Paying for the Past: The Struggle over Reparations for Surviving Victims of the Nazi Terror

Sheila Faith Weiss

Bulletin of the History of Medicine, Volume 74, Number 1, Spring 2000, pp. 194-196 (Review)

Published by The Johns Hopkins University Press

For additional information about this article
http://muse.jhu.edu/journals/bhm/summary/v074/74.1weiss.html
differently from the Allies or the Vatican scarcely absolves it from blame; in the author’s opinion, shared by countless others, it should have intervened, and its failure to do so weakened the entire organization.

By 1992, when the ICRC was driven to hire gunmen to protect its relief operations in Somalia, Dunant’s dream of a more civilized world was clearly in tatters, although Moorehead is far too charitable to say so. She concludes by lamenting that “the . . . Red Cross is accepted only when its interests coincide with those of the nation-state” (p. 711), as if this were some new phenomenon, when it is precisely this condition that explains the movement’s spectacular growth amid the rampant nationalism and militarism that culminated in two world wars.

Some idea of the book’s shortcomings may be gathered from the author’s blundering forays into medical history, the only cited source for which is Richard Gordon’s Alarming History of Medicine (1993): readers are assured that in the 1850s “nothing was understood about . . . germs and antiseptics” (p. 5); that mercury treatment for syphilis “came later” than Lister’s work (p. 28); and that “in January 1915 typhus became endemic” in Serbia (p. 225)! Moorehead’s constant preference for using the memoirs of English volunteers, no matter what the subject, sometimes leads to absurdity: in the seven pages on Serbia, for example, there is no mention of Richard Pearson Strong or the Rockefeller expedition. Bibliographic lapses are frequent: apparently she has not read Maxwell on the U.S. Sanitary Commission, let alone Weindling, Kater, or Proctor on medicine in Nazi Germany. Even more serious is her lack of interest in military medicine, a deficiency that stands out most clearly in her superficial treatment of changing state–Red Cross relations in the United States and Britain in the first decade of the twentieth century. Finally, she badly misleads readers by stating that in 1919 the ICRC had an “almost identical programme for dealing with public health, child welfare and disease” (p. 260) to that proposed at the Cannes Conference for the incipient, American-sponsored, League of Red Cross Societies. In short, there is no professional reason for any historian of medicine to put this book on a reading list—but that does not mean that its sympathetic treatment of the plights of prisoners-of-war, political detainees, and those who try to help them can safely be ignored by the conscientious citizen.

John F. Hutchinson
Simon Fraser University


This English-language edition of Christian Pross’s timely study will help ensure that it attracts the broad readership it deserves. Originally published in German
in 1988, it was a product of the then-heated internal political debate over the moral sincerity of (West) Germany’s postwar reparations program for the victims of Nazi barbarism. *Paying for the Past* deconstructs the West German reparations project from its intellectual inception in 1947, through the high-water mark of reparations legislation and litigation in the 1950s and 1960s, and into the 1980s. Far from being conceived as a form of justice for the almost infinite number of injustices suffered by victims of Hitler’s “racial state,” the reparations project, as Pross clearly points out, was viewed by most German bureaucrats as an economically costly but politically necessary form of social welfare. Reparations bought West Germany Marshall aid, afforded it integration into the Western alliance, aided the reintegration of former Nazis into office, and neutralized political dissent. As such, it “thus became not only an instrument of foreign policy but also a way of stabilizing the Federal Republic internally” (p. 174).

Insofar as the government’s motivation for reparations was largely political rather than moral, most of the officials responsible for writing the statutes and administering the program did their best to keep costs down. The few individuals who were motivated by a sense of guilt and justice and attempted to fight the petty bureaucrats and high administrators in the Ministry of Finance (the latter serving as a constant source of resistance to generous reparations) were the rare exception. Pross is at his best in revealing the diversity of cynical strategies employed both to limit the number of victims eligible for compensation and to reduce the payment made where injury was demonstrated beyond a shadow of a doubt. He also takes issue with the German government’s official history of the reparations project, a six-volume work published by the Ministry of Finance, accusing its authors of silencing critics who were unwilling to view reparations as an unabashedly moral victory for the Federal Republic, and of publishing distortions of facts. *Paying for the Past* is at once a critique of the German reparations program and an indictment of the official whitewashed version of its historical development.

The core of Pross’s study focuses on the medical aspects of reparations, and it is this feature that is probably most relevant to those reading this journal. One of the categories of injury recognized by the 1957 Federal Restitution Law was damage to body and health caused by Nazi persecution. Pross demonstrates in no uncertain terms how statutes outlining this category of harm—a category affecting the “little people”—were deliberately designed to make it incredibly difficult for persecutees to receive their compensation. Indeed, according to official statistics cited by the author, the rejection rate for health damage claims was relatively high: more than half of all applications for reparations under this provision of the law were at least initially rejected by the authorities. There were numerous reasons for this state of affairs. In order to process a claim, the victim was required to undergo a medical examination by a reparations office–commissioned physician; unlike German war veterans filing claims for health damage, persecutees were not allowed to choose their own physician. They were required to obtain documents on health-related privations resulting from persecution—something virtually impossible to acquire in the chaos of the early postwar period. Many of the victims living outside Germany were examined by non-German
physicians who were severely hampered by their inability to negotiate the “linguistic labyrinths” (p. 74) on the official forms and found it impossible to think in the artificially arcane categories set out by the authors of the statutes. Forms that were incorrectly processed were rejected, causing delays in compensation or outright rejection of the claim. Those examined by German émigré physicians who had themselves frequently been targets of Nazi persecution and who might thus be expected to sympathize with the victims were not necessarily better off: in order for their evaluations to carry any weight—in order for them to help the persecutees—German émigré physicians had to make sure they were not too liberal in their diagnosis of persecution-related harm.

Perhaps worst off were persecutees residing in Germany, who not infrequently found themselves examined by physicians who either directly or indirectly supported the bestial racial and health-care policies of the Third Reich. This led to a particularly psychologically difficult victim-victimizer relationship, where persecutees were forced to relive their nightmares in the presence of a person who might have been active in the Nazi health-care apparatus. Even when this was not the case, the legacy of hereditarianism in German medicine—a tradition that reached its high point during the Third Reich—ensured that many persecution-related illnesses were rejected on the grounds that they had a genetic component and were hence not the result of Nazi terror. Victims’ advocacy groups, for example, had to fight the German medical establishment to establish the validity of “persecution neurosis” as an illness.

In short, Christian Pross has written an important book. His chapter devoted to an examination of fourteen case histories of persecutees who applied for compensation for damage to body and health is an especially moving testimony to the unspeakable criminality of the Nazi regime, as well as to the shameful pettiness, indifference, cold legality, and outright hostility with which many medical officials stood in judgment of the victims of Nazi terror. It also underscores the difficulty that even well-meaning physicians have when confronted with the medical impact of an extraordinarily high level of physical and mental abuse such as that suffered by the victims of Hitler’s Third Reich. Whether, as Pross suggests, the history of German reparations can serve as a model or a warning for other societies remains to be seen. Unfortunately, recent history has witnessed all too many new victims terrorized by their own counties’ brutal policies. Kosovo is merely the latest example. Given recent trends, I fear we will be forced to wrestle with the meaning of Wiedergutmachung (making good again) for some time to come.

Sheila Faith Weiss
Clarkson University