Academic Affairs Library, University of North Carolina at Chapel Hill. http://docsouth.unc.edu/neh/jbrown/jbrown.html. Accessed June 4, 2013.

Gamble, Vanessa N. 1997. "Under the Shadow of Tuskegee: African Americans and Health Care." *American Journal of Public Health* 87: 1773–1778.

Jones, James H. 1993. *Bad Blood: The Tuskegee Syphilis Experiment*. New York: Free Press.

McGregor, Deborah K. 1990. *Sexual Surgery and the Origins of Gynecology: J. Marion Sims, His Hospital, and His Patients*. New York: Garland.

Nyiszli, Miklós. 2011. *Auschwitz: A Doctor's Eyewitness Account*. New York: Arcade.

Reverby, Susan M., ed. 2000. *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*. Chapel Hill: University of North Carolina Press.

Sims, J. Marion. 1885. *The Story of My Life*. New York: Appleton.

Smith, Wilbert. 2010. *Hole in the Head: A Life Revealed*. Film and book available at http://www.holeinthehead.com/. Accessed June 4, 2013.

Stephens, Martha. 2002. *The Treatment: The Story of Those Who Died in the Cincinnati Radiation Experiments*. Durham, NC: Duke University Press.

Washington, Harriet A. 2006. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York: Doubleday.

Wasserman, Jason Adam, Flannery, Michael M., and Clair, Jeffery Michael. 2007. "Razing the Ivory Tower: The Production of Knowledge and African American Distrust of Medicine." *Journal of Medical Ethics* 33: 177–180.

Race, Medicine, and Genocide

SEAN LEE
Northwestern University, USA

Genocidal ideologies generally employ the dehumanization of an "enemy" group to fuel acts of relatively organized and large-scale violence. In Rwanda, for instance, much of the anti-Tutsi ideology of extremist Hutu groups was based on a combination of historical and anthropological investigation filtered through nineteenth-century colonial racism that characterized Tutsis as "Hamitic," "Caucasoid" conquerors and Hutus as an obedient race of "Bantu" servants. For racist Europeans, only this Hamitic hypothesis could explain the existence of the sophisticated kingdoms in the center of Africa. Much of this colonial historiography was supported by a biological anthropology that spent a great deal of time and energy measuring and categorizing Rwandans in order to cast them into a racial hierarchy.

Likewise, while colonial endeavors to eradicate Native Americans were often underpinned by a theological rationalization that saw the indigenous population as soulless heathens, presumed differences could also be biological in nature. Thus in 1763 during Pontiac's Rebellion in Ohio, Sir Jeffrey Amherst, the commander of British forces in North America, offered the following advice to Colonel Henry Bouquet: "You will do well to try to inoculate the Indians by means of blankets, as well as to try every other method that can serve to extirpate this execrable race."

In the Ottoman Empire, many of the architects of the Armenian genocide were drawn from the medical profession, and there are contemporary accounts of Armenian subjects being inoculated with typhus in medical experiments. In other cases, entire segments of the population were ordered destroyed for fear that they were agents of epidemic contagion. So while Nazi race policy and the ideology that underpinned it serve as perhaps the clearest example of a convergence between race thinking, medicine, and genocide, the Third Reich certainly had historical precedents.

RACE AND MEDICINE IN THE THIRD REICH

Deputy Leader of the Nazi Party, Rudolf Hess, famously remarked during a 1934 mass meeting that "National Socialism is nothing but applied biology." In fact, German medicine and science were used to lend a veneer of scientific legitimacy to Nazi racial policies, which generated such professional language as *lebensunwerten Lebens* (life unworthy of living) for euthanasia programs. The criteria for unworthy life included: (1) those in the "circumstances of mental death" (*Zustand geistigen Todes*) and (2) those who are "incurably mentally defective" (*unheilbar Blödsinnigen*). Those deemed undesirable to society, starting with mentally handicapped children, were killed, usually by gas chamber. In 1940, the procedure was codified in the Law on Euthanasia for the Incurably Ill.

Between 1940 and 1945, some 200,000 people were murdered as part of "Operation T-4" (*Aktion T-4*) based out of a Berlin address that lent the operation its name. The victims of this operation were psychiatric patients, sick camp inmates, non-conformists, and people suffering from severe depression. A similar program was put into place in concentration camps in order to gas all concentration camp prisoners who were unable to work. Turning on the gas at T-4 was considered a medical act, and as such was delegated to a physician. These operations served as a blueprint for the "final solution of the Jewish question." Around 100 physicians from Operation T-4 were later donated by the T-4 program in order to commit themselves to the extermination of Jewish prisoners. The initial commandants at the Treblinka, Sobibor, and Belzec concentration camps all came from T-4.

Much of Nazi racial thought was a continuation of nineteenth-century racist biological and genetic theories that had been espoused for decades prior to Nazi rule. German biologist and medical doctor Ernst Haeckel (1834–1919), for instance, was influential in his calls for "negative eugenics," where the racial purity of the in-group was maintained by eliminating members of the out-group through sterilization. He supported such policy recommendations through his theories of the genetic determination of physical and behavioral differences between the "races of mankind," which he saw as separate species.

Such theories culminated in a new approach to medicine called "racial hygiene" (*Rassenhygiene*). This new science was based on the idea that there were different human races, which could be classified as "superior" and "inferior." Racial hygiene purported to offer a biological solution to social problems, such as the spread of disease and poverty. The seizure of power by the Nazi Party in 1933 was to serve as the bridge between such racial thinking and state policy in Germany (as well as the lands it later would conquer) by offering the opportunity to apply racial hygiene in practice.

Universities and medical schools played an important role in the promulgation and practice of Nazi racial thought. Besides the euthanasia program, eugenics was a key part of the intersection of race and science in Germany. Taking a cue from sterilization programs in the United States of America, where institutionalized patients defined as mentally handicapped were sterilized, Germany enacted a program of forced sterilization in 1933. The aim was for the state to eliminate certain "undesirable" conditions thought to be hereditary based on "scientifically" determined criteria defined by medical science. This program resulted in an estimated 400,000 Germans being sterilized after a diagnosis of undesirable conditions that could harm society at large. In 1935, under the Nuremberg race laws, these criteria were expanded to include, among them,

"undesirable conditions" and "being of a certain racial background." These laws instituting racial segregation were supported by a wide spectrum of German researchers working on race and the so-called Jewish problem.

After the introduction of forced euthanasia through the killing of German handicapped people in gas chambers, the Nazi regime realized how it could use the scientific, medical, and organizational capacities of a modern state to implement Nazi racial projects through systematic mass murder.

NAZI MEDICAL EXPERIMENTATION

In addition to having served as the scientific foundation of the mass killing of Jews, Roma, homosexuals, communists, prisoners of war, Slavs, and other groups, medical practitioners were guilty of gruesome human experimentation during World War II. Many universities and research institutes saw the populations of the concentration camps and death camps as a subject pool for medical research. Since they had been medically designated as "lives unworthy of living," these people were used as human guinea pigs.

Perhaps the most infamous practitioner of these human experiments was Dr. Josef Mengele, whose Auschwitz experiments were carried out under the auspices of the Kaiser-Wilhelm Institute of Anthropology, Human Heredity, and Eugenics in Berlin. Mengele, who had both a doctorate in anthropology and a medical degree, performed many medical experiments on his captive subjects. Nazi experiments included vivisections, amputations, shock treatment, freezing, exposure to high-altitude conditions, infection with malaria and typhus, poison, saltwater consumption, incendiary bombs, and, in one instance, the sewing together of two children by Mengele in order to create conjoined twins. German medical science took advantage of the Nazi killings to collect specimens for scientific institutes.

THE DOCTORS' TRIAL AND THE NUREMBERG CODE

The Nuremberg court conducted a Doctors' Trial in 1946–7, *United States of America v. Karl Brandt, et al.*, in which 23 leading German physicians and administrators were tried for (1) conspiracy to commit war crimes and crimes against humanity; (2) war crimes; (3) crimes against humanity; and (4) membership in a criminal organization (SS). Of the 23, 7 were found innocent and 16 guilty, of which 7 were executed. The lead defendant, Karl Brandt, was the senior medical official in the German government during World War II and the personal physician of Adolf Hitler. Along with Brandt, Viktor Brack, Rudolf Brandt, Karl Gebhardt, Waldemar Hoven, Joachim Mrugowsky, and Wolfram Sievers were put to death in 1948. Josef Mengele eluded capture after the war and lived out the rest of his life in South America. While only 23 people were tried at the Doctors' Trial, a far greater number of physicians played a part in the Holocaust. In fact, by 1937, more than 43 percent of German physicians had joined the Nazi Party.

The Nuremberg Doctors' Trial gave rise to the Nuremberg Code, which is a set of guidelines for "permissible medical experiments" that is still in use today after being refined by the World Medical Association in 1954 and 1964. This code of ethics includes the provisions that the voluntary consent of the research subject is absolutely necessary and that the experiment should be undertaken in such a way as to avoid all unnecessary physical and mental injury and suffering. It also states

that the research subject has the right to bring the experiment to an end at any stage.

POSTWAR MEDICINE AND GENOCIDE

While the Nuremberg Code and the lessons of Nazi race medicine have helped call attention to the dangers of the role that medicine can play in genocide, the end of World War II did not see the end of such unethical practices. The United Nations (UN) Convention on the Prevention and Punishment of the Crime of Genocide, adopted by the UN General Assembly in 1948, states that if "committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such" then "imposing measures intended to prevent births within the group" is an act of genocide.

While probably falling short of the first condition, and thus the legal definition of genocide, there nonetheless have been many attempts to prevent births within particular groups throughout the world. Sterilization programs requiring varying levels of consent have been carried out since World War II in numerous places, including Peru, Czechoslovakia, Canada, the United States, Sweden, and India. In many cases, those found fit for sterilization were selected based on racial or ethnic criteria.

Indeed, just as the link between race, medicine, and genocide did not begin with the Nazi regime, neither did it end there. In Bosnia, Dr. Milan Kovačević, a Bosnian Serb and former hospital director who was born in a Croatian concentration camp, was indicted in 1997 by the International Criminal Tribunal for the Former Yugoslavia and accused of setting up concentration camps in Bosnia for Croats and Muslims. During the Rwandan genocide of 1994, some physicians helped point out Tutsi patients so they could be slaughtered by Hutu extremists. During Argentina's dirty war in the 1970s, medical practitioners were complicit in covering the government's tracks when it "disappeared" political dissidents and gave their babies to childless military and police families. Finally, in perhaps the most recent example, Israel has recently admitted that the state sometimes administered long-term contraceptives to women of Ethiopian descent without their knowledge or consent.

CONCLUSION

In the end, the infusion of biology and racism into a pseudoscientific justification for social hierarchies can and has formed a troubling justification for genocide. While the dangers of racism veiled behind science perhaps find their clearest expression in the Third Reich, varying forms of genocide have been bolstered by and in some cases founded on supposed medical science. Moreover, the lesson history teaches about the future appears to be that where race-based ideologies are woven into state or military power, medicine is likely to play a role.

SEE ALSO: Bioethics; Eugenics; Medical Anthropology; Race and Distrust of Medicine; Race and Medical Experimentation; Social versus Biological Conceptions of Race

FURTHER READING

Alexander, Denis, and Numbers, Ronald, eds. 2010. *Biology and Ideology from Descartes to Dawkins*. Chicago, IL: University of Chicago Press.

Aly, Götz, Chroust, Peter, and Pross, Christian. 1994. *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene*. Baltimore, MD: Johns Hopkins University Press.

Baron, Jeremy Hugh. 1999. "Genocidal Doctors." *Journal of the Royal Society of Medicine* 92(November): 590–593.

Browning, Christopher. 2004. *The Origins of the Final Solution: The Evolution of Nazi Jewish Policy, September 1939–March 1942.* Lincoln: University of Nebraska Press.

Dadrian, Vahakan. 1986. "The Role of Turkish Physicians in the World War One Genocide of Ottoman Armenians." *Holocaust and Genocide Studies* 2: 169–192.

Dawber, Alistair. 2013. "Israel Gave Birth Control to Ethiopian Jews without their Consent." *The Independent*, January 27.

Des Forges, Alison. 1999. *Leave None to Tell the Story: Genocide in Rwanda.* New York: Human Rights Watch.

Fein, Helen. 1990. "Genocide: A Sociological Perspective." *Current Sociology* 38(8): 1–126.

Kater, Michael H. 1989. *Doctors under Hitler.* Chapel Hill: University of North Carolina Press.

Kiernen, Ben. 2009. *Blood and Soil: A World History of Genocide and Extermination from Sparta to Darfur.* New Haven, CT: Yale University Press.

Lerner, Richard M. 1992. *Final Solutions: Biology, Prejudice, and Genocide.* University Park: Pennsylvania State University Press.

Lifton, Robert J. 2000. *The Nazi Doctors: Medical Killing and the Psychology of Genocide.* New York: Basic Books.

Patterson, K. B., and Runge, T. 2002. "Smallpox and the Native American." *American Journal of the Medical Sciences* 323(4): 216–222.

Proctor, Robert M. 1988. *Racial Hygiene: Medicine under the Nazis.* Cambridge, MA: Harvard University Press.

Stern, Alexandra M. 2005. "Sterilized in the Name of Public Health: Race, Immigration, and Reproductive Control in Modern California." *American Journal of Public Health* 95(7): 1128–1138.

Weindling, Paul. 2005. *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent.* New York: Palgrave Macmillan.

Weindling, Paul, and Turda, Marius, eds. 2007. *"Blood and Homeland": Eugenics and Racial Nationalism in Central and Southeast Europe, 1900–1940.* Budapest: Central European University Press.

Race and Mental Health

JOHN TAYLOR
Florida State University, USA

Racial disparities in mental health have been well documented in the research literature. In general, minority status has been linked to poorer health outcomes relative to non-Hispanic whites. Much less is known about the social factors that underlie these relationships. This entry provides a brief overview of the concepts of race and ethnicity, the racial/ethnic distribution of mental health in the United States, and some of the major theories that have been developed to account for these observed disparities.

BASIC CONCEPTS AND DEFINITIONS

Prior research on "race" and "ethnicity" has not produced uniform conceptualizations of these constructs. As a result, research on racial/ethnic disparities in mental health has produced somewhat inconsistent findings. There are several reasons for this lack of consensus. First, race and ethnicity are dynamic constructs that tend to change over time and geographical location. Second, they are abstract concepts, often serving as proxy measures of the social circumstances of a particular group of people. Thus, ethnicity tends to be assessed as a social status demarcating geographical region of origin, ancestry, language preference, mode and receptiveness of entry into the United States, and cultural norms and preferences. Conceptualizations of "race" frequently overlap with those of ethnicity, but research employing race as a measure of social status often places greater emphasis on the distinct physical characteristics (phenotype) of particular groups of people. In addition, study participants' self-reports of ethnicity and race often do not conform to globally recognized pan-ethnic categories