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

Kate Docking

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.¹ 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 1940.² 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.³

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 commandant 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

⁴Studies on gender and the Holocaust faced a 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?: Women in Holocaust Testimonies', in D. Ofer and L. J. Weitzman (eds), *Women in the Holocaust* (New Haven, 1998), pp. 351–64. 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. M. Ringelheim, 'The Unethical and the Unspeakable: Women and the Holocaust', *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 universalizing experiences; see Z. Waxman, *Women in the Holocaust: A Feminist History* (New York, 2017). For recent work on gender and the Holocaust that has moved to analyse taboo topics, see J.-A. Owusu, 'A Cruel Period', *History Today*, 69, 5 (2019), pp. 52–61. See also the work of Anna Hájková on sexuality during the Holocaust. A special issue of this journal edited by Hájková will deal with this theme; see A. Hájková, 'Introduction: Sexuality, Holocaust, Stigma', *German History*, 9 June 2020, (2020), <https://doi.org/10.1093/gerhis/ghaa033>, and the articles for that issue. For a comparative survey of gender and genocide, see A. E. Randall (ed.), *Gender and Genocide in the Twentieth Century* (London, 2015).

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).

⁶E. Mailänder, *Female SS Guards and Workaday Violence: The Majdanek Concentration Camp, 1942–1944*, trans. P. Szobar (East Lansing, 2015), p. 3.

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-Alltag* (Bielefeld, 2011).

⁸Schwartz, 'Weibliche Angelegenheiten', p. 365. Schwartz's approach is reminiscent of Judith Butler's argument that gender is 'performed', manufactured through a sustained set of acts. See J. Butler, *Gender Trouble: Feminism and the Subversion of Identity* (London, 2006), p. vxi.

Aufseherinnen hit prisoners to impress male colleagues.⁹ 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.¹⁰ 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.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 took advantage of the opportunities of the time’.¹² 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 Ravensbrück doctors together, studies have begun to explore gender and medicine in Nazi Germany more

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

¹⁰ J. Caplan, ‘Gender and the Concentration Camps’, in J. Caplan and N. Wachsmann (eds), *Concentration Camps in Nazi Germany: The New Histories* (Oxford, 2010), pp. 82–108, here p. 82. Rochelle Saidel noted the gender-specific experiences of Jewish prisoners in Ravensbrück, drawing on the cessation of menstruation and the parading of naked women. See R. G. Saidel, *The Jewish Women of Ravensbrück Concentration Camp* (Madison, WI, 2006), p. 22.

¹¹ For studies on male concentration camp doctors, see T. Bastian, *Furchtbare Ärzte: Medizinische Verbrechen im Dritten Reich* (Munich, 2001). Some studies have focused on the Ravensbrück male doctors; see K. Stoll, ‘Walter Sonntag—ein SS-Arzt vor Gericht’, *Zeitschrift für Gesichtswissenschaft*, 50, 10 (2002), pp. 918–30. 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 and K. Dörner (eds), *Vernichten und Heilen: der Nürnberger Ärzteprozeß und seine Folgen* (Berlin, 2001), pp. 51–68, and M. Kater, *Doctors under Hitler* (Chapel Hill, 1989). See also R. J. 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 dissertation, ‘Zum Selbstverständnis von Frauen im Konzentrationslager: das Lager Ravensbrück’ (PhD thesis, 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), pp. 54, 56. For scholarship on the Ravensbrück nurses see S. Benedict, ‘The Nadir of Nursing: Nurse-perpetrators of the Ravensbrück Concentration Camp’, *Nursing History Review*, 11 (2003), pp. 129–46, and P. Betzien, *Krankenschwestern im System der nationalsozialistischen Konzentrationslager: Selbstverständnis, Berufsethos und Dienst an den Patienten im Häftlingsrevier und SS-Lazarett* (Frankfurt/Main, 2018), which 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/Main, 2001) and B. R. McFarland-Icke, *Nurses in Nazi Germany: Moral Choice in History* (Princeton, 1999). See also S. Benedict and L. Shields (eds), *Nurses and Midwives in Nazi Germany: The ‘Euthanasia’ Programs* (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), pp. 99–115, here p. 113. For other work on Oberheuser, see A. Ebbinghaus, *Opfer und Täterinnen: Frauenbiographien des Nationalsozialismus* (Nördlingen, 1987), p. 31, and C. Taake, *Angeklagt: SS-Frauen vor Gericht* (Oldenburg, 1973), p. 11.

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.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 *Völksgemeinschaft* (people's community) composed exclusively of 'racially pure' and healthy Germans.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.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 (*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 *Völksgemeinschaft*. Female doctors also worked with the League of German Girls (*Bund Deutscher Mädel*, BDM) and worked in breast-milk collection clinics, where

¹³Initial attempts to shed light on the culpability of the German medical profession in Nazi atrocities were met with 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 sulphonamide experiments which took place at Ravensbrück. Their work was translated into English and published in 1949 with the title *Doctors of Infamy: The Story of Nazi Medical Crimes* (New York, 1947). For more on this subject, see C. Pross, 'Nazi Doctors, German Medicine, and Historical Truth', in G. J. Annas and M. A. Grodin (eds), *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation* (New York, 1992), pp. 32–53, here pp. 40, 42, 45. A study by Gerhard Baader was one of the earliest to explore Nazi medicine: G. Baader, *Medizin und Nationalsozialismus: tabuisierte Vergangenheit—ungebrochene Tradition?* (Munich, 1980). See also J. J. Michalczyk, *Medicine, Ethics and the Third Reich: Historical and Contemporary Issues* (Kansas City, 1994); R. Proctor, *Medical Killing in the Nazi Era* (New York, 1986); R. N. Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, 1988); and G. C. Cocks, *The State of Health: Illness in Nazi Germany* (Oxford, 2012). For sterilization see G. Bock, *Zwangsterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Geschlechterpolitik* (Opladen, 1986). For literature on the 'euthanasia' programme specifically, see M. Burleigh, *Ethics and Extermination: Reflections on Nazi Genocide* (Cambridge, 1997) and E. Klee, 'Die Ermordung der Unproduktiven', in H. Volkman (ed.), *Ende des Dritten Reiches, Ende des Zweiten Weltkriegs: eine perspektivische Rückschau* (Munich, 1995), pp. 343–68.

¹⁴See R. N. Proctor, *The Nazi War on Cancer* (Princeton, 1999) and R. N. Proctor, 'The Anti-tobacco Campaign of the Nazis: A Little known Aspect of Public Health in Germany, 1933–1945', *British Medical Journal*, 313, 7070 (1996), pp. 1450–3.

¹⁵M. Kravetz, *Women Doctors in Weimar and Nazi Germany: Maternalism, Eugenics and Professional Identity* (Toronto, 2019), pp. 4, 96.

they gathered surplus breast milk from mothers and supplied it to sick infants.¹⁶ Female doctors promoted eugenics, although not as strongly as they encouraged maternalism.¹⁷

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’.¹⁸ 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’.¹⁹ 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.²⁰ However, studies have not considered the roles of the female doctors in relation to gender beyond Oberheuser’s participation

¹⁶*Ibid.*, pp. 6, 109, 175. Kravetz’s work has built on other studies of female doctors in Nazi Germany, which have also outlined these women’s alignment with Nazi policies of persecution. The League of German Women Doctors, for example, excluded Jewish female doctors from membership. See S. Schleiermacher, ‘Rassenhygienische Mission und berufliche Diskriminierung’, in U. Lindner and M. Niehuss (eds), *Ärztinnen—Patientinnen: Frauen im deutschen und britischen Gesundheitswesen des 20. Jahrhunderts* (Cologne, 2002), pp. 126–34. See also C. Eckelmann, *Ärztinnen in der Weimarer Zeit und im Nationalsozialismus: eine Untersuchung über den Bund Deutscher Ärztinnen* (Wermelskirchen, 1992) and A. Grossmann, ‘German Women Doctors from Berlin to New York: Maternity and Modernity in Weimar and in Exile’, *Feminist Studies*, 19 (1993), pp. 65–88. Michael Kater included a chapter (pp. 89–111) on female doctors in *Doctors under Hitler*.

¹⁷Kravetz, *Women Doctors*, p. 10.

¹⁸C. Dillon, ‘Commentary: Masculinity and the Racial State’, *Central European History*, 51, 3 (2018), pp. 513–22, here 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: Critical Inquiries into the Presence and Absence of Men* (Albany, 2020), which ‘aims to make visible experiences that pertain to the gendered character of male agency’ (p. 1). See also *Central European History*, 51, 3, a special issue dedicated to the Holocaust and masculinities produced in 2018. See also T. Kühne, *The Rise and Fall of Comradeship: Hitler’s Soldiers, Male Bonding and Mass Violence in the Twentieth Century* (Cambridge, 2017) and C. Dillon, *Dachau and the SS: A Schooling in Violence* (Oxford, 2015).

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.²¹ 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.²² 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 1948.²³

Trial material carries certain well-documented caveats for the historian. Christopher Browning and, more recently, Mary Fullbrook drew on the possibility of defendants lying since they feared the judicial consequences of telling the truth.²⁴ Anna Hájková has noted that male witnesses were often deemed to produce more reliable testimony than women.²⁵ 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.²⁶ These prejudices might have affected what those investigating war crimes recorded

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 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.

²³ 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, 17 (1992), pp. 13–29, and S. Erpel, 'Die britischen Ravensbrück-Prozesse 1946–1948', in Erpel, *Im Gefolge der SS*, pp. 114–29.

²⁴ C. Browning, 'German Memory, Judicial Interrogation, and Historical Reconstruction', in S. Friedländer (ed.), *Probing the Limits of Representation* (Cambridge, 1992), pp. 22–37, here p. 29. M. Fullbrook, *Reckonings* (Oxford, 2018), p. 8. For further discussions of methodology for the historian in using trial material, see R. J. Evans, 'History, Memory and the Law: The Historian as Expert Witness', *History and Theory*, 3 (2002), pp. 326–45, and A. Hájková, 'What Kind of Narrative is Legal Testimony? Terezín Witnesses before Czechoslovak, Austrian, and German Courts', in N. J. W. Goda (ed.), *Rethinking Holocaust Justice* (Oxford, 2019), pp. 71–99.

²⁵ A. Hájková, E. Mailänder, D. Bergen, P. Farges and A. Grossmann, 'Forum: Holocaust and the History of Gender and Sexuality', *German History*, 36, 1 (2018), pp. 78–100, here p. 85.

²⁶ The National Archives, London (hereafter TNA), WO 235/316, 'Interim Report by War Crimes Investigation Unit, BAOR, on Ravensbrück concentration camp', undated.

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.²⁷ 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*.²⁸ 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.²⁹ Ravensbrück was situated by the town of Fürstenberg, some fifty miles from Berlin.³⁰ 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.³¹ The

²⁷ C. Browning, *Collected Memories: Holocaust History and Postwar Testimony* (Madison, WI, 2003), p. 11.

²⁸ See A. Kretzer, *NS-Täterschaft 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. Schaff 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).

³¹ Schwartz, 'Weibliche Angelegenheiten', p. 61.

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'.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.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 (*Inspektion der Konzentrationslager*, IKL).³⁴ In 1942, the IKL was absorbed into the SS Economic and Administrative Main Office (*SS Wirtschafts und Verwaltungshauptamt*, WVHA).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.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.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.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.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

³² Mailänder, *Female SS Guards*, p. 45.

³³ N. Wachsmann, *KL* (London, 2015), p. 226.

³⁴ 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: New Perspectives on the History of the Third Reich* (Exeter, 2005), pp. 22–41, here p. 35.

³⁵ M. Broszat, 'The Concentration Camps 1933–1945', in H. Krausnick, H. Buchheim, M. Broszat and H.-A. Jacobsen, *Anatomy of the SS State* (rpt Reading, 1982; first published. 1968), pp. 141–249, here p. 143.

³⁶ 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 Apr. 1942. See N. Wachsmann, 'The Dynamics of Destruction', in Caplan and Wachsmann, *Concentration Camps*, pp. 17–44, here p. 29.

³⁷ Wachsmann, *KL*, p. 227.

³⁸ Morrison, *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.

³⁹ A. Postel-Vinay, 'Gaskammern und die Ermordung durch Gas im Konzentrationslager Ravensbrück', in S. Jacobeit and G. Philipp (eds), *Forschungsschwerpunkt Ravensbrück: Beiträge zur Geschichte des Frauen-Konzentrationslagers* (Berlin, 1997), pp. 33–47, here p. 37; TNA, WO 235/305, 'Opening Speech of the First Ravensbrück Trial by Major Stewart', 3 Dec. 1946.

further one-and-a-half barrack blocks for sick patients.⁴⁰ 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.⁴¹ While some new buildings were constructed, barrack 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.⁴² 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.⁴³

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.⁴⁴ The Ravensbrück doctors were integrated into this department, and from December 1944, the Ravensbrück nurses were administratively encompassed by it.⁴⁵ 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.⁴⁶ 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’.⁴⁷ Female doctors remained subordinate to a male *Standortarzt*, even if they wielded significant power over prisoners.⁴⁸

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*

⁴⁰TNA, 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.

⁴¹Strebel, *Das KZ Ravensbrück*, p. 252.

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

⁴³N. Wachsmann, ‘Being in Auschwitz: Lived Experience and the Holocaust’, *Times Literary Supplement* (24 Jan. 2020), p. 10.

⁴⁴Wachsmann, *KL*, pp. 111, 396.

⁴⁵Betzien, *Krankenschwestern*, p. 175.

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

⁴⁷TNA, 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.

⁴⁸ITS, 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'.

⁵¹ R. Saavedra Santis, 'Topografien der medizinischen Versorgung durch Häftlinge im Lagerkomplex Ravensbrück', in Saavedra Santis and Wickert, '... unmöglich', pp. 29–45, here p. 42, and C. Wickert, 'Work in Progress', in Saavedra Santis and Wickert, '... unmöglich', p. 253.

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.

⁵⁶ HHSStA, 520/16 Nr. 9391, 'Meldebogen'; Universitätsarchiv Heidelberg, 'StudA_Weyand, Gerda, Deutsche Studentenschaft'; Ebbinghaus, *Opfer und Täterinnen*, p. 318; HHStA, 520/16 Nr. 9391, 'Meldebogen'; 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; Betzien, *Krankenschwestern*, p. 146.

⁵⁷ Universitätsarchiv Heidelberg, 'StudA_Weyand, Gerda, Deutsche Studentenschaft'; Ebbinghaus, *Opfer und Täterinnen*, p. 318; HHStA, 520/16 Nr. 9391, 'Meldebogen'.

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 Reichsmark 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

⁵⁸NMT, Herta Oberheuser examined by the President, 3 Apr. 1947, microfiche number 062; Mahn-und Gedenkstätte Ravensbrück (hereafter MGR), P-FH/17, 'Ermittlungsabteilung, Erika Jantzen, Giessen', 16 Apr. 1948, an examination conducted as part of Jantzen's denazification; LAS, R 18 Nr. 17451, 'Gouvernement Militaire en Allemagne, Fragebogen'; J. Stephenson, *Women in Nazi Germany* (Harlow, 2001), p. 39.

⁵⁹Kater, *Doctors under Hitler*, pp. 1, 90.

⁶⁰Ebbinghaus, *Opfer und Täterinnen*, p. 318.

⁶¹SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, Herta Oberheuser, '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 Oct. 1960.

⁶²NMT, Herta Oberheuser examined by the President.

⁶³SAD, 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'.

⁶⁴SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, Herta Oberheuser, 'An das Personalamt der Stadt'.

⁶⁵Landesarchiv 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'.

⁶⁶SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, 'Bestimmungen über die Einstellung'.

⁶⁷Staatsarchiv Nürnberg, Rep 502 VI O1, KV-Anklage, Interrogations, 'Vernehmung von Frl. Dr. Oberheuser durch Prof. Dr. Alexander', 28 Dec. 1946.

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 1935.⁷⁶ 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

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.

⁷² Schäfer, 'Zum Selbstverständnis', p. 258; LAS, R 18 Nr. 17451, 'Gouvernement Militaire en Allemagne'.

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'.

⁷⁶ MGR, P-FH/17, 'Ermittlungsabteilung, Erika Jantzen, Giessen', 16 Apr. 1948.

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.

Weyand's and Oberheuser's cases, they presented themselves as dedicated to the Nazi Party.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'.⁷⁹

Yet this rather bleak picture did not prevent Jantzen, Weyand 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.⁸⁰ Indeed, Oberheuser held a leadership role in the BDM, where she carried out medical examinations of girls and treated sports injuries.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'.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 Weyand and Oberheuser, their affiliation with Nazism that most significantly drew them to the camp.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.⁸⁴

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, Weyand 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.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.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.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,

⁷⁸ Kravetz, *Women Doctors*, p. 175.

⁷⁹ M. Mouton, 'From Adventure and Advancement to Derailment and Demotion: Effects of Nazi Gender Policy on Women's Careers and Lives', *Journal of Social History*, 43 (2010), pp. 945–71, here p. 959.

⁸⁰ D. Reese, *Growing Up Female in Nazi Germany* (Ann Arbor, 2006), p. 9.

⁸¹ NMT, Examination of Herta Oberheuser.

⁸² Harvey, *Women in the Nazi East*, p. 295.

⁸³ Mailänder, *Female SS Guards*, p. 69.

⁸⁴ WHL, 1655/3229, Affidavit of Erika Jantzen, 3 June 1946.

⁸⁵ G. Bock, 'Ordinary Women in Nazi Germany: Perpetrators, Victims, Followers and Bystanders', in Ofer and Weitzman, *Women in the Holocaust*, pp. 85–101, here p. 95.

⁸⁶ Kravetz, *Women Doctors*, p. 4.

⁸⁷ ITS, 1.1.35.0, 82150226, 'Dienstvorschrift für das F.K.L Ravensbrück'.

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.⁸⁸ Jantzen confirmed that Oberheuser was her successor, which also suggests that Oberheuser replaced Jantzen in December 1940 specifically because she had had some training in the specialist area of venereal diseases.⁸⁹

Oberheuser had trained in dermatology and venereal diseases under Professor Schreus, the director of the Düsseldorf clinic.⁹⁰ 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.⁹¹ Although Oberheuser had not been formally awarded her medical specialisation, 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.⁹² 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 *Standortarzt*, to work at the camp, arriving in 1941 to replace Weyand.⁹³ 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

⁸⁸BLHA, 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 Inspektion der Konzentrationslager 1938–1945: das System des Terrors* (Berlin, 1994), p. 218.

⁸⁹MGR, 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 *Ärztchammer* 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.

⁹⁰Archiv Rheinische Friedrich-Wilhelms-Universität Bonn, MF-Prom 84, ‘Die Würde eines Doktors’, 6 May 1948; Ebbinghaus, *Opfer und Täterinnen*, p. 318; NMT, Examination of Herta Oberheuser; SAD, 0-1-5 Bestand V Personalakten, 0-1-5-11609.0000, Herta Oberheuser, ‘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 Feb. 1939. For additional (although sparse) information on Professor Schreus, see F. Mergenthal, ‘Die Klinik für Haut- und Geschlechtskrankheiten—und ein merkwürdiger Entnazifizierungsfall’, in M. G. Esch, K. Griesse, F. Sparing and W. Woelk (eds), *Die Medizinische Akademie Düsseldorf im Nationalsozialismus* (Essen, 1997), pp. 191–6, here p. 196.

⁹¹BLHA, Rep 72 Nr. 2428, ‘Zeugnis’, 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.

⁹²Wickert, ‘Die Abteilung “Lagerarzt”’, pp. 56, 54. In her PhD thesis Silke Schäfer also described Weyand as a gynaecologist; Schäfer, ‘Zum Selbstverständnis’, p. 259.

⁹³Schäfer, ‘Zum Selbstverständnis’, p. 254.

gynaecologist, he sent him to Ravensbrück.⁹⁴ 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.⁹⁵ 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 1940.⁹⁶ 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'.⁹⁷ Overall, the total number of women imprisoned as 'asocials' has been estimated at approximately 5,000.⁹⁸ 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).⁹⁹ 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.¹⁰⁰ 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'.¹⁰¹ 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

⁹⁴TNA, WO 235/317, Deposition of Dr Percy Treite, 14 Aug. 1946.

⁹⁵A. Wisely, 'War "against Internal Enemies": Dr. Franz Lucas's Sterilisation of Sinti and Roma in Ravensbrück's Men's Camp in January 1945', *Central European History*, 52, 4 (2019), pp. 650–71, here pp. 652, 657. See this article for a study of Franz Lucas's involvement in sterilization at Ravensbrück. Caplan, 'Gender and the concentration camps', p. 88.

⁹⁶Saidel, *Jewish Women*, p. 37; C. Schikorra, "'Herumtreiberi'" und "'liederlicher Lebenswandel'": Frauen im Zugriff von Fürsorge und Polizei im NS-Staat', in A. Alex and D. Kalkan (eds), *Ausgesteuert—ausgegrenzt ... angeblich asozial* (Holzheim, 2009), pp. 55–61, here p. 59.

⁹⁷Schikorra, "'Herumtreiberi'", p. 60. C. Schikorra, *Kontinuitäten der Ausgrenzung: 'asoziale' Häftlinge im Frauen-Konzentrationslager Ravensbrück* (Berlin, 2001), p. 223.

⁹⁸Schikorra, "'Herumtreiberi'", p. 59.

⁹⁹Saidel, *Jewish Women*, p. 213.

¹⁰⁰V. Harris, *Selling Sex in the Third Reich: Prostitutes in German Society, 1914–1945* (Oxford, 2012), p. 183.

¹⁰¹N. Herbermann, *The Blessed Abyss: Inmate #6582 in Ravensbrück Concentration Camp for Women* (Detroit, 2000), p. 171.

confirmed, women suspected of having these diseases were still sent to a concentration camp, so that the *Volksgemeinschaft* could be protected from such illnesses.¹⁰²

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.¹⁰³ 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.¹⁰⁴ 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’.¹⁰⁵ 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.¹⁰⁶ 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.¹⁰⁷ 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.¹⁰⁸ Oberheuser remarked that she was present when transports of prisoners arrived at the camp, in order to check for sexually transmitted diseases.¹⁰⁹ Gynaecological examinations also served to uncover valuables. Alexandra Kawęczyn, a Polish political prisoner, stressed the search for ‘gold, diamonds, etc’.¹¹⁰ Many women found these examinations highly humiliating, with a Spanish former prisoner recounting that the medical examination involved the ‘most humiliating vaginal examination imaginable’.¹¹¹

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.¹¹² During the camp’s early years, prisoners were sent to give birth in the nearby town of Templin.¹¹³ 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

¹⁰²Schikorra, *Kontinuitäten der Ausgrenzung*, p. 178.

¹⁰³BArch Ludwigsburg, B 162/9806, ‘Auf Vorladung erscheint die prakt. Ärztin Gerda Weyand’.

¹⁰⁴BArch Ludwigsburg, B162/9808, ‘Polizeipräsidium Duisburg vorgeladen erscheint die Hausfrau Herta Brunen’, 30 Jan. 1974.

¹⁰⁵NMT, Examination of Herta Oberheuser.

¹⁰⁶Wachsmann, *KL*, pp. 123, 229.

¹⁰⁷Strebel, *Das KZ-Ravensbrück*, p. 242.

¹⁰⁸Salvesen, *Forgive*, p. 73.

¹⁰⁹BArch Ludwigsburg, B 162/9809, ‘Aufgesucht in der Wohnung erklärt die Frau Dr. Herta Oberheuser’, 18 June 1974.

¹¹⁰Polish Research Institute Archive at Lund University, ‘Record of Witness Testimony 235’.

¹¹¹Morrison, *Ravensbrück*, p. 33.

¹¹²Buchmann, *Die Frauen von Ravensbrück*, p. 79.

¹¹³Polish 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’.

born.¹¹⁴ 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.’¹¹⁵ However, Rosenthal purposely experimented with abortion procedures, performing various operations to find out about the stages of pregnancy.¹¹⁶ Gerda Quernheim, a German political prisoner at Ravensbrück who had a romantic liaison with Rosenthal, assisted at these abortions.¹¹⁷ 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’.¹¹⁸ Schiedlausky also carried out abortions.¹¹⁹

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’.¹²⁰ 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.¹²¹ 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.¹²²

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.¹²³ 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.’¹²⁴ The involvement of men in traditionally ‘womanly’ areas of

¹¹⁴B. Pawelke, ‘Als Häftling geboren—Kinder in Ravensbrück’, in C. Füllberg-Stolberg (ed.), *Frauen in Konzentrationslagern* (Bremen, 1994), pp. 157–65, here 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, ‘... unmöglich’, pp. 91–101.

¹¹⁵TNA, WO 235/317, Notes on Dr Rosenthal’s Testimony, undated.

¹¹⁶TNA, WO 309/469, Statements by Ravensbrück Witnesses, 9 July 1945

¹¹⁷Buchmann, *Die Frauen von Ravensbrück*, p. 80.

¹¹⁸TNA, WO 235/308, Judge Advocate’s Comments, 31 Jan. 1947.

¹¹⁹L. Walz, ‘Und dann kommst du dahin an einem schönen Sommertag’: *die Frauen von Ravensbrück* (Munich, 2005), p. 379.

¹²⁰Polish 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’.

¹²¹Walz, ‘Und dann kommst du dahin’, pp. 379, 400

¹²²Wachsmann, ‘Dynamics of Destruction’, p. 36.

¹²³Betzien, *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).

¹²⁴TNA, 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'.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 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'.¹²⁶ 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.¹²⁷ 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.¹²⁸ 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.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 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.¹³¹ 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

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

¹²⁶NMT, Examination of Herta Oberheuser.

¹²⁷Christine 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.

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

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

¹³⁰C. Schikorra, 'Forced Prostitution in Nazi Concentration Camps', in P. Hayes and D. Herzog (eds), *Lessons and Legacies VII* (Evanston, 2006), pp. 169–76, here p. 174.

¹³¹TNA, 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

¹³²ITS, 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.

¹³³NMT, Examination of Herta Oberheuser.

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

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

¹³⁶U. 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.

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

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

¹³⁹Harvard Law School Library, Nuremberg Trials Project, <https://nuremberg.law.harvard.edu/>, Affidavit of Fritz Fischer, 1 Nov. 1946.

masculinity', was associated with men during the Nazi regime, with women composing only 1.6 per cent of surgical doctors.¹⁴⁰ 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.'¹⁴¹ 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 1941.¹⁴² 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 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.¹⁴³ 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.¹⁴⁴ 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'.¹⁴⁵ 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.¹⁴⁶ Certainly, Weyand might have behaved in a friendly manner only towards German

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

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

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

¹⁴³Bundesarchiv in Berlin (hereafter BArch Berlin), DY 55/51, 'Betr.: Schreiben 6.1.50 Rav./Sch.', Doris Maase, 22 Jan. 1950.

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

¹⁴⁵BArch Ludwigsburg, B 162/9806, 'Auf Vorladung erscheint die prakt. Ärztin Gerda Weyand', 4 June 1962.

¹⁴⁶BArch Berlin, DY 55/40, 'Frau Dr. Med. Gerda Sonntag', Erika Buchmann, 7 Aug. 1947; Betzien, *Krankenschwestern*, p. 322.

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

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

¹⁴⁸MGR, P-FH/17, 'Ermittlungsabteilung'. See Günther and Erika's application to marry to the *Rasse- und Siedlungshauptamt* (Race and Settlement Head Office) at BArch Berlin, R 9361-III/86442.

¹⁴⁹LAS, 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'.

¹⁵⁰BArch Berlin, R 9361-III/86442, 'An des SS-Rottenführer Günter Jantzen', 'Der Chef des Sippenamtes', 22 Apr. 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 in May and June 1948, and he was executed by hanging for his actions at the camp. See TNA, WO 309/692, 'Telegram from British Government Hameln Prison to Concomb Lubbrecke', 17 Sept. 1948. In the postwar period, Weyand remarried and continued practising medicine. See BArch Ludwigsburg, B 162/9806, 'Auf Vorladung erscheint die prakt. Ärztin Gerda Weyand'.

¹⁵¹BArch Berlin, R 9361-III/195957, 'Sippenakte', 26 June 1941; K. von Kellenbach, 'God's Love and Women's Love: Prison Chaplains Counsel Wives of Nazi Perpetrators', *Journal of Feminist Studies in Religion*, 20, 2 (2004), pp. 7–24, here p. 7. For more on the *SS-Sippengemeinschaft*, see G. Schwarz, *Eine Frau an seiner Seite: Die Ehefrauen in der 'SS-Sippengemeinschaft'* (Hamburg, 1997).

¹⁵²NMT, 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.¹⁵³ 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.¹⁵⁴ As Cornelia Osborne 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.¹⁵⁵

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.¹⁵⁶ 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.¹⁵⁷ 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

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

¹⁵⁴LSH, 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 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.

¹⁵⁵C. Osborne, 'Social Body, Racial Body, Woman's Body: Discourses, Policies, Practices from Wilhelmine to Nazi Germany, 1912–1945', *Historical Social Research*, 36, 2 (2011), pp. 140–61, here p. 159.

¹⁵⁶P. Weindling, 'Sexually Transmitted Diseases between Imperial and Nazi Germany', *Genitourinary Medicine*, 70, 4 (1994), pp. 284–9, here p. 288.

¹⁵⁷See, for example, J. Roos, 'Backlash against Prostitutes' Rights: Origins and Dynamics of Nazi Prostitution Policies', *Journal of the History of Sexuality*, 11, 1/2 (2002), pp. 67–94, and A. Timm, 'Sex with a Purpose: Prostitution, Venereal Disease, and Militarised Masculinity in the Third Reich', in D. Herzog (ed.), *Sexuality and German Fascism* (Oxford, 2005), pp. 223–56.

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.¹⁵⁸ 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.¹⁵⁹

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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¹⁵⁸Kravetz, *Women Doctors*, p. 174.

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