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"The Angel of Death of Auschwitz": Dr Josef Mengele in the Memoirs of Prisoners and Shoah Survivors

Summary: The purpose of this article is to demonstrate how SS-Hauptsturmführer Dr Josef Mengele is remembered by former prisoners and Survivors of the Auschwitz concentration camp complex. Mengele's activities in the camp will be presented from the perspective of the victims of the experiments, the doctors who were forced to collaborate, and bystanders. These memories will be analyzed and contrasted with the actual activities of the "Angel of Death" in the prisoner hospital blocks to demonstrate how his myth arose after the war. This article will attempt to demonstrate the factors that influenced the creation of the "Mengele myth," presenting the actual research and experiments he conducted and their grounding in contemporary scientific knowledge and research methodology. The article aims to demonstrate that while many of the stories recounting Mengele's experiments are false, this fact in no way absolves him of guilt for the crimes committed in the camp.
Keywords: Auschwitz-Birkenau, Josef Mengele, medical experiments, testimonies by former prisoners

The Second World War was the bloodiest military conflict in history of humanity to date. Between 1939 and 1945, more than 60 million people — soldiers and civilians, also included those who died from famine and disease — lost their lives as a result of military operations. One of the defining features of this conflict was genocide on an unprecedented scale, directed primarily against the Jewish population. It is estimated

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that six million Jews were murdered as part of this planned campaign of extermination.[1] The sites most closely associated with this crime were the extermination camps established in the occupied territories of Eastern Europe.[2] Physicians played a distinctive role in these killing centers and, as in the case of KL Auschwitz,[3] became symbolic figures of the Shoah. The most notorious among them was SS-Hauptsturmführer Dr Josef Mengele, who, by virtue of the place and time in which he operated, became an archetype not only of Nazi genocidal crime, but of Nazi medicine *per se*.[4]

The aim of this article is to examine how Mengele was perceived by former prisoners and Survivors of the Auschwitz camp complex. These recollections serve as a point of comparison between what was said about Josef Mengele and the research he conducted in the camp, and what can be established on the basis of historical fact. Over time, a number of myths and stories accumulated around this SS physician, many of which bore little resemblance to reality. The reasons for this will be explored in the later part of the article. At the outset, however, it must be stressed that this text does not seek to diminish or discredit the memories of former prisoners and Survivors. Its purpose is rather to show, in accordance with current historical scholarship, what Mengele actually did in the camp and why he should be regarded as a criminal on the basis of his real actions alone.

The principal sources used in the preparation of this article were postwar statements given by former prisoners and Survivors and preserved in the Archive of the Auschwitz-Birkenau State Museum in Oświęcim.[5] Well-known and frequently republished memoirs describing camp imprisonment or encounters with Josef Mengele have been deliberately omitted. This is because such texts are already widely known and relatively easily accessible and have therefore significantly shaped — though not always helpfully — the broader reception of the "Angel of Death."[6] For this reason, I chose instead to rely on shorter written testimonies, many of them far less familiar, yet rich in both valuable information and revealing misconceptions concerning

1 Of the approximately 1.1 million Jews deported to KL Auschwitz, only slightly more than 200,000 were registered in the camp; the rest were murdered in gas chambers immediately upon arrival (in total, about one million Jews perished in Auschwitz). Of the 140,000–150,000 Poles deported to the camp, nearly half — approximately 70,000–75,000 — lost their lives. Of the 23,000 Roma deported there, around 21,000 were killed. Among the 15,000 Soviet prisoners of war sent to Auschwitz, fewer than one hundred survived to see liberation. In addition, approximately 25,000 deportees of other nationalities were imprisoned in the camp, of whom between 10,000 and 15,000 died.

2 For example, in the occupied territories of eastern Poland: Treblinka, Sobibór, and Bełżec.

3 In this article, the terms "Auschwitz" and "KL Auschwitz" refer to the entire camp complex, rather than solely to the main camp, unless otherwise specified.

4 As David G. Marwell aptly observed: "His inflated, sinister reputation as a medical monster is inversely proportional to our actual knowledge of his activities," Marwell D.G. 2020, 95.

5 The Statements collection comprises 168 volumes, while the Memoirs collection consists of 289 volumes.

6 Among the most well-known works are: Langbein H. 2017; Nyiszli M. 2017; Perl G. 2025; Mozes Kor E., Rojany-Buccieri L. 2014.

the subject of this study. Broadly speaking, the witnesses whose recollections are cited here may be divided into three groups: victims of experiments, medical personnel in the prisoners' hospitals, and outside observers.

The first part of the article briefly outlines how the role and competences of physicians were understood in the Third Reich and shows how this affected the position of medical personnel in concentration and extermination camps. It then presents a concise biographical sketch of Josef Mengele, focusing on the facts most relevant to the later sections of the text. The following part discusses the experiments and studies conducted by the "Angel of Death"[7] in KL Auschwitz, especially in Auschwitz II–Birkenau. These are presented in light of the current state of knowledge and placed within the broader context of contemporary medical science. The central section of the article is devoted to an analysis of the recollections of prisoners and Survivors who encountered Mengele in various ways and to varying degrees. These testimonies are subjected to critical factual evaluation, allowing us to determine with some precision which of them reflect the actual activities of the SS physician in the camp and which contributed to the formation of the "Mengele myth" (or indeed emerged from it). The concluding section seeks to explain why this man — who, as the reader will see, was in many respects a "thoroughly ordinary criminal" — became a symbol not only of Auschwitz and Nazi medicine, but also of virtually every conceivable pseudoscientific experiment. How, then, did the "Mengele myth" arise?

As Robert Jay Lifton writes in *The Nazi Doctors: Medical Killing and the Psychology of Genocide*, the biomedical vision of the Third Reich transformed physicians from healers of sick individuals into healers of the nation.[8] This "healing," however, assumed a grotesquely perverse form: it was to be achieved through killing. Murder became a therapeutic imperative. As one physician at KL Auschwitz, Fritz Klein, put it: "The Jews are a festering appendix that must be removed from the body of the patient in order to protect and preserve his life," where the "patient" was the *Volk* itself.[9] The medicalization of murder in Hitler's Germany was legitimized by the participation of physicians. They were not merely obedient executors of orders; they also displayed initiative and were capable of deriving tangible professional and personal benefits from the circumstances in which they found themselves. Concentration and extermination camps became ideal spaces for the enactment of this new role, where killing inmates became routine under the guise of medical care. This "healing" of the nation assumed a fully formalized shape after January 20. 1942 — the infamous

7 There is no clear information as to who first used the phrase "Angel of Death". In journalistic and historical writing, the term first appeared in 1986, as the title of a book by Posner G.L., Ware J. 2014.

8 In the "holistic" conception of medicine in the Third Reich, it was portrayed as a form of biomedical mysticism in which the German people (*Volk*) were regarded as sacred, Lifton R.J. 2024.

9 Fritz Klein made this statement in a conversation with the prisoner-physician Ella Lingens-Reiner, APMAB. Lingens E., *Oświadczenia*. 6, 796.

Wannsee Conference — when the "Final Solution to the Jewish Question" (*Endlösung der Judenfrage*) was set in motion.

Department V — the SS Camp Medical Service[10] — was created primarily in order to provide medical care for camp staff. Until 1943, the "treatment" of prisoners in practice largely consisted in detecting infectious diseases so as to prevent epidemics. In reality, this usually meant killing prisoners suspected of being ill. The pretense of providing care to inmates meant that all medical facilities in the camps were makeshift and poorly equipped. At the head of Department V stood the SS garrison physician (*SS Standortarzt*), who was responsible for its operation and also acted as the superior of all SS physicians. Members of the camp medical service played an active role in the extermination process by participating in selections of newly arrived prisoners, selections in the camp hospitals, and the killing of inmates in the course of experiments. Physicians subordinate to the *Standortarzt* were divided into SS troop physicians (*SS-Truppenarzt*) and camp physicians (*SS-Lagerarzt*). The latter were fully responsible for conditions in prisoners' hospitals and also they had the privilege of conducting their own research on camp inmates.[11]

Before Josef Mengele's activities in KL Auschwitz can be discussed, it is necessary to sketch, at least briefly, the childhood and early youth of the future infamous physician. Josef Mengele was born on 16 March 1911 in the Bavarian town of Günzburg. He was the eldest son of Karl and Walburga, née Hupfauer.[12] He had two younger brothers, Karl and Alois, with whom he appears to have spent a relatively carefree childhood. His father owned an agricultural machinery factory, into which he invested virtually all of his resources and savings. The business prospered, and before the outbreak of the First World War Karl employed around thirty workers.[13] Josef's mother was also involved in the management of the factory, which meant that the three brothers were frequently left in the care of nannies and servants. Their parents' hard work, and the rapid expansion of the business that resulted from it, ensured that the young Josef grew up in comfortable circumstances; the family could even afford what, at the time, would have been considered extravagant purchases, such as a car (Fig. 1).[14]

10 Following the model of KL Dachau, each camp was divided into five departments, each responsible for different functions: Department I – Commandant's Office; Department II – Political Department; Department III – Camp Administration, and IIIa – Prisoner Labor; Department IV – Administration; and Department V – Medical Service. There was also a Department VI – SS Welfare and Training, although it did not play as significant a role in the functioning of the camp as the other five.

11 For more on the organization and functioning of Department V, see: Lasik A. 1993, 263–269.

12 A few years earlier, Mrs. Mengele had given birth to a son named Karl; however, the child died after only a few days, Völklein U. 2021, 37.

13 Völklein U. 2021, 44. In 1959, at the time of his death, the "Karl Mengele & Sons" machinery factory was the largest employer in the region, and it was largely thanks to it that Günzburg gained recognition.

14 Völklein U. 2021, 45.



Fig. 1. Josef Mengele with his parents. Germany, 1938 (Source: Yad Vashem, Sign. 1584/365)

Neither the environment in which Josef grew up nor the education he eceived seemed to foreshadow the emergence of the future "Angel of Death." In 1924, he joined the *Grossdeutschland Jugendbund* (Greater Germany Youth League). Among conservative-minded citizens of the Weimar Republic, this was not at all unusual.[15] Mengele rose within the organization and even held leadership positions. In his memoirs, he later recalled the group's activities with pride and nostalgia.[16] Known to family and friends as "Beppo," young Josef was apparently well liked and adept at winning people over. He even wrote plays, which were staged on various occasions in his hometown.[17] After completing his education at the *humanistische Gymnasium* in Günzburg, Mengele went to Munich, intending to study dentistry at Ludwig Maximilian University. Following a conversation with a friend he met there, however, he decided instead to apply for medicine.[18] During his university years in Munich and Bonn, he also studied anthropology and, as was common at the time, philosophy. While still a student, he joined the *Jungstahlhelm* in 1931, leaving it in 1934

15 Although it might appear that Karl Mengele was actively involved in the Nazi Party, this was not entirely the case. The head of the family, a man of conservative views, was at the same time highly pragmatic and used the system to his own advantage. The postwar denazification proceedings concerning Karl Mengele demonstrated that he behaved correctly and fairly toward opponents of the regime and toward Jews, Marwell D.G. 2020, 23.

16 Marwell D.G. 2020, 23.

17 Kubica H. 1993, 327.

18 Marwell D.G. 2020, 25–27.

after its compulsory merger with the SA (*Sturmabteilungen*).[19] In 1935, he defended a dissertation entitled *Rassenmorphologische Untersuchung des vorderen Unterkieferabschnittes bei vier rassischen Gruppen* (*A racial-morphological study of the anterior section of the mandible in four racial groups*). The next stage in his career involved placements in Leipzig and Frankfurt. It was in Frankfurt that he met the man who would have the most profound influence on him and direct his interests toward twin studies: Baron Professor Otmar von Verschuer. Given the role he played, this figure warrants particular attention.

Otmar Freiherr von Verschuer was born on July 16, 1896 in Richelsdorfer Hütte. He became renowned as a distinguished anthropologist and geneticist specializing in twin research, and he achieved considerable recognition in this field. He completed his habilitation in 1927 at the University of Tübingen and became an associate professor in 1933. Baron von Verschuer was also the founder and editor-in-chief of the journal *Der Erbarzt*. A major advance in his career came in April 1935, when he was appointed director of the Institute of Hereditary Biology and Racial Hygiene at the Faculty of Medicine of Johann Wolfgang Goethe University in Frankfurt am Main. From 1942 onward, he headed the Institute of Anthropology at the Kaiser Wilhelm Institute in Berlin. It is worth noting that he also served as head of the NSDAP Office of Racial Policy. After the war, he continued his academic career and achieved international recognition; he authored approximately 290 publications on twin studies, anthropology, and genetics. From 1952, he served as president of the German Anthropological Society. He died in a car accident in Münster in 1969.[20] It may be stated with a high probability that it was he who encouraged Josef Mengele to apply for medical service in KL Auschwitz. In this, he saw not only an opportunity for his protégé's advancement, but also significant benefits for himself and for his Institute.

After successfully completing his clinical training and receiving permission to practice medicine, Josef Mengele decided to pursue an academic career. He therefore embarked on a second doctorate, this time in medicine, under the supervision of von Verschuer. In 1938, he defended a dissertation entitled *Sippenuntersuchungen bei Lippen-Kiefer-Gaumenspalte* (*Genealogical studies of cases of cleft lip and palate*), thereby obtaining a doctorate in medical science. In the same year he joined the SS; a year earlier, he had already become a member of the NSDAP. It is difficult today to determine whether this decision was driven primarily by ideological conviction or by cold calculation and pragmatism. It is, of course, entirely possible that in Mengele's case both motives were equally significant.

19 Völklein U. 2021, 71.

20 A highly insightful article on Professor von Verschuer by Weiss S.F. 2012.

The next stage in Josef Mengele's life was military service, which he performed in 1940, after the revocation of his deferment, in the 9th Medical Reserve Battalion (*Sanitäts-Ersatz-Bataillon 9*) stationed in Kassel. There he underwent military training and passed the examination qualifying him as a junior physician.[21] A decision that in some sense brought him closer to KL Auschwitz was his voluntary enlistment in the Waffen-SS.[22] He was first assigned to the Waffen-SS Medical Inspectorate (August–October 1940), then to the Race and Settlement Main Office (November 1940–January 1942), where he was involved in the racial evaluation of *Volksdeutsche* intended for resettlement within the Reich. Finally, in February 1942, he was posted as a medical officer to the SS "Wiking" Division, with which he followed the eastern front campaign route through (Galicia, Ukraine, and Rostov-on-Don) until January 1943.[23] As a soldier, Mengele appears to have shown courage, as he was awarded, among other decorations, the Iron Cross, First and Second Class, and the Black Wound Badge (Fig. 2).[24] After returning to Germany, he reported to the SS Infantry Replacement Battalion "Ost" but he was soon contacted by Professor von Verschuer, who proposed that he establish ties with the Institute of Anthropology at the Kaiser Wilhelm Institute. As a result, in May 1943 Josef Mengele was transferred to KL Auschwitz, where he began the phase of his career that would earn him the name "Angel of Death."[25]

Many myths and exaggerations have accumulated around Josef Mengele's activities in KL Auschwitz. It is therefore worth establishing what this SS physician actually did in the camp. From the beginning of his stay in Auschwitz II–Birkenau until August 1944, he served as chief physician of the so-called *Zigeunerlager*, the camp for Sinti and Roma in sector BIIe. From the turn of October and November 1944 onward, he was also responsible for the men's hospital in sector BIIf. In addition, as a camp physician, he was responsible for inspecting the hospitals and infirmaries throughout Birkenau. In December 1944, he also served in the SS infirmary. His duties were, as noted above, relatively clearly defined. At the same time, however, owing to the mission assigned to him by the Kaiser Wilhelm Institute, he was also able to carry out scientific studies and experiments.

21 Marwell D.G. 2020, 66.

22 In the meantime, Mengele's marital status changed — in July 1939 he married Irene Schönbein. The marriage proved unsuccessful. In March 1944, the couple's only son, Rolf, was born. In the autumn of 1946, Irene filed for divorce (which was granted) and sought to rebuild her life with a new partner.

23 Marwell D.G. 2020, 72–73. In some sources, it is stated that Mengele remained on the Eastern Front until July 1942 and was subsequently transferred to the SS Infantry Reserve Battalion "Ost", see: Klee E. 2014, 438.

24 In addition to documentary evidence, this fact is also confirmed by photographs of Mengele, see: Fig. 2.

25 According to the most recent findings, Mengele arrived at the camp on 17 June 1943, rather than on May 30, Setkiewicz P., Lachendro J. 2024, 1101.



Fig. 2. Josef Mengele was very proud of his military medals. The photo shows the Iron Cross and the Black Wound Badge (Source: Mengele R. 1985)

Within this framework, Josef Mengele's field of activity was clearly delineated. It resulted not only from his personal interests, but also from the tasks entrusted to him by the Kaiser Wilhelm Institute and its director, Professor Otmar von Verschuer. These included:

- research on twins
- *heterochromia iridis*
- Noma
- the physiology and pathology of dwarfism
- congenital anomalies

Research on these topics was financed and supervised by the Berlin institute, and Mengele was expected to provide regular reports on its progress.[26]

Experiments involving twins were not Mengele's own invention, but rather a continuation of research dating back to the nineteenth century. The phenomenon of multiple pregnancy had already been noted by Francis Galton, the cousin of Charles Darwin and one of the founding figures of eugenics.[27] In Germany, the methodology of twin research was developed in 1924 by Hermann Werner Siemens. This method consisted of extremely detailed, multilevel comparative studies of monozygotic and dizygotic twins.[28] As already noted, a major contribution to the advancement of this field was made by Professor Otmar von Verschuer, Josef Mengele's mentor and, from 1942 onward, director of the Kaiser Wilhelm Institute for Anthropology, Human Heredity, and Eugenics. It is highly probable that it was he who suggested that Mengele volunteer for service in KL Auschwitz. Von Verschuer was fully aware of the advantages that his institute could derive from having someone with virtually unrestricted access to research subjects and no need to observe the moral or legal constraints ordinarily governing experimentation on human beings.[29] In light of this, the experiments carried out by Josef Mengele in the camp must have proceeded in ways recommended and approved by the Institute. The one crucial difference separating them from von Verschuer's prewar research was the possibility of killing the research subject at any moment, without fear of legal consequences, and then performing a comparative autopsy.

Noma, also known as *cancrum oris*, was a disease known already in antiquity, though it had been almost entirely forgotten in twentieth-century Europe. It tends to occur in conjunction with other debilitating conditions, especially under circumstances of severe malnutrition and extremely poor sanitary conditions. Today, cases still occur in developing countries, above all in parts of Africa and South Asia.[30] When an outbreak

26 Lifton R.J. 2024, 476.

27 See: Galton F. 1875, 566–576.

28 Marwell D.G. 2020, 123–124.

29 In the Third Reich, there was a prohibition against deliberately endangering the life of a German citizen, for example by intentionally infecting them with a disease.

30 For contemporary data on Noma, see: Enwonwu C. 2006.

of Noma developed in the segregated Roma camp in 1943, Josef Mengele decided to exploit the opportunity and familiarize himself with both the disease process and possible methods of treatment. To assist him, he "recruited" — or rather, presented with "an offer they could not refuse" — two Jewish physicians: Professor Berthold Epstein, a world-renowned pediatrician, and Dr Rudolf Vitek (known in the camp as Weiskopf), a specialist in dermatology. After the war, during preparations for the Frankfurt Auschwitz trials, Dr Vitek submitted a statement in which he described the circumstances of his forced collaboration with the *Lagerarzt*. He portrayed Mengele as cold and cynical, yet at the same time as a capable and ambitious scientist with extensive medical knowledge. This "collaboration" between the SS doctor and the two Jewish physicians was intended to result in a publication that would help Mengele obtain the habilitation he coveted.[31]

The doctors assigned to work on Noma were not only expected to devise a treatment and draw scientific conclusions, but also to improve conditions in the ward itself — something to which Mengele agreed only after repeated persuasion. Professor Epstein administered a mixture of sulfonamides and niacin, gave patients vitamins, and secured for them a special high-calorie diet. His efforts began to produce results, and in some cases even led to a regression of the disease. Tragically, however, none of the patients — whether children or adults — survived. The experiments involving Noma treatment came to an end in June 1944, when the hospital in the so-called *Zigeunerlager* was liquidated. The Roma camp itself was dissolved in early August 1944, and its prisoners were sent to the gas chambers.[32] Josef Mengele ordered the heads of children suffering from Noma to be preserved in jars of formalin. These were sent to the SS Hygiene Institute in Rajsko for histopathological examination, and some specimens were later passed on to the SS medical academy in Graz.[33]

In addition to conducting his own research, Josef Mengele also undertook a form of commissioned work on behalf of his superior and colleagues at the Kaiser Wilhelm Institute. For Dr Karin Magnussen, he procured the eyeballs of persons with *heterochromia iridis*. Since differently colored irises were at that time regarded as a pathological condition, research was being conducted into this genetic trait. In the camp, Mengele ordered that children's eyes be treated with substances including adrenaline in an attempt to alter their color. These experiments, however, were not intended to produce perfectly "Aryan" blue eyes, but rather to standardize the coloring of the iris; Magnussen used similar methods in experiments on rabbits. Although the inheritance of eye color was still being studied in the 1940s, knowledge in the field was nevertheless sufficiently advanced for physicians and anthropologists to understand that artificially changing an individual's iris color would have no hereditary consequences for that

31 APMAB. Strafsache gegen Mulka u. a., Vitek R. 59, 11009–11010.

32 Marwell D.G. 2020, 120; Szymański T. 1962, 70.

33 APMAB. Höss Trial. Češpivy J. Testimony. 28, 33–34; APMAB. Dokumenty Instytutu Higieny Waffen-SS i Policji. 41, 69.

person's offspring.[34] Thus, as with the twin experiments, these studies of the eyes did not reflect the pseudoscientific whim of an ignorant researcher, but rather fit within the accepted scientific assumptions of the period. It is worth noting that Magnussen received shipments from KL Auschwitz containing prepared eyeballs selected for her research.[35]

Another of Josef Mengele's interests — one from which other research institutions in the Third Reich also benefited — was congenital anatomical abnormality and the physiology and pathology of dwarfism. Among the thousands of people arriving in Birkenau, he identified "specimens" of interest, had them measured and examined, and then ordered them to be killed. This was followed by post-mortem examination. The bodies were then prepared, and the bones sent, among other places, to the Kaiser Wilhelm Institute.[36] In mid-May 1944, the Ovitz family arrived in KL Auschwitz from Hungary. It consisted of ten people, seven of whom were of short stature. Unsurprisingly, Josef Mengele took a keen interest in this family of performers and their unusual physiognomy. Paradoxically, this very "protection" on the part of the "Angel of Death" enabled them to survive and live to see the end of Nazi rule.[37]

Medical experiments, as well as selections in prisoners' hospitals and on the arrival ramp, became among the most recognizable features of Josef Mengele in the statements of former prisoners and Survivors. His interest in twins appears in virtually every recollection concerning him. He is described as standing on the Birkenau ramp surrounded by children and looking for new research subjects.[38] Statements have survived both from victims of his experiments and from people who assisted in them. Testimonies given many years later by children subjected to these studies are not always precise; different events often blur into one another. It is hardly surprising that neither the children themselves nor the mothers who sometimes accompanied them — women without medical training — were capable of describing in scientific terms what had taken place in his office.[39] This gave rise to camp rumors

34 Marwell D.G. 2020, 136–143.

35 APMAB. Oświadczenia. Puzyna M. 167, 74–75.

36 The preparation of human remains of interest from a medical or anthropological perspective was not an invention of physicians working in extermination camps. The only — albeit fundamental — difference was that, for example, 19th century doctors and anthropologists typically waited for the natural death of their subjects. In some cases, this practice took on rather curious forms. See the account of Dr John Hunter and Charles O'Brien in: Belofsky N. 2021, 173–174.

37 For more on the Ovitz family, see: Koren Y., Negev E. 2015, 256.

38 See: APMAB. Oświadczenia. Chomicz A. 82, 6.

39 A particularly sober and credible account of the research conducted by Josef Mengele is provided by one of his victims, Agnes Havas: "For a period of one month we stayed in the infirmary, and during that time we did nothing. We were only examined by doctors, most often by Dr Mengele. Blood was taken from us and we were weighed. Prisoner clerks — Polish and Slovak women — conducted interviews with us about previous illnesses and the like. We stayed in a room where there were only twins of different nationalities. Once we were taken to the camp in Auschwitz to be photographed. I remember that we were also examined in the men's hospital in BIIf". Naturally, as a young person (born 21 August 1927) without medical training, Agnes was not in a position to determine the purpose for which all this information was being collected. APMAB. Oświadczenia. Havas A. 88, 189.

claiming, for example, that Mengele sewed children together,[40] drew blood from them to be sent to the front or simply discarded It(em),[41] or transplanted animal bones into human beings and transfused them with animal blood.[42] Anna Palarczyk offered an account characteristic of the classic "Mengele myth," in which she described the supposed purpose of his twin experiments. Like many others who addressed this subject, she claimed that the SS physician wished to uncover the secret of multiple pregnancy so that every German woman might bear more children at once. He allegedly intended to pair twins and have them reproduce.[43]

Far more concrete information about the twin experiments can be obtained from those who observed Josef Mengele's work on a daily basis or who themselves had medical or scientific training. Particularly credible in this respect is the anthropologist Martyna Puzyna, who before the war had been an assistant to Professor Jan Czekanowski at Jan Kazimierz University in Lwów.[44] Because of her involvement in the Polish Underground State, she was arrested in March 1943 and in August of that year deported to KL Auschwitz. She was sent to Birkenau, where she was assigned to hard physical labor. During a stay in the prisoners' hospital, she came to Mengele's attention, and he decided to "employ" her as an assistant. According to Puzyna, his principal interest lay in comparative research on twins.[45] She was instructed how to take measurements, what to record in the relevant forms, and was provided with the necessary tools. On the basis of her observations, she came to the following conclusion: "Also in the case of Dr Mengele's work, I must admit that, from the point of view of anthropology, the results were unquestionably of considerable value. I realized this already at the time and tried to make use of this knowledge for my own purposes."[46]

40 APMAB. Oświadczenia. Alexander V. 167, 60.

41 APMAB. Oświadczenia. Kagan R. 10, 58. The blood was probably also collected at the request of von Verschuer's institute for research on so-called specific proteins; Klee E. 2014, 439–440.

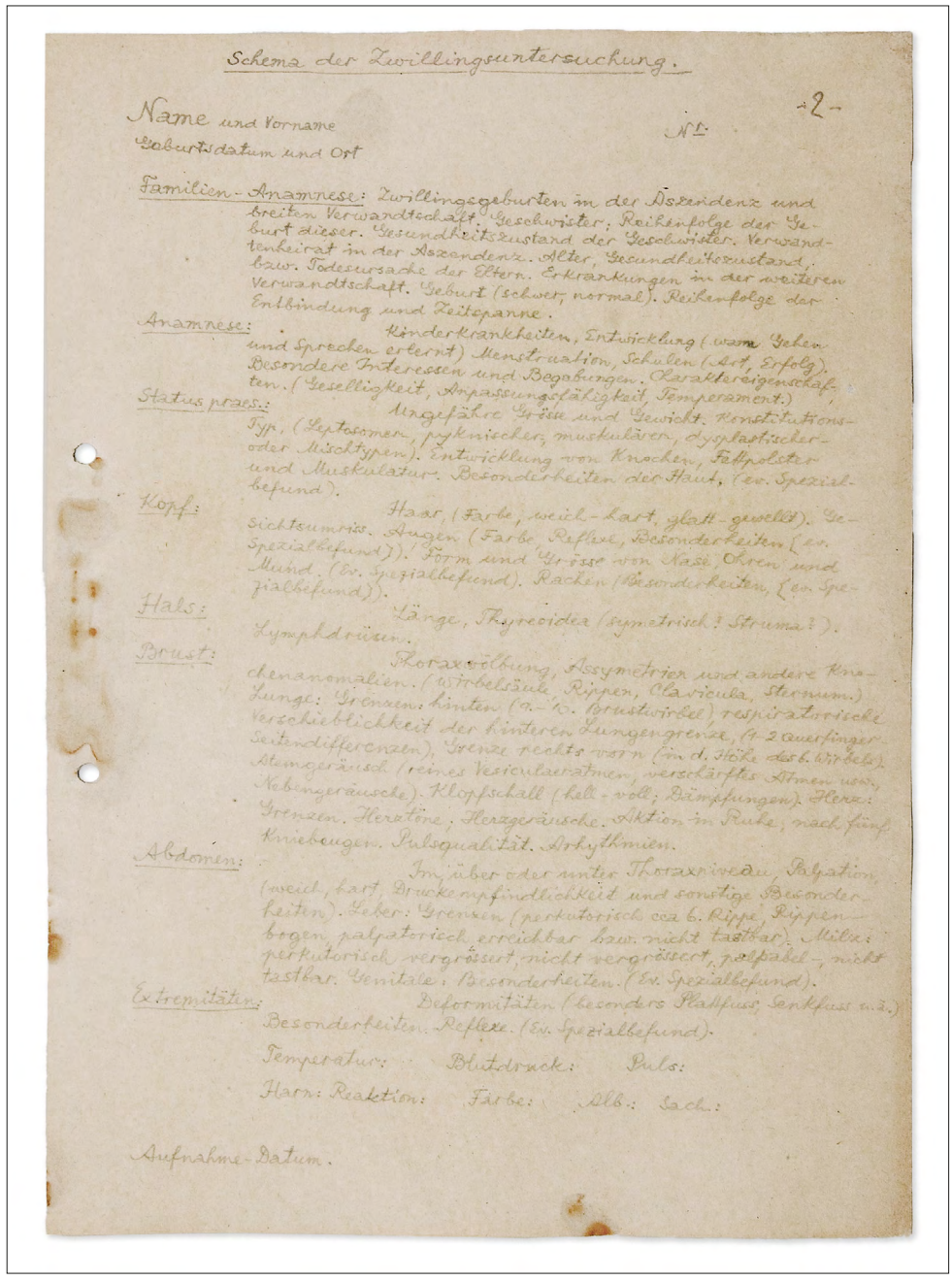
42 APMAB. Oświadczenia. Bratko J. 10, 1.

43 APMAB. Oświadczenia. Palarczyk A. 141, 155–157.

44 Jan Czekanowski — born on 6 October 1882 in Głuchów — was a distinguished Polish anthropologist and ethnographer. From 1934 to 1936, he served as Rector of the Jan Kazimierz University in Lwów. Between 1937 and 1946, he conducted research on the dynamics of population development and demographic losses in Poland. After the war, he headed the Department of Anthropology at Adam Mickiewicz University in Poznań. From 1961 to 1964, he served as President of the Polish Ethnological Society. He died in Szczecin on 20 July 1965.

45 M. Puzyna stated: "I would like to point out that this area of knowledge, within the field of established anthropology, constitutes a very important subject of research, particularly from the perspective of theories of heredity. Under no circumstances can it be said that research on twins was an invention of the Nazis. Within anthropology, twin studies have always played an important role". APMAB. Oświadczenia. Puzyna M. 167, 73.

46 APMAB. Oświadczenia. Puzyna M. 167, 75. Halina Czarnocka stated: "We agreed that she should accept this position [as Josef Mengele's assistant – AK] and advised her that, while carrying out research and measurements for the Germans, she should try to make duplicate copies of the results and preserve them for Polish science, preferably by burying them in the ground in metal boxes or bottles". APMAB. Czarnocka H. Memoires. 200, 86.



Schema der Zwillingsuntersuchung.

-2-

Name und Vorname
Geburtsdatum und Ort

Nr.

Familien-Anamnese: Zwillingsgeburten in der Descendenz und breiten Verwandtschaft. Geschwister: Reihenfolge der Geburt dieser. Gesundheitszustand der Geschwister. Verwandtenheirat in der Ascendenz. Alter, Gesundheitszustand, bzw. Todesursache der Eltern. Erkrankungen in der weiteren Verwandtschaft. Geburt (schwer, normal). Reihenfolge der Entbindung und Zeitespanne.

Anamnese: Kinderkrankheiten, Entwicklung (wann Gehen und Sprechen erlernt) Menstruation, Schulen (Art, Erfolg). Besondere Interessen und Begabungen. Charaktereigenschaften. (Geselligkeit, Anpassungsfähigkeit, Temperament.)

Status praes.: Ungefähre Grösse und Gewicht. Konstitutionstyp, (Leptosomen, pykniecher, muskulären, dysplastischer- oder Mischtypen). Entwicklung von Knochen, Fettpolster und Muskulatur. Besonderheiten der Haut, (ev. Spezialbefund).

Kopf: Haar, (Farbe, weich-hart, glatt-gewellt). Gesichtsumriss. Augen (Farbe, Reflexe, Besonderheiten (ev. Spezialbefund)). Form und Grösse von Nase, Ohren und Mund. (Ev. Spezialbefund). Rachen (Besonderheiten, (ev. Spezialbefund)).

Hals: Länge, Thyreoidea (symetrisch? Struma?). Lymphdrüsen.

Brust: Thoraxwölbung, Assymetrien und andere Knochenanomalien. (Wirbelsäule, Rippen, Clavicula, Sternum.) Lunge: Grenzen: hinten (v.-l. Brustwirbel) respiratorische Verschieblichkeit der hinteren Lungengrenze, (+ 2 Querfinger Seitendifferenzen). Grenze rechts vorn (in d. Höhe des 6. Wirbels). Atemgeräusch (reines Vesiculäratmen, verschärftes Atmen usw., Nebengeräusche). Klopfschall (hell-voll; Dämpfungen). Herz: Grenzen. Herztöne, Herzgeräusche. Aktion in Ruhe, nach fünf Kniebeugen. Pulsqualität. Arrhythmien.

Abdomen: Im über oder unter Thoraxniveau, Palpation (weich, hart, Druckempfindlichkeit und sonstige Besonderheiten). Leber: Grenzen (perkutorisch cca 6. Rippe, Rippenbogen, palpatorisch erreichbar bzw. nicht tastbar). Milz: perkutorisch, vergrössert, nicht vergrössert, palpabel-, nicht tastbar. Genitale: Besonderheiten. (Ev. Spezialbefund).

Extremitäten: Deformitäten (besonders Plattfuss, Senkfuss u.ä.) Besonderheiten. Reflexe. (Ev. Spezialbefund).

Temperatur: Blutdruck: Puls:

Harn: Reaktion: Farbe: Alb.: Sach.:

Aufnahme-Datum.

Fig. 3. Guidelines for Twin Examination and Measurement (Source: APMAB, Schematy badań lekarskich, Sign. D-AuII-5/2, inv. no. 154381)

Dina Babbitt (known in the camp as Gottliebova), although neither a physician nor a research subject, had intense daily contact with Josef Mengele. Born in Brno, she was deported to the Auschwitz camp complex in 1943 because of her Jewish origin. In Birkenau, while staying in the children's barrack, she decorated the walls with Disney characters, which attracted the attention of the SS physician Dr Lucas. Knowing that Mengele was looking for someone to paint portraits of Roma prisoners, Lucas informed him about her artistic skills. Because the *Lagerarzt* disliked color photography — believing that it did not faithfully reproduce color — he employed Dina to paint watercolor portraits of individuals he selected. Her task was to render as accurately as possible the skin tones and distinctive facial features of the "models" brought to her by the doctor. Babbitt suspected, probably correctly, that her paintings were intended to serve as illustrations in some future scientific publication by Mengele. Toward her he behaved correctly, though always with his characteristic reserve.[47]

The second indispensable element of the "Mengele myth" is the selection of prisoners — both those newly arrived at the camp and those already confined in the camp hospitals. Many former prisoners and Survivors recalled the physician's casual, almost nonchalant behavior on the ramp. According to witnesses, with a mere movement of his thumb he indicated who was to die immediately and who would be granted the chance of somewhat longer survival.[48] Isabella Maria Sosnowska summarized the impression made on prisoner-observers in the following words: "I remember very clearly how the following doctors repeatedly carried out such selections: Dr König, Dr Mengele, and Dr Rhode (...). For example, Dr König and Dr Mengele performed these selections in a cold manner. One could almost say that participating in them gave them pleasure."[49] Moreover, Josef Mengele was one of the few physicians — indeed one of the few SS men involved in the reception of transports — who did not fortify himself with alcohol before beginning the selection of newly arrived prisoners. According to many Survivors, the SS officer who selected their transport was Mengele himself. This was almost certainly not possible, given that camp physicians worked in shifts; substitutions did occur, of course, but it is physically impossible that every transport arriving at the camp was personally examined by him. The tendency to identify every doctor on the ramp with Josef Mengele had several causes. First, no SS man introduced himself to prisoners. As Survivors' testimonies make clear, the selections proceeded very quickly, offering almost no opportunity to observe the physician closely. Second, after the war the SS doctor became infamous, and his presence in one's recollections added an additional layer of horror. At the same time, it increased the perceived significance

47 APMAB. Oświadczenia. Babbitt D. 77, 139–140. See also: Ostałowska L. 2020, 248.

48 APMAB. Oświadczenia. Jockel E. 18, 66.

49 APMAB. Oświadczenia. Sosnowska I.M. 12, 74.

of such testimony, since its author had encountered *that* criminal — the man who eventually came to symbolize Nazi medical crimes as a whole.

For many prisoners, inspections of the camp hospitals inspired even greater terror than the selections of new arrivals. SS physicians regularly reviewed the sick and decided who should be immediately killed because their condition offered no prospect of a prompt recovery — and thus no prospect of returning to work. These hospital selections, known among prisoners as "pickings for the gas," were also an immense psychological burden for prisoner-doctors. It happened that SS physicians ordered prisoner medical staff to identify the weakest inmates and prepare lists of those to be sent to their deaths. Even in the appalling conditions of the camp wards, this forced triage posed a profound moral challenge. Numerous former prisoners and Survivors described the course of such selections. Ellen Zimmermann recalled that Josef Mengele appeared regularly in the hospital block and demanded that patient charts and temperature records be brought to him. On that basis, he decided who would live and who would die. The selected women — the testimony in question concerned women specifically — were sent to Block 25 in Birkenau, the so-called "death block".[50] After several days without food or water, they were transported by truck to the crematorium. Zofia Mine, by contrast, recalled how she managed to beg Mengele not to send her to her death: "I pleaded with him to spare my life, and I was sent back to the block."[51] This was such an exceptional occurrence that it merits citation here.



Fig. 4. Mengele on the ramp, during the selection of new arrivals (Source: Yad Vashem, Auschwitz Album, Archival Signature: 268/22)

50 APMAB. Strafsache gegen Mulka u. a., Zimmermann E. 8, 1215.

51 APMAB. Oświadczenia. Mine Z. 21, 65.

The killing of prisoners also served Josef Mengele as a method of controlling epidemics in the camp. At the end of 1943, a typhus epidemic broke out in the women's camp at Birkenau. On his orders, six hundred women were sent to the gas chamber, thus clearing the entire barrack. It was immediately emptied and disinfected. The surviving women were likewise disinfected and issued new clothing, after which the remaining blocks were treated in the same manner. The epidemic was indeed brought under control, but at the cost of several hundred Jewish women's lives.[52]

Among prisoners, Josef Mengele had the reputation of being a cold and cynical man. This judgement is borne out by numerous Survivors' recollections. Jiři Steiner,[53] who arrived in the camp together with his twin brother, described his own experience. Initially, the boys were placed in the so-called *Familienlager* (family camp), where until March 1944 they remained with the rest of their family. Following a selection, Jiři's parents were murdered in the gas chamber, and the boys then came to Mengele's attention. One day, the SS physician asked them whether they had any wishes. The boys replied that they wanted to see their parents again, not knowing that their parents were already dead. Mengele responded by telling them that they would see them in a few days.[54]

Mengele's cynicism and peculiar sense of humor are also noted by Alfred Milek.[55] After undergoing the usual reception procedures upon arrival in the camp, the prisoners from the transport that included the Czech doctor were assembled in front of a barrack in sector BIIb. Among the SS men present was the "Angel of Death," who ordered all doctors to step forward from the crowd. He then asked them about their specializations. When Alfred's turn came, he replied that he was a *Hygieniker*. Mengele responded that in that case he would be responsible for hygiene in the camp section to which he had been assigned — that is, for cleaning the latrines and the streets.[56]

The most reliable assessments of Josef Mengele character and his attitude toward prisoners come, however, from prisoner-doctors — both men and women — who had daily contact with him and were often compelled to work with him. One such witness was Dr Ella Lingens,[57] who encountered him in the women's hospital at Birkenau.

52 APMAB. Oświadczenia. Lingens E. 6, 797.

53 Jiři Steiner — born on 20 May 1929 in Prague — was deported to KL Auschwitz from the Terezín (Theresienstadt) ghetto on 8 September 1943 and assigned prisoner number 147743. After the war, he worked as a journalist.

54 APMAB. Oświadczenia. Steiner J. 71, 234.

55 Alfred Milek — Doctor of Medical Sciences; born on 10 April 1899 in Černá Voda (now in the Czech Republic). A prisoner of Auschwitz II–Birkenau, he was assigned number 146712 and deported on 8 September 1943 from the Terezín (Theresienstadt) ghetto.

56 APMAB. Oświadczenia. Milek A. 80, 224.

57 Ella Lingens — Doctor of Medical Sciences; born on 18 November 1908 in Vienna. During the war, together with her husband Kurt and Baron Karl von Motesiczky, she was involved in aiding the Jewish population. For this activity, she was arrested by the Gestapo and, in February 1943, deported to KL Auschwitz, where she was assigned prisoner number 36088. In the camp, she worked in various wards of the prisoners' hospitals, which enabled her to become acquainted with several SS physicians and their approach to patients. She was later honored by Yad Vashem with the title of Righteous Among the Nations.

Based on her observations, she portrayed him as a cold cynic who decided the fate of prisoners with a movement of his thumb. She recalled how he used the hospital staff to carry out selections among the sick in such a way that doctors and nurses were unable to determine how to save even a small number of inmates from being sent to their deaths. Lingens remembered that when a prisoner-doctor judged a female inmate likely to recover, this could provoke sharp criticism from the SS physician: "What? You want to send such a skeleton back to work in three weeks? What kind of doctor are you?" he would say. In this way, no diagnosis seemed acceptable, and any assessment could expose the physician making it to danger. After one of her conversations with him, the Austrian doctor concluded: "Throughout that conversation, I did not have the impression that his antisemitism was a matter of conviction; rather, it seemed to me pure, cynical opportunism." The "Angel of Death" behaved in a similarly cold and cynical manner toward non-Jewish prisoners as well.[58] At this point, Jerzy Tabeau's assessment is worth quoting: "He was an individual whose behavior stood out in comparison with other SS men. This applied particularly in relation to prisoners performing various functions. He was self-controlled and outwardly cultured, yet this did not prevent him from calmly carrying out the most criminal intentions."[59] As these former prisoners' testimonies suggest, the image of Josef Mengele that emerges is relatively consistent: cynical, cold, and at the same time deeply committed to the work he was doing.

Mengele's attitude toward children — the principal subjects of his research — was somewhat different. On his orders, something resembling a *kindergarten* was established in sector BIIe, the so-called *Zigeunerlager*.[60] As Tadeusz Joachimowski recalled: "The *Kindergarten* was organized [in blocks 29 and 31 — A.K.] on the orders of *Lagerarzt* Mengele. The purpose of this order was to relieve parents of the burden of caring for their children so that they could be put to work."[61] It presumably also served to maintain control and facilitate access to research subjects. Many prisoners who observed these interactions remembered his behavior toward children. For example, Ludwika Wierzbicka, who worked in the infirmary of the children's ward in sector BIIe, noted that "toward the children in whom he was currently interested, Mengele was gentle and even gave them sweets. They trusted him and called him 'uncle'. In the final stage of the research, these children were most often killed."[62]

58 APMAB. Oświadczenia. Lingens E. 6, 796–798.

59 APMAB. Oświadczenia. Tabeau J. 98, 10.

60 The camp for Roma families was liquidated in early August 1944. Josef Mengele actively participated in this event and, according to the testimony of Aron Bejlin, allegedly summarized it with the following words: "It is a pity about the romanticism of the Gypsy camp." APMAB. Strafsache gegen Mulka u. a. Bejlin A. 71, 13369.

61 APMAB. Oświadczenia. Joachimowski T. 13, 64.

62 APMAB. Oświadczenia. Wierzbicka L. 87, 92. Regarding Mengele and his attitude toward prisoners under his authority in the so-called *Zigeunerlager*, the following opinions also appear:

One striking feature of Josef Mengele in the recollections of prisoners and Survivors is his apparent omnipresence. Every selection and every medical experiment in the camp seems, in retrospect, to have involved him. According to some accounts, he was already speaking to prisoners, directing them to the gas chambers, or selecting them for his research even before June 1943 — that is, before he had actually joined the camp medical Staff![63] For obvious reasons, such statements cannot be accepted as historical fact. They should not, however, be dismissed altogether. The event itself — a selection, a conversation — may well have taken place, only with another physician as the principal actor. After the war, for a variety of reasons, former prisoners and Survivors identified this anonymous SS doctor with the infamous *Lagerarzt*. Nor can one entirely rule out the possibility that Mengele was present during experiments conducted by other camp physicians. It may be that, invited by his colleagues, he observed their work out of professional curiosity.[64]

Josef Mengele left KL Auschwitz in mid-January 1945. From 17 January he served as a physician in KL Gross-Rosen.[65] After being released from American captivity — which he had entered while disguised in a Wehrmacht uniform — he went into hiding. In 1949, he fled to Argentina. In South America, he lived a relatively quiet life and even maintained contact with his family in Europe. In 1959, as public interest in Nazi criminals living in the Southern Hemisphere intensified, he moved to Paraguay. After Adolf Eichmann was captured by the Mossad, Mengele realized that he might be next. In order to continue evading justice, he fled — with the help of friends — to the last country in which he would remain in hiding: Brazil. Before his death, he managed to meet his son Rolf, to whom he attempted to justify his conduct, although he expressed no remorse whatsoever. Josef Mengele, the "Angel of Death" of Auschwitz, died on 7 February 1979 in the coastal town of Bertioga. The probable cause of death was a stroke

"Dr Mengele was very much liked by us, as he was particularly devoted to helping the Gypsies. He took special care of the children, ensuring above all that they ate regularly and sufficiently. After he arrived at the Gypsy camp, conditions improved immediately. In this context, I would also like to mention that, on his orders, we were once again allowed to grow our hair. I often witnessed Dr Mengele intervening when a Gypsy was about to be flogged. He also ensured that we were able to engage in sports, such as football. I never saw him on the ramp conducting selections of Jewish transports." APMAB. Strafsache gegen Mulka u. a., Strauß A. 17, 2750.

63 See: APMAB. Oświadczenia. Laskowska H. 7, 1007; Oświadczenia. Woźnica A. 86, 107.

64 Excerpt from an evaluation of Josef Mengele written by his superior, SS-Standortarzt Dr Eduard Wirths: "He applied his skills both practically and theoretically in the course of his duties at KL Auschwitz as a camp physician in combating dangerous epidemics. With understanding, perseverance, and energy, he fulfilled all tasks assigned to him — often under extremely difficult conditions — to the fullest satisfaction of his superiors, proving himself to be a man capable of meeting any situation. Moreover, as an anthropologist, he made exceptionally diligent use of the limited free time available to him after duty hours for further study, and in his work, by evaluating the scientific material accessible to him through his responsibilities, he made a significant contribution to anthropological knowledge. His achievements should therefore be regarded as outstanding". APMAB. Beurteilung des SS-Hauptsturmführers (R) Dr. Josef Mengele; Inne Zespoły, IZ-29/5, no. 172864.

65 Last time he was seen in Gross-Rosen in April 1945 in subcamp Görlitz, Sula D. 2022, 25–26.

suffered while swimming in the sea. The exhumation carried out in 1985 confirmed that the man buried there was indeed Josef Mengele.[66]

As the foregoing discussion demonstrates, Dr Josef Mengele was one of several SS physicians serving at KL Auschwitz who remained particularly vivid in the memory of Survivors and former prisoners. He became, in effect, a symbol of Nazi medicine and of the medical experiments performed on camp inmates. How he was remembered depended above all on the degree and intensity of the interaction between Mengele and the person recalling him. It is clear that many of the doctors whom he forced to work in his "team" regarded him as ambitious, capable, and possessed of the qualities of a good researcher. At the same time, however, they emphasized his cynicism and ruthlessness, not only toward his prisoner-assistants but also toward the subjects of his experiments. Those who had been subjected to experiments as small children, as well as outside observers, frequently and unwittingly contributed to the making of the "Mengele myth" by spreading exaggerated and sometimes wholly implausible stories about him. Since SS physicians in KL Auschwitz did not introduce themselves to prisoners, many actions committed by other doctors were, after the war, attributed to Mengele as the most famous among them. Thus, as stressed throughout this article, he came to appear in postwar recollection not merely as a participant, but as the principal figure behind the experiments and selections carried out in the camp. The postwar activities of "Nazi hunters," such as Simon Wiesenthal and Serge and Beate Klarsfeld, also contributed significantly to the consolidation of the "Mengele myth." Their efforts cannot be condemned, for at a time when the "Angel of Death" was hiding in South America and the machinery of justice — German as well as Allied — was proving ineffective, sustaining public interest in war crimes more than a decade after the war required immense determination. Unfortunately, such efforts, combined with occasionally implausible testimonies, ensured Dr Josef Mengele a notoriety he did not, in this form, deserve.[67]

As David Marwell rightly observed, the "Angel of Death" of Auschwitz was not a madman indulging in pseudoscientific fantasies. His connections with the Institute of Anthropology at the Kaiser Wilhelm Institute both guaranteed and required competence, as well as strict adherence to the scientific assumptions current at the time. As the protégé of one of the most distinguished professors of his era, Mengele was given an opportunity to join the scientific vanguard and make a genuine contribution to contemporary research. His studies were fully consistent with those pursued

66 See: Posner G.L., Ware J. 2014.

67 In the arrest warrant and indictment issued in Frankfurt am Main on 19 January 1981 by the Regional Court (*Landgericht*), 22nd Criminal Chamber, the following statement appears: "The court established that research on twins constituted the principal element of the defendant's pseudoscientific activity. These studies were of particular value to the Nazi regime, especially with regard to the desired increase in birth rates through the genetic enhancement of the proportion of twin births". Quoted after: Posner G.L., Ware J. 2014, 53.

by the scientific establishment of the period.[68] The problem with Josef Mengele's activities and experiments in KL Auschwitz does not lie in the fact that they were irrational or pseudoscientific. What should profoundly disturb the scholarly community — and humanity as a whole — is that a young and talented physician was capable not only of betraying the Hippocratic Oath, but of abandoning all moral restraint in the pursuit of scientific ambition. That he was a criminal is beyond dispute, and this follows from the moral principles — or rather the absence of them — that guided his research. It is worth emphasizing, however, that the fame he still enjoys derives far more from the myths that grew up around him than from the actual nature of his activity or the real significance of his work for the Third Reich.[69]

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68 Marwell D.G. 2020, 152–153.

69 For example, the experiments conducted at Dachau were far more significant for the German war effort in the 1940s.

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