ was certainly not absolute, for some women could still exercise agency when it came to reproduction.

Jantzen, Weyand and Oberheuser also had some degree of agency over their jobs. While, as was not uncommon among female doctors, they initially struggled to obtain permanent positions after graduating from medical school, 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 career opportunities. Work at Ravensbrück concentration camp offered them welcome job security and favourable financial remuneration.

Paul Weindling argued that venereal diseases ‘received less attention’ from the Nazi regime than the drive to sterilize those considered ‘unworthy’ and to encourage those deemed ‘suitable’ to produce children. However, the Nazi regime did deem such illnesses an important issue to tackle. The employment of specialist female doctors at Ravensbrück to treat venereal disease during the camp’s earlier years demonstrates this, and a more recent body of literature has explored the fight against venereal diseases during the Third Reich. The broader gendered medical notion which stipulated that female doctors should treat women with sexually transmitted diseases carried different connotations in the Ravensbrück Revier than in a conventional clinic that treated sexually transmitted diseases. The female doctors who worked at Ravensbrück witnessed a wide range of venereal diseases and there were, particularly while Oberheuser was at the camp, unprecedented numbers of patients suffering from them. Yet while Oberheuser had been hired because 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 did not replicate what gender and medicine had meant at the clinic and also in the early years of the camp’s existence. Treatment of those with sexually transmitted diseases was largely replaced

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153 NMT, Cross-examination of Karl Gebhardt by Mr Hardy, 8 Apr. 1947, microfiche number 062.
154 LSH, Abt. 352.3 Kiel, Nr. 1141, ‘Der Oberstaatsanwalt, gegenwärtig: Erster Staatsanwalt Albrecht als Vornehmender, Justizangestellte Gottorf als Protokolllführerin, Auf Vorladung erscheint als Beschuldigte Ärztin Dr. med. Oberheuser aus Stocksee …’, 5 Dec. 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.
by medical malpractice carried out by both male and female doctors. The notion that female doctors should treat prisoners suffering from ‘womanly’ diseases increasingly did not play out in reality.

For the women prisoners who were at Ravensbrück when Oberheuser was at the camp, the presence of a female doctor meant not adequate medical care administered by another woman but instead invasive gynaecological examinations. For those who suffered from syphilis, it could make them subjects of experimentation, and for some women it may have led to their 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. In the extreme, specific context of the Ravensbrück Revier, however, gendered medical notions became less important. When we examine the work of female doctors beyond conventional medical settings, we can identify how gendered medical ideals played out in particular sites of persecution in the Third Reich, deepening the analysis by Kravetz with regard to the work of female doctors in Weimar and Nazi Germany more generally. Ultimately, while Jantzen, Weyand and Oberheuser were hired to work at Ravensbrück because they were women, their gender became less important in the Revier as Nazi policies of persecution took precedent. While Schwartz has shown that gender shaped the experiences of Aufseherinnen, gender did not shape Oberheuser’s behaviour in the Revier, which points towards a differentiated experience among female camp staff at Ravensbrück.

Abstract

This article sheds light on how gender intersected with the recruitment of three female doctors to Ravensbrück, a concentration camp in the Third Reich designated to intern only women prisoners. The favourable pay on offer, the prospect of permanent positions and their pre-existing affiliation with Nazi organizations led the female doctors to take jobs at the camp. While these women were hired to work at Ravensbrück as a result of the contemporary belief that women physicians were better suited to treating female patients than were male doctors, this gendered medical ideal was increasingly usurped in the camp hospital. Herta Oberheuser, one of the doctors, performed cruel experiments on female prisoners with venereal diseases and conducted humiliating gynaecological examinations on women arriving at the camp. Ultimately, we cannot fully understand the descent into medical malpractice in the hospital—including the types of medical atrocities enacted, who was subjected to them and who perpetrated them—without a detailed gendered analysis that incorporates the female doctors. In demonstrating how contemporary gendered medical ideals were actively violated, this article also asks how significant gender was in a women’s concentration camp.

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159 Schwartz, ‘Weibliche Angelegenheiten’, p. 365.