

## ARTICLE

### **The Contagion of Difference** Identity, Bio-politics and National Socialism

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ABSTRACT: Michel Foucault's concept of bio-politics entails the management and regulation of life processes within the population as a whole. This administration of the biological was perhaps most manifest in the German state under National Socialism. Indeed, Foucault remarks that there was no other state of the period in which "the biological was so tightly, so insistently regulated." However, while the Nazi regime evinced this bio-political concern with the management of life, it also released an unprecedented murderous potential. It is this paradox, that the care of life can become the administration of death, or what Foucault deemed the transition from bio-politics to thanato-politics, that I wish to investigate through an examination of the construction of the Jewish subject through in Nazi medical discourse. This paper will examine how medico-political discourse facilitated the construction of medically authorized norms that constructed the Jew as both a biological and social threat to the body politic, and how this discursively produced "Other" informed the transition from bio-politics to thanato-politics within the confines of the German medical establishment.

"National Socialism is nothing but applied biology."

Rudolph Hoess, Commandant of Auschwitz

It was Michel Foucault who popularized the notion of modern politics as *bio-politics*, concerned with the vital processes of human existence: health and vitality of the population, sexuality and reproduction, disease and illness, birth and death. This focus on the population as an object of knowledge resulted in a proliferation of scientific discourse concerned with the administration of life. As Nikolas Rose states, "bio-politics was inextricably bound up with the rise of the life sciences, the human sciences, clinical medicine. It has given birth to techniques, technologies, experts and apparatuses for the care and administration of the life of each and all."<sup>1</sup>

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<sup>1</sup> Nikolas Rose, "The Politics of Life Itself." *Theory, Culture and Society* (Vol. 18, No. 6, 2001), 1. Bio-politics should be viewed as one pole of what Foucault deemed *bio-power*, the other being *anatomo-politics*, or the disciplinary techniques focused on the

Perhaps the most exemplary site of applied bio-politics was the German state under National Socialism. Indeed, Foucault argues that there was no other state of the period in which “the biological was so tightly, so insistently regulated.”<sup>2</sup> However, immanent within the desire to control the biological make-up of a population is the latent potential to eliminate that which is perceived to threaten the vital health of the population.<sup>3</sup> Indeed, this dormant desire to purify the body politic was arguably most manifest in the experience of the Jewish population under National Socialism. Thus, the question arises, if bio-politics’ basic function is to “improve life, to prolong its duration, to improve its chances, to avoid accidents, and to compensate for its failings,” how is it that power such as this can kill?<sup>4</sup>

It is this paradox of bio-politics; that the care of life can become the administration of death, or what Foucault calls the transition from bio-politics to *thanato*-politics, that I wish to investigate through the discourse of the German medical establishment under National Socialism.<sup>5</sup> The role of German medicine in the discursive production of unsuitable participants in the body politic is particularly disturbing in view of the supposed superior ethical standards typified by modern western medicine. Yet, as Robert Proctor illustrates, German medical science not only lent justification to the extermination of the undesirable, but also participated in their murder.<sup>6</sup> Therefore, I wish to investigate how medico-political discourse facilitated the construction of the Jew as both a biological and social threat to the body politic, and how this discursively produced “Other” informed the transition from bio-politics to thanato-politics within the confines of the German medical establishment. However, a few methodological precautions are in order before proceeding. For Foucault, discourse is not just a text, but a practice that operates on a number of levels and describes a domain of language use, a system of representation.<sup>7</sup> Historical discourses make identity explicit. It is the intervention of institutions and discourses that legitimate and frame identity.<sup>8</sup> Identity can be made, undone, and made again. It does not exist in an essential sense, but is constituted in any number of discourses – in

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individual body. See Michel Foucault, *The History of Sexuality Volume One: An Introduction* (New York: Vintage Books, 1990), 139.

<sup>2</sup> Michel Foucault. *Society Must Be Defended: Lectures at the College De France, 1975-1976* (New York: Picador, 2003a), 259.

<sup>3</sup> Rose, 2001, 2.

<sup>4</sup> Foucault, 2003a, 254.

<sup>5</sup> Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Stanford: Stanford University Press, 1998), 122.

<sup>6</sup> See Robert Proctor, *Racial Hygiene: Medicine Under the Nazis* (Cambridge: Harvard University Press, 1988), 177-222.

<sup>7</sup> Juliet Steyn, *The Jew: Assumptions of Identity*.(London: Cassell, 1999), 7.

<sup>8</sup> *Ibid.*, 7.

legislation, social policy, literary and visual culture, medical and scientific theory, etc. In undertaking a Foucauldian analysis of the discursive production of the subject, we must be careful not to assert one discourse as the primary generator of identity. The danger with the appropriation of such an analysis, in this context, is that one will presuppose that the Jews assumed the subject positions created by Nazi medico-political discourse, and that counter-discourses positing alternative identities were either rendered inert or deemed not to exist. There is no firm evidence to suggest that this was the case.<sup>9</sup> Furthermore, the complexities of negotiating one's own subjectivity do not lend themselves to validating this conclusion. Any universal assertions of how the Jews perceived themselves in the wake of Nazi health and racial hygiene policies would be tenuous at best. Instead, this paper will focus on the construction of a Jewish identity objectified through the eyes of Nazi medical discourse, and how this construction ultimately informed the formulation of a *medical* subjectivity that realized the potential for a thanatopolitics immanent within bio-politics.

In initiating this investigation, I will examine the intersection between German medical science and National Socialism that facilitated the politicization of medical discourse. In addition, I will consider how the German medical and political apparatus attempted to entrench biological explanations for social ills through medico-political discourses of disease, criminality and sexual deviancy in the construction of the Jewish subject. By situating these discourses within Foucault's notion of bio-politics as the production of a *normalizing* society, I hope to illuminate how the German medical establishment could realize the seemingly contradictory potential to be both stewards of life *and* administrators of death, or what Robert Jay Lifton has deemed the "killing-healing" paradox.<sup>10</sup>

Giorgio Agamben argues that the integration of medicine and politics is an essential characteristic of modern bio-politics.<sup>11</sup> Indeed, under National Socialism the relationship between politics and medicine was much more pervasive than a small coterie of Nazi doctors dictating health policy. The German state was able to mobilize a significant portion of the medical and scientific community in its application of health, population and racial

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<sup>9</sup> However, it would be equally unwise to conclude that the modes of objectification deployed by Nazi medico-political discourse had *no* affect on the Jewish population. Obviously, the construction of a diseased and degenerate identity foisted upon the conceptual Jew was a matter of life and death. For a discussion on how modes of objectification transform human beings into subjects see "The Subject and Power." In James D. Faubion, (ed.) , *Power: The Essential Works of Foucault, 1954-1984* (New York: The New Press, 2000).

<sup>10</sup> See Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York: Basic Books, 1986), 430-432.

<sup>11</sup> Agamben, 1998, 143.

hygiene policies.<sup>12</sup> Furthermore, doctors were instrumental in extending the scope of medical surveillance on behalf of the dictatorship through their role as examiners and counselors within the expanded Nazi health system.<sup>13</sup> While it is beyond the purview of this paper to explore all the reasons that explain the intimate collaboration between German medicine and National Socialism, the most compelling is the climate of prestige and power that the Nazi state offered to the medical community in exchange for collusion in its policies. As Proctor observes, the Nazis “biologized” social concerns over gender, crime, poverty and other substantial social issues exacerbated by the economic and social crisis of the Weimar period. This willingness to seek biological explanations for a host of social problems greatly increased the potential for medical science to participate in the planning and formulation of state policy. Indeed, as Proctor states;

Nazi racial programs were seen as public health programs, involving participation of doctors in state policy on an unprecedented scale. National Socialism promised to place medicine on a new and higher level in society; it may even be true that under the Nazis the medical profession achieved a higher status than at any other time in history.<sup>14</sup>

Furthermore, the authoritarian position towards health policy emblematic of National Socialism was profoundly suited to the aspirations of social engineers within the medical profession. Racial hygienists viewed the destruction of democratic institutions as “clearing the way for eugenic legislation to solve the problems of the anti-social, degenerate, and chronically sick.”<sup>15</sup> Eminent physician Gerhard Wagner, head of the German Medical Society, foresaw a great future for medicine under the Nazis. “National Socialism would initiate a movement from individual medicine to medicine administered to the *volk*,” or to the population as an organic whole.<sup>16</sup> Similarly, an influential manual by Rudolf Ramm of the University of Berlin proposed that each doctor was to be no longer merely a caretaker of the sick, but a “physician of the *volk*,” urging doctors to become “biological soldiers.”<sup>17</sup> Thus National Socialism offered German medicine the potential to remake

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<sup>12</sup> Gotz Aly, Peter Chroust, and Christian Pross, *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene* (Baltimore: John Hopkins University Press, 1994), 5.

<sup>13</sup> Robert Gellately, *Backing Hitler: Consent and Coercion in Nazi Germany* (Oxford: Oxford University Press, 2001), 30

<sup>14</sup> Proctor, 1988, 287. Robert Jay Lifton notes that physicians had one of the highest ratios of Nazi Party membership of any profession: 45%. See Lifton, 1986, 34.

<sup>15</sup> Paul Weindling, *Health, Race, and German Politics Between National Unification and Nazism, 1870-1945* (Cambridge: Cambridge University Press, 1989), 498. See also Lifton, 1986, 23.

<sup>16</sup> James M. Glass, *Life Unworthy of Life: Racial Phobia and Mass Murder in Hitler's Germany* (New York: Basic Books, 1997), 39.

<sup>17</sup> Lifton, 1986, 30.

society along biological principles, an offer that was difficult to ignore after the economic and social upheavals of the Weimar Republic.

However, this alliance did not leave the medical profession untouched. The Nazis need of medical justification for their racial policies would shape the content of racial theorizing to more closely correspond with Nazi beliefs.<sup>18</sup> Furthermore, Nazi conceptions of race would be propagated throughout the medical community, through the establishment of research institutions and university department chairs, and even become an integral part of the curriculum at medical schools throughout Germany.<sup>19</sup> Finally, the implementation of Nazi health policy further infused German medicine with Nazi inspired racial discourse, as doctors and scientists became more enmeshed in a web of surveillance and regulation imposed by the state.<sup>20</sup>

Thus, the medical community became increasingly implicated in the bio-political apparatus of the Nazi state. In order to more fully comprehend the implications of this, it is necessary to explicate Foucault's notion of bio-politics as the production of a normalizing society and the contributions German medical discourse made to its realization through the construction of the Jew as a biologized "Other."

For Foucault, the bio-political state is of necessity a *normalizing* state. Indeed, Foucault notes that "a normalizing society is the historical outcome of a technology of power centered on life."<sup>21</sup> Foucault is addressing the ascendance of bio-political knowledges, such as medicine, science, demography, sexology, etc, as complicit in the construction of regulatory norms through which irregularities, anomaly, and deviation can be identified within the population. Attendant to this are the inevitable apparatuses of power that capture the "abnormal" within their purview. The norm consequently "lays claim to power...it is an element on the basis of which a certain exercise of power is founded and legitimized."<sup>22</sup> Race, for Foucault,

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<sup>18</sup> Nazi conceptions of "race," including a "superior Aryan race" in contrast to inferior, degenerate races were not always in keeping with the contemporary theories of the period. As Wiending notes, "a process of renegotiation and reformulation" of racial hygiene was undertaken to move racial science towards the Nazi view. See Weindling, 1989, 493-494.

<sup>19</sup> Michael Kater, *Doctors Under Hitler* (Chapel Hill: University of North Carolina Press, 1989),174.

<sup>20</sup> The element of coercion in the medical community's acceptance of Nazi racial discourse cannot be overlooked here. However, it would be equally unwise to assume that Nazi racial views were strictly forced upon the medical community. Proctor argues that Nazi racial policy emerged from *within* the scientific community as much as it was imposed. See Proctor, 1988, 297. Furthermore, Nazi racial discourse was not met without resistance. For a discussion of The Association of Socialist Physicians opposition to Nazi policy see Proctor, 1988, 251-281.

<sup>21</sup> Foucault, 1990, 144.

<sup>22</sup> Michel Foucault, *Abnormal: Lectures at the College De France, 1974-1975*. (New York: Picador, 2003b), 50.

operates as a bio-political norm that produces subjects through its construction and transgression, in a manner not unlike sex in *The History of Sexuality*.<sup>23</sup> Similar to sexuality, race is viewed as a discourse of normalizing and centralizing power:

It will become the discourse of a battle that has to be waged not between races, but by a race that is portrayed as the one true race, the race that holds power and is entitled to define the norm, and against those who deviate from that norm, against those who pose a threat to the biological heritage. At this point, we have all those biological-racist discourses of degeneracy, but also all those institutions within the social body which make the discourse of race struggle function as a principle of exclusion and segregation and, ultimately, as a way of normalizing society.<sup>24</sup>

Thus, this discourse of race becomes integral to the bio-political state in its mission to normalize society.<sup>25</sup> Indeed, Foucault notes that racism is inscribed as a “fundamental mechanism of power that exercises itself in modern states.”<sup>26</sup> Foucault further argues that this discourse operates to establish a “break into the domain of life that is under power’s control,” fragmenting the biological continuum of human beings by defining a hierarchy of races, a set of subdivisions in which “certain races are classified as superior.”<sup>27</sup>

Certainly, German medical discourse established this type of bifurcation of race that Foucault speaks of. German medicine facilitated the acceptance of the Aryan racial type as the norm against which all other races were to be judged. However, the definition of what constituted the “Aryan

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<sup>23</sup> While I place more emphasis on race rather than sexuality for the purposes of this paper, it should be noted that Foucault identified the potential for state racism within bourgeois sexual norms of health and degeneracy. See Ann Laura Stoler, *Race and the Education of Desire: Foucault’s History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995), 26-32.

<sup>24</sup> Foucault, 2003a, 61.

<sup>25</sup> While Foucault makes no *explicit* mention of how constructions of race facilitate nation-building, there are indeed parallels between race as a normalizing category and the need for a “fictive ethnicity” to consolidate the members of “the nation.” For example, see Enakshi Dua “Beyond Diversity: Exploring the Ways in which the Discourse of Race has Shaped the Institution of the Nuclear Family” in Enakshi Dua and Angela Robertson. *Scratching the Surface: Canadian Anti-racist Feminist Thought* (Toronto: Women’s Press, 1999), 237-259.

<sup>26</sup> Foucault, 2003a, 254. Ann Laura Stoler argues that bio-politics represents a shift in the function of power for Foucault. Bio-politics augurs the regulation of the social body toward the normalization of a collective identity and away from the individualizing tendencies of disciplinary power. See Stoler, 1995, 33, 39n. However, Foucault insists that one does not replace the other, rather bio-politics does not exclude disciplinary power, “but it does dovetail into it, integrate it, modify it to some extent, and above all use it by sort of infiltrating it, embedding itself in existing disciplinary techniques.” See Foucault, 2003a, 242.

<sup>27</sup> *Ibid*, 254-255.

type” was notoriously fluid and arbitrary. Beyond a list of positive human attributes such as “productive, intelligent, initiative, logical, strong willed, bearers of civilization, etc,” the Aryan racial type was more clearly defined by what it was *not*.<sup>28</sup> Omar Bartov notes that the 1935 Nuremberg race laws could define “Aryan” only negatively, as having no Jewish ancestry.<sup>29</sup> The fact that the Nazi racial norm was ill defined should not come as a surprise. As Ross Chambers notes, other hegemonic norms such as “heterosexual,” or “white,” are similarly unmarked. This bestows the privileges of normalcy and unexaminedness to the “unmarked,” while reserving for the “marked” the “characteristics of derivedness, deviation, secondariness and examinability, which function as indices of disempowerment.”<sup>30</sup> Thus, what is of concern to this inquiry is how German medicine negatively defined the Jewish subject as deviating from the Aryan norm through discourses of disease, impurity, criminality, and sexual deviance.

The notion of racial health and susceptibility to disease and illness became one of the chief priorities of biomedical science under the Nazis.<sup>31</sup> Whereas the Aryan was constructed as healthy and relatively free of disease, the Jew was assigned a litany of ailments ascribed to their degenerate racial status.<sup>32</sup> Jews were theorized to be more predisposed to diabetes, flat feet, staggers, hemophilia, deafness, nervous disorders, muscular tumors, manic depression, dementia, feeble-mindedness, hysteria and suicide than non-Jews.<sup>33</sup> Indeed the connection within medical discourse between Jews and disease inevitably collapsed into Jews *as* disease. Increasingly, Jews were characterized as the embodiment of disease itself. Thus, Gerhard Wagner, speaking at the 1935 Nazi Party Congress would declare that Jews “were a diseased race,” while Judaism was “disease incarnate.”<sup>34</sup> We therefore begin to witness the proliferation of a discourse of *parasitology* used to assert the essential identity of the Jew.<sup>35</sup> One German physician phrased this in the following terms:

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<sup>28</sup> Kater, 1989, 115.

<sup>29</sup> Omar Bartov, “Defining Enemies, Making Victims: Germans, Jews and the Holocaust.” *The American Historical Review* (Vol. 103, No. 3, June 1998), 791.

<sup>30</sup> Ross Chambers, “The Unexamined.” in Mike Hill, (ed.) *Whiteness: A Critical Reader* (New York: New York University Press, 1997), 189.

<sup>31</sup> Proctor, 1988, 196.

<sup>32</sup> See Kater, 1989, 114-115. One theory explained the proclivity of disease in Jews to their impure racial constitution, which was said to be an amalgam of “Negro and Oriental blood” that manifested in an increased susceptibility towards disease. See Proctor, 1988, 197.

<sup>33</sup> Proctor, 1988, 197.

<sup>34</sup> Kater, 1989, 195-196.

<sup>35</sup> Phillipe Burin, “Nazi Antisemitism: Animalization and Demonization.” in Robert S. Wistrich (ed.) *Demonizing the Other: Antisemitism, Racism and Xenophobia* (Amsterdam: Harwood Academic Publishers, 1999), 226.

There is a resemblance between Jews and tubercle bacilli: nearly everyone harbors tubercle bacilli, and nearly every people of the earth harbors the Jews; furthermore an infection can only be cured with difficulty.<sup>36</sup>

Similarly Dr. Dietrich Amende expressed his concern about “the biological danger the Jew is posing within our people,” warning against infection by Jewish “parasites.”<sup>37</sup>

This notion of “Jewish infection” was further expounded through medical discourse on the purity of blood. As Sander Gilman notes, because of the difficulty of identifying the Jew based on physical traits alone, difference had to be even more “carefully constructed in order to identify the Other.”<sup>38</sup> Uli Linke argues that the “axiom for this construction of ideas of difference derived from a typology of blood...[b]lood became a marker of pathological alterity, a signifier which linked race and difference.”<sup>39</sup> Indeed, German medicine looked to blood as the ultimate arbiter in the determination of race. Blood group surveys of different racial types were conducted on a massive scale, while the Kaiser Wilhelm Institute for Biochemistry searched to link infectious disease to the blood proteins of specific races.<sup>40</sup> Physician Alfred Bottcher even recommended the application of race science toward the practical goal of “making the blood of the Jew visible in a test-tube.”<sup>41</sup> Similarly, Dr. Eugen Stahle noted that racial identification through blood would prevent Jewish attempts to escape detection through deception, baptism, name change, citizenship, or even nasal surgery. “One cannot change one’s blood,” Stahle concluded.<sup>42</sup> Attendant to this research were calls from the medical community to prohibit the “mixing of blood” between races. Wagner argued that if Germans continued to allow the mixing of Jewish and non-Jewish blood, it would result in the “spread of diseased genes of the already bastardized Jewish race” into “relatively pure European stocks.”<sup>43</sup> Indeed, Kater notes a “plethora of polemics” against the “influence of foreign blood” during this period.<sup>44</sup> This discourse of blood and purity would be most manifest in the institution of the “Law for the Protection of German Blood and

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<sup>36</sup> Proctor, 1988, 195.

<sup>37</sup> Kater, 1989, 178.

<sup>38</sup> Sander L. Gilman, “Plague in Germany, 1939/1989: Cultural Images of Race, Space, and Disease.” In Andrew Parker, et al. (ed.) *Nationalisms and Sexualities* (New York: Routledge, 1992), 178.

<sup>39</sup> Uli Linke, *German Bodies: Race and Representation after Hitler* (New York: Routledge, 1999), 119.

<sup>40</sup> Weindling, 1989, 464-467, 563.

<sup>41</sup> Kater, 1989, 115.

<sup>42</sup> Glass, 1997, 40.

<sup>43</sup> Proctor, 1988, 196.

<sup>44</sup> Kater, 1989, 181.



Honour,” which outlawed sexual relations and marriage between Jews and non-Jews under penalty of death.<sup>45</sup> The laws, designed to prevent “racial pollution,” would be monitored and enforced by the medical community who would issue certificates that testified the couple was genetically “fit to marry.”<sup>46</sup>

As the identity of the Jew became increasingly biologized and situated in a discourse of medical concern, the physician was elevated to the status of “racial warden,” charged with protecting the German body politic from the threat of Jewish contagion.<sup>47</sup> The publication of *State and Health*, a treatise on the regime’s health policies authored by some of Germany’s foremost medical specialists, appealed to the medical community for “forces that want to exclude factors of biological degeneration and to maintain the people’s hereditary health. It thus aims to eliminate influences that harm the biological growth of the nation.”<sup>48</sup> Certainly, this discourse of defense against an internal threat is emblematic of the modern bio-political state’s deployment of racism. Foucault encapsulates the content of this discourse: “We have to defend society against all the biological threats posed by the other race, the sub-race, the counter-race that we are, despite ourselves, bringing into existence.”<sup>49</sup> Foucault further elaborates;

We see the appearance of...a racism that society will direct against itself, against its own elements and its own products. This is the internal racism of permanent purification, and it will become one of the basic elements of social normalization.<sup>50</sup>

German medical discourse of Jewish disease and contagion was instrumental in the enactment of Nazi health policy designed to “purify” the German public through the segregation and isolation of the Jewish population. The segregation of public spaces and the confinement of Jews in state-sanctioned ghettos were couched in the medical terminology of “hygienic necessity.”<sup>51</sup> The confinement of Jews to squalid living quarters with meager access to the basic means of life translated into rampant outbreaks of infectious disease, thereby justifying the Nazi medical authorities’ advocacy for continued medical quarantine of the Jewish population.<sup>52</sup> The German medical authorities furthered the isolation of the Jew through their advocacy of the

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<sup>45</sup> Michael Burleigh and Wolfgang Ipperman. *The Racial State: Germany 1933-1945* (Cambridge: Cambridge University Press, 1991), 84.

<sup>46</sup> Proctor, 1988, 138.

<sup>47</sup> Ibid., 179.

<sup>48</sup> Agamben, 1998, 147.

<sup>49</sup> Foucault, 2003a, 61-62.

<sup>50</sup> Ibid., 62.

<sup>51</sup> Proctor, 1988, 199.

<sup>52</sup> Ibid., 200.

public emblem of the yellow six-pointed star to mark the Jew. Germany's foremost medical journal justified these measures as necessary "to create an externally visible separation between the Jewish and Aryan population."<sup>53</sup> As Linke notes, this identifier of subaltern racial status, served as a key symbol of identity, "synthesizing and collapsing, in an undifferentiated way, the racial suppositions of the German fascists."<sup>54</sup> Thus, medical discourses of purity and infection trapped the Jew in an apparatus of institutional power that served to physically exile and distance him thereby reinforcing the identity of the Jew as a pestilence that required removal from the otherwise healthy body of the nation.

However, notions of disease and contagion did not exhaust the German medical-science attempt to medicalize the Jew as "Other." The biologized Jew was increasingly incorporated into the discourses of criminality and sexuality in an effort to implicate the Jew as the cause of a host of social ills. Through these discourses, the Jew would be further defined as the most insidious enemy to both the biological and the *social* health of the German body politic.

Just as medical discourse theorized the Jew as racially disposed to certain kinds of disease, criminal biology argued the Jew was also racially disposed to certain forms of crime. Interest in criminal biology accelerated with the rise of the Nazis, with legal and medical journals regularly reporting that crime and other anti-social behaviors were genetically determined racial characteristics.<sup>55</sup> Once again the Aryan norm would be the measure against which all other races were to be judged. Geneticist Fritz Lenz argued that the Aryan possessed the distinctive racial quality of "foresight," a quality that, according to Lenz, "led the German (unlike the Jew) to respect the life and property of others."<sup>56</sup> Against this norm, the Jew was constructed as biologically prone to commit a litany of crimes. As Proctor notes, Nazi medical authorities followed the conclusions of the criminal biologists to attribute bankruptcy, distribution of pornography, prostitution, drug smuggling, purse snatching, and general theft to the racial heredity of the Jew.<sup>57</sup> The discourse of criminal biology raised numerable concerns over the higher reproductive birth rate of criminal versus non-criminal elements of the population.<sup>58</sup> In lieu of these concerns, the Nazi state established examination centers deployed throughout Germany to explore the genetics and racial specificity of crime. In addition, larger criminal biology research institutions were established in nine major cities. By 1939, examination of the genetics and

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<sup>53</sup> Ibid., 205.

<sup>54</sup> Linke, 1999, 179.

<sup>55</sup> Proctor, 1988, 203.

<sup>56</sup> Ibid., 204.

<sup>57</sup> Ibid., 204.

<sup>58</sup> Ibid., 202.

genealogy of criminal suspects became a routine part of criminal investigations.<sup>59</sup> Furthermore, criminal biology would inform the implementation of sterilization and castration laws designed to halt the diffusion of hereditary criminality within the population.<sup>60</sup>

Through this discourse of medicalized criminality, the Jew was captured within the purview of an additional apparatus of state power, the criminal justice system, and thereby further problematized as a threat to the social health of the population, as well as being a biological threat. The discourse of criminality as inherently genetic also served to emphasize the “incurability” or “inalterable” criminal nature of the Jew. Such discourse allowed medicine to claim what Foucault calls “a role of generalized social defense,” for the biological protection of the species against individuals who as carriers of a condition, “a stigmata, or any defect whatsoever, may more or less transmit to their heirs the unpredictable consequences of the evil, or rather of the non-normal, that they carry within them.”<sup>61</sup> This idea of social defense against the proliferation of criminality is most explicit in Dr. Johann von Leers’ *The Criminal Nature of the Jews*. In this text, von Leers melded the discourse of Jewish disease and criminality to justify the murder of Jews on purely biological/genetic grounds:

If the hereditary criminal nature of Jewry can be demonstrated, then not only is each people morally justified in exterminating the hereditary criminals, but any people that still keeps and protects Jews is just as guilty of an offence against public safety as someone who cultivates cholera germs without observing the proper precautions.<sup>62</sup>

In the above passage we witness the confluence of a number of the discourses so far outlined; disease, criminality, and the defense of society from the internal threat. It is ultimately through this convergence of medical discourse and bio-politics that I believe the transition from bio-politics to thanatopolitics will be rendered intelligible. However, before proceeding with this line of analysis, it is necessary to outline how medical science constructed the sexuality of the Jew as deviant and contaminate.

At first glance, Nazi medical discourse that asserted the essential sexuality of the Jew seems inconsistent and contradictory. On the one hand the Jew is portrayed as lecherous, lustful, possessed of an uncontrollable

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<sup>59</sup> Ibid., 203.

<sup>60</sup> Ibid., 203.

<sup>61</sup> Foucault, 2003b, 316-317. Foucault deploys the idea of social defence in relation to psychiatry and the incurable, however I believe it is equally valid in the case of an incurable, medicalized criminality.

<sup>62</sup> Gisela Kaplan, “Irreducible “Human Nature”: Nazi Views on Jews and Women.” in Ethel Tobach and Betty Rosoff, (ed.) *Challenging Racism and Sexism: Alternatives to Genetic Explanations*. (New York: The Feminist Press, CUNY, 1994), 194.

sexual drive directed at gentile women.<sup>63</sup> On the other, the Jew is represented as possessing decidedly feminine sexual characteristics and a proclivity to homosexuality.<sup>64</sup> This seeming contradiction between an aggressive masculine sexuality and femininity is resolved through the medicalization of Jewish sexuality as resulting from a “weakened nervous system.” Medical science attributed the excessive sexuality of the Jew to a racial predisposition to nervousness and neurasthenia. This lack of nerve resulted in an inability to control their passions, “unable to distinguish from love and lust, beauty and sensuality.”<sup>65</sup> Thus, to the Jew was attributed the irrational, hysterical, overly emotional essence that science had ascribed to the female, counterposed to the masculine norms of reason, discipline and restraint. This allowed the Jew to be represented as both feminine and sexually aggressive, without appearing contradictory. As Mosse argues:

[T]he stereotyped depiction of sexual “degenerates” was transferred almost intact to the “inferior races,” who inspired the same fears. These races, too, were said to display a lack of morality and a general absence of self-discipline. Blacks, and then the Jews, were endowed with excessive sexuality, with so-called female sensuousness that transformed love into lust. They lacked all manliness. Jews as a group were said to exhibit female traits, just as homosexuals were generally considered effeminate.<sup>66</sup>

This degenerate sexuality of the Jew was also linked to the Jew’s inherent criminality. The excessive sexuality and moral depravity of the Jew was offered as the cause of the Jew’s supposed penchant for sexual crimes such as prostitution and abduction.<sup>67</sup> Furthermore, Jewish sexuality was to be incorporated within the wider discourse of contagion through medical science’s insistence on the infectious and poisoned nature of Jewish sexuality. Sexual relations with a Jew were believed to “poison the blood,” resulting in a form of “genetic impregnation” where the tainted Aryan woman would continue to transmit Jewish hereditary characteristics to her children for the rest of her life, regardless of the race of the father.<sup>68</sup> As has been shown, the result of this discourse and the advocacy of the medical community produced the laws prohibiting racial miscegenation. Through medical discourse race and sexuality were inextricably linked, as degenerate racial traits transmitted

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<sup>63</sup> George L. Mosse, *Nationalism and Sexuality: Respectability and Abnormal Sexuality in Modern Europe*. (New York: Howard Fertig Inc., 1985), 140.

<sup>64</sup> Proctor, 1988, 195-196. Note that the representation of “the Jew” is almost always male. As Kaplan notes, “the exclusive portrayal of Jewish men as targets for ridicule might even be unique to the Nazi regime.” Kaplan, 1994, 206.

<sup>65</sup> Mosse, 1985, 144.

<sup>66</sup> *Ibid.*, 36.

<sup>67</sup> Burrin, 1999, 227.

<sup>68</sup> *Ibid.*, 226.

through sexual practice were represented as inheritable legacies that threatened the purity of the race.

Thus, the discourses of disease, contagion, criminality and sexuality produced an identification of the Jew as both biological and social threat to the body politic. Furthermore, this ostensibly “incurable” threat harbored the potential to infect and contaminate the entire German population, eradicating the purity of the Aryan race. While this medicalized identity might explain the discrimination, segregation and oppression of the Jewish population, it still does not render intelligible the ultimate extermination of the Jews and the medical establishment’s complicity in this act. In order to better explicate this process, it is now necessary to investigate how the discursive production of the Jewish “Other” might have affected the subjectivity of German medical practitioners, thereby allowing them to occupy the seemingly contradictory subject positions of stewards of life and administrators of death. In other words, how did the medicalized Jew release the potential for thanato-politics immanent within bio-politics? However, I offer these conclusions tentatively; by no means do they exhaust the possible reasons as to why an individual medical doctor might participate in such acts of murder. Indeed, as Lifton notes, such events may always elude our full understanding.<sup>69</sup>

The construction of the medicalized Jew through the discourses of disease, contagion, criminality and sexuality involved a fundamental discursive transformation in German medical science. I believe two discursive shifts are of ultimate importance; what Foucault deemed discursive transformation through *derivation* and *redistribution*.

Discursive transformation through redistribution characterizes changes peculiar to the *episteme*, or the aggregation of values and perceptions that forge the professional precepts of a specific discipline.<sup>70</sup> In the case of Nazi medicine, we witness the importation of the *social* as a legitimate object of knowledge into medico-biological discourse. This resulted in an expansion of the number of possible objects that could be considered within the purview of medical discourse. As has been shown, medical discourse offered biological explanations for a host of social ills, including crime and sexual deviancy. While this epistemic change was not peculiar to German medicine (other nations embraced socio-biological explanations), the degree to which medical science was allowed to act upon these socio-biological explanations most certainly was unique. The authoritarian health policies of National Socialism allowed for the actual implementation of the most perverse fantasies of the medico-social engineers. The power/knowledge dynamic was thereby much more salient in this type of environment where medical knowledge was

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<sup>69</sup> Lifton, 1986, 13.

<sup>70</sup> Michel Foucault, “Politics and the Study of Discourse.” *Ideology and Consciousness*. (No. 3., 1978), 13.

immediately seized upon and applied through the expansive Nazi state apparatus.

Attendant to this epistemic shift is a discursive transformation through derivation. Derivation occurs when a discipline brings to bear “operations which have normally [been] applied to one of its objects and then applies [these operations] to another, thereby altering the character of analysis of the second object.”<sup>71</sup> As the social became a legitimate object of knowledge for medical science, operations that normally applied to the objects of medical science were applied to objects within the social, thereby altering the character of analysis of the second (social) object. We witness this discursive transformation in the representation of the Jew through parasitology.<sup>72</sup> German medical discourse begins to treat the Jew as a disease rather than as a human. Thus, the operations and logic associated with disease or bacteria, particularly quarantine, isolation, and ultimately, eradication, are transferred onto the medicalized Jew. Indeed German medicine employed an almost clinical discourse in its extermination of the undesirable. Dr. Viktor Brack, an early practitioner of carbon monoxide poisoning (“disinfections” as they were commonly known), argued that only physicians should carry out killings, referring to the motto “The needle belongs in the hand of the doctor.”<sup>73</sup>

When we frame these discursive transformations within the broader themes of bio-politics as care of the body politic and defense against the internal threat, we can begin to explain how German medicine could occupy the contradictory positions of both stewards of life *and* administrators of death. The construction of the medicalized Jew as diseased and contagious; a threat to both the biological and social health of the nation, coupled with the bio-political imperative of social defense unleashed the *potential* for German medicine to view the extermination of the Jews as a rational response in order to preserve the health of the nation.<sup>74</sup> The biological racism foisted upon the medicalized Jew established a *positive* relation between the right to kill and the assurance of life.<sup>75</sup> Auschwitz physician Fritz Klein succinctly demonstrated the internal logic of this bio-medical discourse when he stated

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<sup>71</sup> Alec McHoul and Wendy Grace, *A Foucault Primer: Discourse, Power and the Subject*. (New York: New York University Press, 1993), 45.

<sup>72</sup> Phillippe Burrin notes that Nazi medicine equated the Jew with organisms like parasites and bacilli, which are among the least anthropomorphous in the animal kingdom, thereby contributing to the “bestialization” of the Jews as a racial group. See Burrin, 1999, 227.

<sup>73</sup> Proctor, 1988, 190.

<sup>74</sup> There is no crude determinism here that states that the mere existence of these discursive variables will inevitably result in the need to exterminate the “Other.” Rather, this confluence of factors constitute what Foucault considered a “field of possibilities,” not all of which are actually realized. See Norman Fairclough, *Discourse and Social Change*. (Cambridge, U.K: Polity Press, 1998), 43

<sup>75</sup> Stoler, 1995, 84.

that it was “out of respect for human life” that he would “remove a gangrenous appendix from a diseased body. The Jew is the gangrenous appendix in the body of mankind.”<sup>76</sup> Such an “irrational rationality” is only rendered intelligible when situated within the praxis of bio-politics. As Wagner stated, “National Socialism would initiate a movement from individual medicine to medicine administered to the *volk*,” or in other words, the medical management and regulation of the living body of the people. The advent of the bio-political state, with its attendant racial norms, facilitated the construction of internal racial enemies through their transgression. Medical discourse produced the Jew as the insidious internal enemy, capable of contaminating the biological and social health of the *volk*. In order to preserve the health of the population as an organic whole, Nazi medicine would have to assume the role of social defense and excise the cancer of the Jew in order to “save the patient” as it were. Indeed, Foucault comments that the biological racism of the normalizing state allows for the establishment of this type of logic:

The more inferior species die out, the more abnormal individuals are eliminated, the fewer degenerates there will be in the species as a whole, and the more I, as species rather than individual, can live, the stronger I will be, the more vigorous I will be, I will be able to proliferate. The fact that the other dies does not mean simply that I live in the sense that his death guarantees my safety: the death of the other, the death of the bad race, of the inferior race (or the degenerate, or the abnormal) is something that will make life healthier: healthier and purer.<sup>77</sup>

The extermination of the Jew thereby renders the body politic *healthier*, it allows the collective body to expel the abject, to borrow a Kristevian phrase. Under the logic of bio-politics, extermination of the diseased part *improves* the health of the whole. When situated within the realm of bio-politics, German medicine can thereby occupy the paradoxical role of caring for the life of the nation *through* the eradication of the diseased and infected Jew. Thus, the threshold between bio-politics and thanato-politics is reached when the internal enemy threatens the “continuum of life” that bio-politics exerts over the living body of the people.<sup>78</sup> Thanato-politics becomes the necessary response to the preservation of the care of life of the whole when threatened with internal destruction. As Foucault states, “killing or the imperative to kill is acceptable only if it results in...the elimination of the biological threat to and the improvement of the species or race.”<sup>79</sup>

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<sup>76</sup> Kater, 1989, 179.

<sup>77</sup> Foucault, 2003a, 255.

<sup>78</sup> Eduardo Mendieta, “To Make Live and to Let Die.” (Paper presented at The Foucault Circle. Chicago, April 25<sup>th</sup>, 2002), 7.

<sup>79</sup> Foucault, 2003a, 256.

Finally, what is perhaps the most disconcerting and destabilizing aspect of Foucault's conception of thanato-politics is his insistence that this murderous potential *always* remains latent within the management and regulation of life processes that constitute modern bio-politics. Thus, to dismiss the actions of Nazi doctors as an "aberration" or as a "lethal outbreak of anachronistic barbarism," is to view these events as a singular anomaly in the otherwise progressive trajectory of modernity, rather than a potential inherent within modernity itself.<sup>80</sup> However, Foucault's analysis cautions against such an interpretation. The surfacing of a thanato-politics from a regime of bio-politics should not be construed as uniquely peculiar to Nazism, rather it should be viewed as a potential latent in *any* bio-political regime, regardless of its outward political appearance.<sup>81</sup> Thanato-politics is the *counterpart* "of a power that exerts a positive influence on life, that endeavors to administer, optimize, and multiply it, subjecting it to precise controls and comprehensive regulations."<sup>82</sup> While Nazism perhaps represents the most grotesque manifestation of the thanato-politics latent within the regulatory and disciplinary techniques of modern bio-power, Foucault reminds us that;

They used and extended mechanisms already present in most other societies. More than that: in spite of their own internal madness, they used to a large extent the ideas and devices of our political rationality.<sup>83</sup>

Similarly, Nazi medicine should not be viewed as a perversion of mainstream scientific canons, but as extending the underlying rationality of modern science itself. As Mario Biagioli observes, much of the scholarship on Nazi medicine tends to present Nazi scientific practices as a major anomaly in the history of science or as a deviation from proper medical practice.<sup>84</sup> However, Biagioli argues that such a view constitutes a "dangerous naivety" that prevents us from viewing "normal" medical science as implicated in the Final Solution.<sup>85</sup> Indeed, as Lerner has shown,

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<sup>80</sup> Detlev J.K. Peukert, "The Genesis of the "Final Solution" from the Spirit of Science." In Thomas Childers & Jane Caplan (eds) *Reevaluating the Third Reich*. (New York :Holmes & Meier, 1993), 236.

<sup>81</sup> Foucault argues that Nazism alone "took the play between the sovereign right to kill and the mechanisms of bio-power to this paroxysmal point" (the final solution for the other races and the absolute suicide of the German race). This play "is in fact inscribed in the workings of all States." See Foucault 2003a, 260.

<sup>82</sup> Foucault, 1990, 137.

<sup>83</sup> Foucault, 2003a, 276.

<sup>84</sup> Mario Biagioli, "Science, Modernity and "The Final Solution." In Saul Friedlander (ed.) *Probing the Limits of Representation: Nazism and the Final Solution*. (Cambridge: Harvard University Press, 1992), 185.

<sup>85</sup> *Ibid.*, 204.



The biologizing of prejudice, discrimination, and ultimately the call for genocide was invented and promoted by “normal scientists,” and indeed by leaders within their professions. Not only can these scientists, in hindsight, be regarded as among the top professionals in their fields at the time of their work: they also saw themselves with some justification as having the same status as such people as Pasteur, Koch, and Lister.<sup>86</sup>

Similarly, Lifton’s interviews with the assistants of Dr. Josef Mengele illustrates the degree to which practices that we now consider irrational were once regarded as scientifically legitimate. As Lifton explains, Mengele’s assistant considered the scientific method employed at the camps,

[M]ore or less standard for the time, the norm for anthropological work. She recognized it as the same approach she had been trained in at her Polish university under a distinguished anthropologist with German, pre-Nazi academic connections.<sup>87</sup>

Furthermore, as Milchman and Rosenberg demonstrate, the “myth of modern medicine” with its utopian designs towards the engineering of the healthy society through the eradication of disease and death pervades the Nazi bio-medical vision.<sup>88</sup> Rather than constituting a radical break with the modern tenets of medical science, Nazi medicine extended the same methods and rationality of mainstream medicine, albeit to a terrifying degree. To label such practices as “bad science,” fraudulent, or methodologically incompetent in hindsight is to disregard Foucault’s emphasis on the historically contingent nature of all forms of knowledge, medical science included. Indeed, that such practices were viewed as rational and legitimate *at the time*, employed by eminent scientific professionals, calls into question the very legitimacy and rationality of scientific practices conducted in our own present.

Thus, Foucault exposes what Milchman and Rosenberg deem “the dark side of modernity,” revealing the potential for genocidal practices not as a result of deviations from the values of reason and rationality that constitute modernity, but *inherent within modernity itself*. Foucault thereby alerts us to the dangers within the purported rational and progressive practices and techniques that characterize modernity.<sup>89</sup> While the surfacing of this

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<sup>86</sup> Lerner cited in Alan Milchman and Alan Rosenberg, “Foucault, Auschwitz, and the Destruction of the Body.” in Alan Milchman and Alan Rosenberg (eds.), *Postmodernism and the Holocaust*. (Amsterdam: Rodopi, 1998), 224.

<sup>87</sup> Lifton, 1986, 357.

<sup>88</sup> See Milchman & Rosenberg, 1998, 224-225 for a more detailed discussion.

<sup>89</sup> It should be noted that Foucault is not advocating the wholesale rejection of modern rationality, but rather its uncritical acceptance. To quote Foucault, “If it is extremely dangerous to say that Reason is the enemy that should be eliminated, it is just as dangerous to say that any critical questioning risks sending us into irrationality.”

murderous potential ensconced within modernity is neither inevitable or inescapable, Foucault's insistence that we recognize and interrogate this potential forces us to realize that "modernity is not a one-way trip to freedom," and that we must maintain a vigilant pessimism in regards to the truth claims of modernity in order to forestall potential future holocausts.<sup>90</sup>

In conclusion, National Socialism allowed for the intersection of medicine and politics to a degree hitherto unseen. Medicine would become a technique of knowledge/power, serving both as a "scientific seizure on biological and organic processes" and a "political technique of intervention."<sup>91</sup> Medical discourse served to create biologized subjects through the establishment of racial norms and their application as part of a state wide regulatory apparatus. The Jew was racially constructed through the deviation from these norms, represented as both a biological and social threat to the body politic through discourses of disease, contagion, criminality and sexual deviancy/contamination. These discourses emptied the Jew of any substantial human content, equating the essential essence of the Jew with infectious parasites and bacteria. The discursive production of Jews as disease facilitated the surfacing of a thanato-politics by allowing German medicine to treat the "Jewish problem" as one would treat a virus or an illness; through segregation, isolation, and eventually eradication. As the bio-political protectors of the health of the *volk*, German medicine could thereby rationalize the extermination of the Jews, and their complicity in that extermination, as a necessary medical practice to ensure the continuing health of the social body. To quote Kater, "the removal of the Jews from the locus of disease in the widest sense, whether they be the cause, the carrier, or the essence of this disease, was the task of the "Aryan" as healer and, more precisely, the job of the Nazi physician; "Killing in the name of healing."<sup>92</sup>

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Michel Foucault, "What is Enlightenment?" in Paul Rabinow (ed). *The Foucault Reader*. (New York: Pantheon, 1984), 249.

<sup>90</sup> Detlev J.K. Peukert. *Inside Nazi Germany: Conformity, Opposition, and Racism in Everyday Life* (New Haven: Yale University Press, 1987), 249.

<sup>91</sup> Stoler, 1995, 83.

<sup>92</sup> Kater, 1989, 181.