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UNIVERSITY OF CALIFORNIA, SAN DIEGO

Serving the *Volksgemeinschaft*: German Red Cross Nurses in the Second World War

A dissertation submitted in partial satisfaction of the requirements of the Doctor of
Philosophy

in

History

by

Amy Liane Zroka

Committee in charge:

Professor Frank Biess, Chair
Professor Richard Biernacki
Professor Deborah Hertz
Professor Rebecca Jo Plant
Professor Pamela Radcliff

2015

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The Dissertation of Amy Liane Zroka is approved, and it is acceptable in quality and form for publication on microfilm and electronically:

Chair

University of California, San Diego

2015

DEDICATION

Dedicated to
Gertrud Brewer Edwards
Grandmother, Mother, & Nurse

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ABSTRACT OF THE DISSERTATION

Serving the Volksgemeinschaft: German Red Cross Nurses in the Second World War

by

Amy Liane Zroka

Doctor of Philosophy in History

University of California, San Diego, 2015

Professor Frank Biess, Chair

In this dissertation, I investigate the actions and experiences of German Red Cross nurses who worked on the Eastern Front during the Second World War. The purpose of the project is to gain a deeper understanding of how the Third Reich mobilized “Aryan” German women for war service and how these women, as nurses,

helped constitute a *Volksgemeinschaft* or “people’s community.” By examining the actions of nurses, I analyze how humanitarian ideals are affected by nationalist goals and international conflicts. In addition, I also move beyond the war itself in order to answer the question of how German Red Cross nurses’ wartime activities were remembered, on the level of the individual and of the group, and what these memories meant for the women themselves and the two postwar German publics. This project therefore investigates the discourses, training programs, and personal experiences of German Red Cross nurses and the soldiers, ethnic Germans, and non-Germans whom with nurses interacted.

Red Cross nursing appealed to German women because it provided them with the opportunity to work outside of the home without violating traditional gender norms. During their time serving in hospitals on the Eastern Front, nurses modified the National Socialist concept of “people’s community” by creating a community of the front field hospital. This community was defined not only by German citizenship, but also by a set of common wartime experiences and connections to German Red Cross institutions. Red Cross nurses who served at the front gained a sense that they, rather than their superiors who worked further away from the front, had a better understanding of the war. As a result, the nurses who worked in these field hospitals forged a specific kind of nursing community within the larger German front community. These women thus modified the Nazi community based on their needs and experiences. However, nurses also reinforced Nazi “racial” and political hierarchies by prioritizing the care of German soldiers and ethnic Germans. After the war, changing patterns of silence and recollection slowly brought nurses’ experiences and memories into public discussions.

Introduction

When she was 19 years old, German Red Cross Sister Edith Haase received orders to travel to Cracow, Poland, where she would be stationed at a military field hospital as a nurse and as a stenographer.¹ Sister Haase decided to become a German Red Cross nurse because her mother had also been a nurse, because she herself genuinely wanted to help those in need, and because she was not allowed to pursue advanced studies in music, her first calling. She volunteered to work for the German Red Cross in her hometown of Arnstadt, as the society oversaw the provision of medical care there.² But by the end of June, 1941, as the invasion of the Soviet Union was getting underway,³ Sister Haase found herself in a field hospital in Poland. She remained stationed on the Eastern Front until the German Army retreated in 1945.

Sister Haase was one of nearly 400,000 German Red Cross nurses, nursing assistants, and nursing aids who worked for the German armed forces during the Second World War.⁴ While there were only 14,600 fully qualified Red Cross nurses in Nazi Germany in 1939, the number increased as the war went on, and these women were supplemented by a much larger number of lesser qualified nursing assistants and aides.⁵

Working under the direction of the Department of Voluntary Nursing, the German Red

¹ Deutsches Tagebucharchiv Emmendingen (DTA) 1601— “Schwester Harmonica. Die Geschichte, die das Leben schrieb. Eine Lebensgeschichte von Edith Haase.”

² DTA 1601— “Schwester Harmonica,” 9.

³ See Mark Mazower, *Hitler's Empire: How the Nazis Ruled Europe* (New York: Penguin Press, 2008), 135.

⁴ See Karen Hagemann, “Mobilizing Women for War: The History, Historiography, and Memory of German Women’s War Service in the Two World Wars,” *The Journal of Military History*, vol. 75, no. 4 (Oct., 2011): 1079-1082. Also see Franka Maubach, *Die Stellung halten: Kriegserfahrungen und Lebensgeschichten von Wehrmachthelferinnen* (Göttingen: Vandenhoeck and Ruprecht, 2009), 7.

⁵ See Christoph Schweikardt, “The National Socialist Sisterhood: an instrument of National Socialist Health Policy,” *Nursing Inquiry*, vol. 16, no. 2 (June, 2009): 105.

Cross was the main provider of nurses for the military; its nurses, therefore, were a vital component in the German Army's ability to wage war.⁶ These nurses worked in reserve hospitals on the home front; field hospitals in the war zones; plane, train and floating hospitals (ships); and soldiers' homes or casinos (*Soldatenheime*). More often than not, the number of nurses in any given medical unit or hospital ward was quite small — from two to seven nurses — and in more remote locations, one nurse might serve as the entire medical establishment.⁷ For example, Sister Ingeborg Ochsenknecht worked with a group of nurses and doctors in a large military hospital in Nazi-occupied Warsaw.⁸ In contrast, Sister Irmela Kiehne worked alone with ethnic Germans in a makeshift hospital in the countryside of the Ukraine for over a month in the spring of 1942.⁹ Ochsenknecht nursed soldiers to health and Kiehne cared for re-settled ethnic German civilians. Both women, like Haase, were no more than twenty-two years old.

The presence of German Red Cross nurses in the war zones raises important questions about gender, war, humanitarianism, and Nazism. Why did German women choose to become nurses and to go to the Eastern Front? What exactly did they do once they were there? To what extent did they know about the Holocaust, and what were their reactions upon learning of the mass murders? Did they experience a conflict

⁶ See Alex Bucher, *The German Army Medical Corps in the Second World War* (Schiffer Publishing, Ltd.: March 1, 1999), 9-10; and "Heeresdienstverordnung Nr. 182: Bestimmungen für die Freiwillige Krankenpflege bei der Wehrmacht im Kriege vom 1. Dezember 1940," in *Frontschwester und Friedensengel: Kriegsrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke and Monika Schaidhammer-Placke, Frankfurt am Main: Mabuse, 2002), 159.

⁷ See Dieter Riesenberger, *Das Deutsche Rote Kreuz: eine Geschichte, 1864-1990* (Paderborn: Schöningh, 2002), 316-330.

⁸ See Ingeborg Ochsenknecht, *'Als ob der Schnee alles zudeckte.'* *Eine Krankenschwester erinnert sich. Kriegseinsatz an der Ostfront.* (Munich: Econ-Verlag, 2004). DRK Präsidium Archiv/Bibliothek Berlin 03307.

⁹ Bundesarchiv Berlin (BA) R 49, 2055—Nr. 262, Briefe der Schwesternhelferin Irmela Kiehne, FPNr. 10528. Osten, 4 August 1942 Betreuung der Volksdeutschen am Schwarzen Meer. Located in file "Einsatz des Deutschen Roten Kreuzes bei der Umsiedlung, 1940-1942."

between their duties as caregivers and as Germans working for the Nazi goals? What can a case study about military nursing reveal about the way the Germans waged an ideological racial war on the Eastern Front? How were nurses' actions remembered after 1945?

In this dissertation, I begin to answer these questions. I investigate the social, cultural, and political aspects of female nurses' lives with the goal of exploring the ways in which German women participated in the Second World War, and how through their actions they found positions within and indeed helped constitute the *Volksgemeinschaft* or "people's community." I consider the public image of nursing, training programs and regulations, and nurses' activities in the war zones, particularly along the Eastern Front. I focus on nurses' work on the Eastern Front because it was the location of the most intense fighting and the highest number of military and civilian casualties. Moreover, unlike any other major war theater, the Eastern Front was the geographical site of genocide. Nurses worked in cities and villages which contained or were located close to the ghettos; thus, the murder of the Jews was never too far from their own lives. An examination of nurses' experiences in the East, especially in Poland, Ukraine, and the Soviet Union, can shed light on the ways German women participated of in the Second World War, and through such analysis one can therefore gain greater insight into women's participation in an extremely violent racial war. In addition, by looking at nurses' reactions to learning about mass murder, I hope to draw out how German Red Cross nurses understood their positions as caregivers within this context.

In my dissertation, I also move beyond the war itself in order to answer the question of how German Red Cross nurses' wartime activities were remembered, on the

level of the individual and of the group, and what these memories meant for the women themselves and the two postwar German publics. The memories of German women and the German Red Cross, as portrayed in organizational, historical, and personal accounts, have undergone a series of revisions since 1945, with relatively more individual nursing memoirs published since the late 1980s.¹⁰ My project analyzes the different memories and the reasons for their formation and transformation. This task is important, firstly, because it can show us what kind of long term impact the Second World War made on individual German Red Cross nurses and on nursing sisterhoods. Second, an analysis of the position of Red Cross nursing within the German commemorative culture can shed light on the ways in which memory takes on gendered meaning at different points in time, for different reasons. Third, by examining the changing portrayal of war nursing over time, one can learn more about the relationship between individual memories and institutional memories, and about how both kinds of memories were or were not affected by the postwar politics of memory.¹¹

¹⁰ See, for example, Elizabeth D. Heineman, “‘The Hour of the Woman’: Memories of Germany’s ‘Crisis Years’ and West German National Identity,” *American Historical Review*, vol. 101, no. 2 (Apr. 1996): 354-95. Heineman examines immediate postwar memories of German women’s wartime experiences and explains how these memories shifted the public focus from women’s lived experiences to postwar German identity as a whole. Also see Atina Grossmann, *Jews, Germans, Allies: Close Encounters in Occupied Germany* (Princeton: Princeton University Press, 2007). For an analysis of the historical memory of the German Red Cross, see Birgitt Morgenbrod and Stephanie Merkenich, *Das Deutsche Rote Kreuz unter der NS-Diktatur* (Paderborn: Schöningh, 2008), 6-10. Ingeborg Ochsenknecht, ‘*Als ob der Schnee alles zudeckte*’; Susi Gerloff, *Kriegsschwester. Erlebnisberichte*. (Fr. Fiedler Verlag, Pfaffen-Schwabenheim, 1994/1996); and Erika Summ, *Schäfers Tochter. Die Geschichte der Frontschwester. 1921-1945*, ed. Jürgen Kleindienst (Berlin: Zeitgut Verlag, 2006). DRK Präsidium Berlin Archiv/Bibliothek 05203

¹¹ A number of works have influenced by research in memory studies. Among others, see Maurice Halbwachs, *On Collective Memory*, ed. and trans. Lewis A. Coser (Chicago: University of Chicago Press, 1992); Jay Winter and Emmanuel Sivan, “Setting the Framework,” in *War and Remembrance in the Twentieth Century*, ed. Jay Winter and Emmanuel Sivan (Cambridge: Cambridge University Press, 1999), 6; Elizabeth D. Heineman, *What Difference does a Husband Make?: Women and Marital Status in Nazi and Postwar Germany* (Berkeley: University of California Press, 1999); Frank Biess, *Homecomings: Returning POWs and the Legacies of Defeat in Postwar Germany* (Princeton, N.J.:

This dissertation thus pursues three main goals. First, this project represents an attempt to deepen the historical understanding of the position of women in Nazi Germany. More specifically, I seek to demonstrate how the regime mobilized the support of German women and of how these women then participated in the war effort. By investigating the experiences of German Red Cross nurses who served on the Eastern Front, moreover, I illustrate how German women were intricately involved with how the Nazis waged war and built an imperial racial order. This study aims thus not only to change the way people think about German women in the Third Reich; it also tries to contribute to our knowledge of the relationship between gender and warfare.

The second goal of my project is directly related to the first goal. My dissertation offers a case study of women in Nazi Germany by looking at the actions of those who worked directly *with the military during wartime*. In this dissertation, I thus try to bring more closely together the field of women's history with that of military history. One of the best ways to do this is by looking at the history of war nursing, because the work of military nurses clearly brings the field of women's history together with that of wartime military operations. In Germany, nursing was one of the very few professions women could engage in, maintain a perceptible sense of femininity, and yet leave the confines of the home and enter the male-dominated world of the military. Red Cross nursing essentially brought traditionally male and female worlds together, through the institution of the field hospital. For example, rather than labeling nurses as *Krankenpflegerinnen* (female nurses), the German Red Cross maintained the historical

Princeton University Press, 2006); and Robert G. Moeller, *War Stories: The Search for a Usable Past in the Federal Republic of Germany* (Berkeley: University of California Press, 2001).

title of *Schwestern* for its nurses, thereby retaining the term's multiple meanings.¹²

When nurses and soldiers interacted in the field hospitals, soldiers identified nurses not just by their job but as *Schwestern* or "Sisters." For soldiers, the German Red Cross sister represented family, love, motherhood, Christian charity, and cleanliness—that is, they symbolized the aspects of the *Heimat*, or homeland, from which the soldiers were so far away.¹³ Sisterhood also took on a special meaning for German Red Cross nurses. Typically, these women belonged to a local sisterhood and, prior to their war service, most nurses lived in an institution called a Motherhouse, run by a nursing matron.¹⁴ Nurses took these traditions with them to the front. And indeed, nursing was significant because it allowed German women to do just this, that is, to leave the borders of the Reich and to observe its brutal occupation practices first hand. In addition to bringing traditional notions of femininity with them to the front, nurses also brought a tradition of caring for those in need. However, the meaning of "caring" in the Third Reich was highly subjective; specifically, medical care was sharply shaped by notions of "race."¹⁵

A case study of nursing is thus useful for addressing my third main goal, which is to demonstrate what happens to humanitarian ideals and organizations during wartime and why. When one thinks of the history of the National Socialism, humanitarianism is

¹² In this dissertation, in order to maintain clarity with terminology, I use "Sister" when referring to individual women who worked as nurses. When referring to nurses as a group, I use the term "nurse" or "nurses." Part of the reason for this choice is to prevent confusion between familial sisters and nurses.

¹³ See, for example, Brigitte Penkert, Jens Eber, and Sibylle Penkert, *Briefe einer Rotkreuzschwester von der Ostfront* (Göttingen: Wallstein, 2006), Letter 10, Düsseldorf, 12 December 1940, 80; and Erika Summ, *Stationen in meinem Leben* (Manuscript, 1993-1999), in *Frontschwester und Friedensengel: Kriegskrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke, and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002), 206.

¹⁴ See Hilde Steppe, "Nursing in the Third Reich," *History of Nursing Journal*, vol.3, no. 4: 26.

¹⁵ See for example, Klaus-Dietmar Henke, *Tödliche Medizin im Nationalsozialismus: von der Rassenhygiene zum Massenmord* (Cologne, Weimar and Vienna: Böhlau Verlag, 2008) and Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York: Basic Books, 1986).

certainly not the first thing that comes to mind. However one may define humanitarianism today, be it the “transnational concern to help persons in exceptional distress” that reflects tensions between nationalism and internationalism, secular universalism,¹⁶ or the ideal that human welfare is the ultimate good,¹⁷ such ideals were not part of a Nazi ideology based on the racial superiority of one race and exclusion and, often, extermination of all others. The history of the Third Reich and its main institutions thus displays the very antithesis of humanitarianism. How did the German Red Cross—an organization dedicated to humanitarian activity—come to serve an anti-humanitarian regime? How do national interests interact with those of formally independent and neutral national humanitarian societies?

These questions are important to keep asking, especially in regards to the provision of humanitarian medical relief, an ongoing and pressing concern in the international community.¹⁸ By beginning to answer them, we can understand more about how humanitarian concepts are constructed, reconstructed, and altered by national regimes and set to work for causes contradictory to original humanitarian concepts.

¹⁶ See David Forsythe, “2. Contemporary Humanitarianism: The Global and the Local” in Richard Ashby Wilson and Richard D. Brown, eds., *Humanitarianism and Suffering: The Mobilization of Empathy* (Cambridge: Cambridge University Press, 2009), 59; and Richard Ashby and Richard D. Brown, “Introduction” in *Humanitarianism and Suffering*, 3.

¹⁷ See D.J.B. Trimm and Brendan Simms, “Chapter 1: Towards a history of humanitarian intervention,” in *Humanitarian Intervention: A History*, ed. D.J.B. Trimm and Brendan Simms (Cambridge: Cambridge University Press, 2011), 3.

¹⁸ See, among others, Wilson and Brown, eds., *Humanitarianism and Suffering*; Trimm and Simms, eds., *Humanitarian Intervention*; Michael Barnett, *Empire of Humanity: A History of Humanitarianism* (Ithaca and London: Cornell University Press, 2011); David Rieff, *A Bed for the Night: Humanitarianism in Crisis* (New York: Simon & Schuster: 2002); David Forsythe, *The Humanitarians: The International Committee of the Red Cross* (Cambridge: Cambridge University Press, 2005); Thomas G. Weiss and Larry Minear, *Humanitarianism Across Borders: Sustaining Civilians in Times of War* (Boulder and London: Lynne Rienner Publishers, 1993); Thomas G. Weiss and Larry Minear, *Mercy Under Fire: War and the Global Humanitarian Community* (Boulder: Westview Press, 1995); and David Kennedy, *The Dark Sides of Virtue: Reassessing International Humanitarianism* (Princeton & Oxford: Princeton University Press, 2004).

Although the German Red Cross promoted the ideals of universality and neutrality before 1933, such values cannot simply be taken at face value. Just as the ideal of universal human rights has been historicized and deconstructed to show its exclusionary aspects, it is necessary to reveal the hidden biases and assumptions behind humanitarian ideals at different points in time.¹⁹ Such assumptions must be uncovered to have a proper understanding of Red Cross members' beliefs before they were then altered by Nazi ones, and to uncover possible subtle overlaps between the two value sets. In this project, by examining long and short term changes in the ideals and actions of German Red Cross nurses, I add to our understanding of how humanitarian ideals develop over time and why, and of the ways humanitarian ideals affected the actions of the German Red Cross society during the Third Reich.

Historiographical Debates and Significance

A study of German Red Cross nursing can thus make significant insights into the history of women, gender, humanitarianism, and warfare. It can help us understand

¹⁹ There is now a wide literature on the critique and history of human rights. See, for example, Joan Wallach Scott, *Only Paradoxes to Offer: French Feminists and the Rights of Man* (Cambridge, MA: Harvard University Press, 1996); Hannah Arendt, *The Origins of Totalitarianism* (New York: Harcourt Brace Jovanovich, 1973); Lynn Hunt, *Inventing Human Rights: A History* (New York, NY: W.W. Norton & Company, 2008); Samuel Moyn, *The Last Utopia: Human Rights in History* (Cambridge, Mass.: Belknap Press of Harvard University Press, 2010); Steve J. Stern and Scott Straus, eds., *The Human Rights Paradox: Universality and Its Discontents* (Madison, Wisconsin: University of Wisconsin Press, 2014); Heiner Bielefeldt, "'Western' versus 'Islamic' Human Rights Conceptions?: A Critique of Cultural Essentialism in the Discussion of Human Rights," *Political Theory*, vol. 28, no. 1 (Feb., 2000): 90-121; Anthony J. Langlois, "The Globalization and Fragmentation of Moral Discourse," *Review of International Studies*, vol. 28, no. 3 (Jul., 2002): 479-496; and Makau Mutua, "Standard Setting in Human Rights: Critique and Prognosis," *Human Rights Quarterly*, vol. 29, no. 3 (Aug., 2007): 547-630 and Mutua, *Human Rights: A Political and Cultural Critique* (Philadelphia: University of Pennsylvania Press, 2002).

the way notions of gender influence the practice of war and the provision of medical care within oppressive occupation regimes. Moreover, such a study, with its aim to understand the roles and motives of women who worked within the masculine world of the army, speaks to several bodies of historiography which are concerned with the role of women in warfare and in Nazi Germany, the reasons why and how the German people supported Nazi ideological goals, and the meaning and history of humanitarianism.

First, in my dissertation, I fill in a gap in the historiography on women and gender in the Third Reich. I do this by examining the actions of large numbers women who worked as German Red Cross nurses within the masculine world of the army. These women were not necessarily strongly ideologically committed to the NS-regime's racial goals nor did they commit extremely violent acts themselves. Yet, their actions were essential for the continuation of the war effort on the Eastern Front. My project thus speaks to a large body of research concerning Nazi attitudes about women and about "Aryan" Germans' roles as perpetrators or victims. This field of historical research has a long history, beginning in the late 1960s²⁰, and then gaining much momentum from the 1980s.²¹

In the late 1980s and early 1990s, the so-called women's historians' debate primarily focused on women's roles as perpetrators and victims in the Third Reich.²²

²⁰ See Ursula Gersdorff, *Frauen im Kriegsdienst. 1914-1945* (Stuttgart: Dt. Verl.-Anst., 1969).

²¹ See, for example, Jill Stephenson, *The Nazi Organization of Women* (London: Croom Helm; Totowa, NY: Barnes & Noble, 1981) and Renate Bridenthal, Atina Grossmann, and Marion Kaplan, eds., *When biology Became Destiny: Women in Weimar and Nazi Germany* (New York: Monthly Review Press, 1984).

²² For a good summary of this debate, see Adelheid von Saldern, "Victims or Perpetrators? Controversies about the Role of Women in the Nazi State," in *Nazism and German Society, 1933-1945*, ed. David Crew (London: Routledge, 1994), 141-165. Also see Frauengruppe Faschismusforschung ed., *Mutterkreuz und*

For example, in 1986 German historian Gisela Bock published *Zwangssterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik*, which demonstrated how women became victims of the Third Reich because of their perceived “racial” background and their gender.²³ She argued that programs for compulsory motherhood for “racially pure” women and the prohibition of motherhood for “racially unfit” women were part of a coherent policy that combined sexism and racism. Bock claimed that the first group of women were forced to accept motherhood as “forced labor” while the second group were prevented from childbearing through laws which often resulted in unwanted abortions and sterilizations. Racism and sexism were utilized by the regime to impose their policies on all women.²⁴ Other historians have likewise pointed towards the dissonance between women’s rights and the rise of the Nazi Party; these scholars argued that the goals of the Party were antithetical to those of the women’s

Arbeitsbuch. Zur Geschichte der Frauen in der Weimarer Republik und im Nationalsozialismus (Frankfurt/Main: Fischer Taschenbuch Verlag: 1981); Christina Herkommer, *Frauen im Nationalsozialismus —Opfer oder Täterinnen? Eine Kontroverse der Frauenforschung im Spiegel feministischer Theoriebildung und derallgemeinen Aufarbeitung der NS-Vergangenheit* (Munich: Martin Meidenbauer Verlag, 2005); Carola Sachse, ‘Frauenforschung zum Nationalsozialismus. Debatten, Topoi und Ergebnisse seit 1976’, *Mittelweg*, 36, 6, no. 2 (1997), 24 – 33; Kirsten Heinsohn, Barbara Vogel and Ulrike Weckel, “Einleitung,” in *Zwischen Karriere und Verfolgung. Handlungsräume von Frauen im nationalsozialistischen Deutschland*, ed. Heinsohn et al. (Frankfurt/Main, 1997), 7 – 23; Angelika Ebbinghaus ed., *Opfer und Täterinnern. Frauenbiographien des Nationalsozialismus* (Frankfurt/Main, 1997; 1st edn., Nördlingen, 1987); Christina Herkommer, “Women under National Socialism: Women’s Scope for Action and the issue of Gender,” in *Ordinary People as Mass Murderers: Perpetrators in Comparative Perspectives*, ed. Olaf Jensen and Claus-Christian W. Szejnmann (Houndmills, Basingstoke, Hampshire; New York: Palgrave Macmillan, 2008), 99-119; and Dachauer Symposien zur Zeitgeschichte and Marita Krauss, eds., *Sie waren dabei: Mitläuferinnen, Nutzniesserinnen, Täterinnen im Nationalsozialismus* (Göttingen: Wallstein Verlag, 2008).

²³ See Gisela Bock, *Zwangssterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik* (Opladen: Westdeutscher Verlag, 1986).

²⁴ Racism was used to impose sexism on “racially pure” women in the form of unpaid housework and child-rearing. Sexism was used to implement racism by excluding many women from the “relative benefits” granted to “racially pure” women and by forcing them to accept poor-paying jobs to survive. See Gisela Bock, “Racism and Sexism in Nazi Germany: Motherhood, Compulsory Sterilization and the State” in *When Biology Became Destiny*, ed. Renate Bridenthal, Atina Grossmann, and Marion Kapan (New York: Monthly Review Press, 1984), 271-288; *Zwangssterilisation im Nationalsozialismus*; and “Antinatalism, Maternity and Paternity in National Socialist Racism” in *Nazism and German Society, 1933-1945*, ed. David Crew (London and New York: Routledge 1994), 110-140.

movements.²⁵ The former advocated male domination and violence, the latter advocated for female independence and a maternalist ideology that valued compassion above all else.

While one field of historical inquiry demonstrates how women and women's movements fell victim to the Nazi regime, another line of research has in fact shown how women contributed to Nazi goals and crimes. In a way, my dissertation aims to fill in the gap these studies leave open. Foremost among such studies is Claudia Koonz's *Mothers in the Fatherland: Women, the Family, and Nazi Politics*. Koonz presented the argument that German middle class women, by maintaining stable homes and supporting their husband's political and vocational activities, directly contributed to the functioning of the Nazi state and the Holocaust. She also suggested that the focus on improving the status of mothers, long-advocated by bourgeois feminists before 1933, allowed the Nazi Party to more easily gain support from women.²⁶

Research on female complicity or victimization pointed to another dichotomy in the way historians characterize the position of women in Nazi Germany: were they relatively silent yet caring mothers or active political participants? In fact, the Party never clearly expressed a unified position on the place of "Aryan" German women in Nazi society. As Koonz and others pointed out, Hitler and ideologues such as Erich Hilgenfeldt, the head of the National Socialist People's Welfare Organization (NSV),

²⁵ See Ann Taylor Allen, *Feminism and Motherhood in Germany, 1800-1914* (New Brunswick, N.J.: Rutgers University Press, 1991), 236.

²⁶ See Claudia Koonz, *Mothers in the Fatherland: Women, the Family, and Nazi Politics* (New York: St. Martin's Press, 1987).

urged German women to become mothers of large, healthy families.²⁷ At the same time, as demonstrated by Dagmar Reese, the League of German Girls provided girls and young women the opportunity to leave the confines of the home and attain leadership positions over other girls. The Reich Labor Service and other attempts at mobilizing female labor also urged girls and women to work, especially after the Second World War began.²⁸ Scholars have thus shown that the NS-regime held contradictory attitudes towards German women, thereby complicating how one should understand the relationship between gender and National Socialism.

The question of women's positions and roles in the Third Reich led to more recent research on women's actions within and reactions to the Third Reich.²⁹ Moreover, historians have shifted the realm of investigation out of Germany itself and into lands occupied by the Reich during the Second World War. Significantly, there are studies of the women who worked as concentration camp guards, which clearly demonstrate how German women perpetrated crimes against humanity.³⁰ However,

²⁷ This theme is developed in numerous works. See Schweikardt, "The National Socialist Sisterhood," 103-107; Koonz, *Mothers in the Fatherland*; and Konrad Jarausch and Michael Geyer, *Shattered Past: Reconstructing German Histories* (Princeton, NJ: Princeton University Press, 2003).

²⁸ However, these efforts had limited success, as socioeconomic class and personal connections allowed middle and upper class married women to find ways out of mandatory service decrees. See Dagmar Reese, *Growing up Female in Nazi Germany*, trans. William Templar (Ann Arbor: The University of Michigan Press, 2006). Also see Gersdorff, *Frauen im Kriegsdienst*.

²⁹ See for example Birthe Kundrus, *Kriegerfrauen. Familienpolitik und Geschlechterverhältnisse im Ersten und Zweiten Weltkrieg* (Hamburg: Christians, 1995), 303 – 08.

³⁰ See Irmtraud Heike, "Female Concentration Camp Guards as Perpetrators: Three Case Studies," in *Ordinary People as Mass Murderers: Perpetrators in Comparative Perspectives*, ed. Olaf Jensen and Claus-Christian W. Szejnmann (Houndmills, Basingstoke, Hampshire; New York: Palgrave Macmillan, 2008), 120-142; Simone Erpel, "Im Gefolge der SS: Aufseherinnen des Frauen-Konzentrationslagers Ravensbrück," in *Sie waren dabei: Mitläuferinnen, Nutzniesserinnen, Täterinnen im Nationalsozialismus*, ed. Maria Krauss and Dachauer Symposien zur Zeitgeschichte (Göttingen: Wallstein Verlag, 2008), 166-184; Fotini Tzani, *Zwischen Karrierismus und Widerspenstigkeit: SS-Aufseherinnen im KZ-Alltag* (Bielefeld: Lorbeer-Verlag, 2011); Tag der Frauen- und Geschlechterforschung (5th: 2005 : Martin-Luther-Universität Halle-Wittenberg) and Viola Schubert-Lehnhardt und Sylvia Korch, eds., *Frauen als Täterinnen und Mittäterinnen im Nationalsozialismus*:

there is another line of research about German women's actions in the East, which demonstrates the variety of ways German women could work toward Nazi goals. For example, Elizabeth Harvey, Gudrun Schwarz, and Lora Wildenthal argue that German women living in occupied Eastern territories, whether as teachers of ethnic German settlers, colonial settlement workers, or wives of concentration camp commandants, did indeed know about the ghettos and mass murders. Their evidence points to two main lines of argument: excluding those who worked in the concentration camps, women in the East did not actively and directly contribute to the Final Solution. Instead, they contributed *indirectly* by working in the traditionally feminine tasks of teaching, housekeeping, and mothering. They knew about the atrocities committed by the SS and the German army, but they carried out their daily lives largely within the so-called female sphere.³¹ These works thus present German men and women living in separate spheres which rarely overlapped.

Gestaltungsspielräume und Handlungsmöglichkeiten: Beiträge zum 5. Tag der Frauen- und Geschlechterforschung an der Martin-Luther-Universität Halle-Wittenberg (Halle: Martin-Luther-Universität Halle-Wittenberg, 2006); and Luzia Moldenhauer, Annika Freundt, Karin Baumann, *Frauen in Konzentrationslagern: Konzeption eines Führungstages unter geschlechtsspezifischem Aspekt in der Gedenkstätte Bergen-Belsen* (Oldenburg: BIS-Verlag der Carl von Ossietzky Universität, 2006).

³¹ See Elizabeth Harvey, *Women in the Nazi East: Agents and Witnesses of Germanization* (New Haven: Yale University Press, 2003); “‘Wir kamen in vollkommene Neugebiet rein’: der ‘Einsatz’ von Mitgliedern nationalsozialistischer Frauen-organisationen im besetzten Polen,” in *Sie waren dabei: Mitläuferinnen, Nutzniesserinnen, Täterinnen im Nationalsozialismus*, ed. Maria Krauss and Dachauer Symposien zur Zeitgeschichte (Göttingen: Wallstein Verlag, 2008), 83-102; and “Remembering and Repressing: German Women's Recollections of the ‘Ethnic Struggle’ in Occupied Poland during the Second World War,” in *Home/Front. The Military, War and Gender in Twentieth-Century Germany*, ed. Karen Hagemann and Stefanie Schüler-Springorum (Oxford: Berg, 2002), 275-296; Gudrun Schwarz, *Eine Frau an seiner Seite: Ehefrauen in der "SS-Sippengemeinschaft"* (Hamburg: Hamburger Edition, 1997); and Lora Wildenthal, *German Women for Empire, 1884-1945* (Durham: Duke University Press, 2001). Harvey and Schwarz show that women carried out jobs expected of them. Harvey's subjects acted as perpetrators the Final Solution in various ways: by clearing out the homes of Jewish and Polish residents to make way for ethnic German settlers, by visiting ghettos as part of their trips into the cities, and through their sometimes unexpected encounters with male soldiers whom they sometimes fed and sheltered. Schwarz's subjects lived at the camps and ghettos and knew what their husbands did at work every day. Most of these women believed fully in the Nazi ideology. Those who did not often left to live

My study aims to bridge this split between the male and female worlds on the Eastern Front because I examine the experiences of women who worked directly with the military—a historically “masculine sphere” of action. In other words, I offer an alternative to the polarized framework for studying women’s lives in the East. German Red Cross nurses cared for soldiers on an almost daily basis—they did not live in a so-called “female sphere.” Moreover, through their work in the field hospitals or in ethnic German settler villages, these women became firmly integrated into the machinery of warfare and population resettlements on the Eastern Front. Because of this integration, the question of if and how women contributed to Nazi goals becomes much more complex, and in order to answer it, one must have a deep understanding of how the Nazis waged war on a day to day basis.

With my focus on German women who worked with the armed forces, I build on another line of research which examines women’s work with the German military and with the institutions in charge of mass murder. For example, studies about women’s experiences as auxiliaries (*Wehrmachtshelferinnen*) in the German army during the Second World War have attempted to examine their activities in the most non-feminine of worlds.³² Franka Maubach’s monograph is the most recent work about women who performed a range of functions in the German military. She gives special attention to these women’s sense of emancipation; she argues that women serving on the Eastern

elsewhere. Schwarz provides compelling evidence that these women’s (and family’s) presence did in fact help their husbands cope with committing mass murder.

³² For a particularly good overview of German women’s service in the armed forces, see Karen Hagemann, “Mobilizing Women for War.” Other works on the *Wehrmachtshelferinnen* include Franz W. Seidler, *Blitzmädchen. Die Geschichte der Helferinnen der deutschen Wehrmacht im Zweiten Weltkrieg* (Bonn: Bernard & Graefe Verlag, 1996) and *Frauen zu den Waffen? Marketenderinnen, Helferinnen, Soldatinnen* (Bonn: Bernard und Graefe Verlag, 1998). Also see Rosemarie Killius, *Frauen für die Front. Gespräche mit Wehrmachtshelferinnen* (Leipzig: Militzke Verlag, 2003).

Front experienced feelings of power when they worked into the traditionally male world of an army at war.³³ Most recently, there has been an effort to consolidate many women's actions in the East into a unified narrative, and to demonstrate how German women were directly implicated in the Holocaust through their work with the SS. In particular, Wendy Lower's study of nurses, teachers, secretaries and wives living on the Eastern Front provides more detailed information about how women became witnesses, accomplices and perpetrators of mass murder.³⁴

In this dissertation, I build on the work of Maubach and Lower in several important ways. First, I provide a detailed analysis of the social world of the German occupation in Eastern Europe. This social world included relationships between nurses and soldiers and between nurses themselves. But nurses also interacted with many non-Germans in the field hospitals and in the occupied cities and villages. In this dissertation, I take these interactions into account while I reconstruct the many kinds of relationships that formed during the war. Second, in this project, I move past previous studies because I provide an in-depth study of the training and daily life of German Red Cross nurses in the field hospitals. It is important to analyze these aspects of nurses' lives in order to understand what kinds of ideas and practices they brought with them to the front and how nurses actually experienced the war. This thus brings me to my last point, for my study offers another perspective for examining how "ordinary" German women who worked in large numbers on the Eastern Front.

³³ Maubach, *Die Stellung halten*.

³⁴ See Wendy Lower, *Hitler's Furies: German Women in the Nazi Killing Fields* (Boston: Houghton Mifflin Harcourt, 2013).

In my dissertation, I also aim to fill in a gap in the history of nursing in the Third Reich. I do this by examining the actions not of the most ideologically committed nurses or of those most clearly complicit in regime's crimes against humanity; instead, I focus on the many young nurses who held varying attitudes toward the regime, but who remained dedicated to the war effort. Since the 1980s, nursing historians have written about the many ways nurses interacted with the NS-regime. There are studies on psychiatric nurses and those from some of the major associations, especially the National Socialist nurses and the religious nurses.³⁵ The result has been a significant historiographical focus on the actions of nurses who explicitly stated their allegiance to Nazism and of those who directly and unequivocally participated in mass murder of innocent civilians. This focus was reinforced by nursing historian Hilde Steppe, who proposed that during the Third Reich, nurses, without organizational distinction, became "political soldiers," meaning that they fought for National Socialist political goals through their actions in hospitals and clinics.³⁶ Her work and that of others made important and necessary contributions to the study of women's and nursing history.

³⁵ See among others, Birgit Breiding, *Die Braune Schwestern: Ideologie, Struktur, Funktion einer nationalsozialistischen Elite* (Stuttgart: Steiner, 1998); Bronwyn Rebekah McFarland-Icke, *Nurses in Nazi Germany: Moral Choice in History* (Princeton, N.J.: Princeton University Press, 1999); Steppe, "Nursing in the Third Reich," 21-37; and Mary D. Lagerwey, MD, "The Third Reich in the pages of the American Journal of Nursing, 1932-1950," *Nursing History Review* (2006): 14: 59-87. Also see Hilde Steppe, "'Mit Tränen in den Augen haben wir dann diese Spritzen aufgezogen': Die Beteiligung von Krankenschwestern und Krankenpflegern an den Verbrechen gegen die Menschlichkeit" in *Krankenpflege im Nationalsozialismus*, ed. Hilde Steppe (Frankfurt am Main: Mabuse-Verlag, 2001), 137-174. For a discussion of the history of Protestant sisterhoods in Germany during the Third Reich, see Liselotte Katscher's works: *Krankenpflege und "Drittes Reich". Der Weg der Schwesternschaft des Evangelischen Diakonievereins 1933-1939* (Verlagswerk der Diakonie, 1990); *Krankenpflege und Zweiter Weltkrieg: der Weg der Schwesternschaft des Evangelischen Diakonievereins, Herbst 1939-Ende 1944* (Verlagswerk der Diakonie, 1992); and *Krankenpflege und das Jahr 1945: Der Zusammenbruch und seine Folgen am Beispiel der Schwesternschaft des Evangelischen Diakonievereins* (Diakonie Verlag, 1993).

³⁶ Steppe, "Nursing in the Third Reich" and Lagerwey, "The Third Reich in the pages of the American Journal of Nursing, 1932-1950."

They reveal that nurses from the NS-Sisterhood worked with the National Socialist Peoples' Welfare Organization to supervise the racial hygiene practices of the German population, and to make suggestions about who should be allowed to marry, or who should be forcibly sterilized.³⁷ NS-Sisters also served in medical units dedicated to the health of the SS, and they worked in the Eastern territories from the early days of the war in order to support the resettlement of ethnic Germans.³⁸ NS-Sisters were thus among the nurses most publicly committed to the regime, and their training was in line with, and largely dictated by Nazi policies. However, these nurses constituted smaller number of nurses in comparison to those who worked for the German Red Cross. For example, in 1939 there were 10,900 NS-Sisters and 14,600 full German Red Cross nurses. In 1943, there were an estimated 42,037 NS-Sisters and 93,685 German Red Cross full nurses and nursing assistants.³⁹ The historical emphasis on NS-Sisters thus overlooks the actions of the many nurses who worked with the German Army.

Studies on psychiatric nurses likewise provide a partial picture of nursing in the Third Reich. As participants in the T-4 "euthanasia program", psychiatric nurses, men and women, helped to murder an estimated over 70,000 physically and mentally handicapped Germans between 1933 and 1945.⁴⁰ Most historians today agree that the T-4 program was an important factor in developing ideas of the Final Solution. There

³⁷ Breiding, *Die Braune Schwestern*, 290-302.

³⁸ Schwester Auguste Breumm, "Wie wirkt sich die Schwesternarbeit in der Volksgemeinschaft aus?" (1.Preis) *Die Deutsche Schwester. Amtliche Zeitschrift der Reichsfachschaft Deutscher Schwestern*, vol.4, no.10 (15 October 1936): 265-267.

³⁹ See Schweikardt, "The National Socialist Sisterhood," 105; and Hilde Steppe, "Krankenpflege ab 1933," in *Krankenpflege im Nationalsozialismus*, ed. Hilde Steppe, 72. Steppe cites BA Koblenz R-18, 2954—"Schätzung der Planungsstelle für Schwesternwesen, Dr. Holm, nach Angaben der Verbände (Zahlen von 1941)"

⁴⁰ McFarland-Icke, *Nurses in Nazi Germany*, xiii. Also see Steppe, "'Mit Tränen in den Augen haben wir dann diese Spritzen aufgezogen.'"

were direct overlaps between methods of murder — the most important being the use of gas — and personnel.⁴¹ After the program's gas chambers were closed in August 1941, partly in response to complaints by victims' families, 96 of the 400 T-4 personnel were redeployed to eastern territories to carry out the Final Solution. Between the spring of 1941 and spring of 1943, T-4 doctors and nurses worked with the SS in killing concentration camp inmates.⁴² The murder of children and adult patients in psychiatric institutions, through starvation and sedatives, continued until the end of the war.⁴³

My project is not about the psychiatric nurses who helped murder German and non-German civilians, nor is it about the explicitly ideologically committed NS-Sisters. Earlier studies of nursing have featured these caretakers and made important and necessary insights into the history of German nursing. But they have also presented a distorted picture of nursing in Nazi Germany because they focused on the most committed nurses. It is harder to draw this kind of clear conclusion about German Red Cross nurses because of their membership to the formerly neutral⁴⁴ and at least nominally humanitarian German Red Cross and associated nursing motherhouses. In addition, Red Cross nurses worked increasingly, and after 1939, primarily with German soldiers, and to a smaller extent, ethnic Germans, rather than with civilians living inside

⁴¹ See, among others, Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill: University of North Carolina Press 1995), and Michael Burleigh, *Ethics and Extermination: Reflections on Nazi Genocide* (Cambridge and New York: Cambridge University Press, 1997).

⁴² See Michael Burleigh, "Saving Money, Spending Lives: Psychiatry, Society, and the 'Euthanasia' Programme," in *Confronting the Nazi Past: New Debates on Modern German History*, ed. Michael Burleigh (New York: St. Martin's Press, 1996), 109-110; Friedlander, *The Origins of Nazi Genocide*, 142-149; and Christopher Browning, *Ordinary Men: Reserve Police Battalion 101 and the Final Solution in Poland* (New York: HarperPerennial 1998), 163.

⁴³ McFarland-Icke, *Nurses in Nazi Germany*, 226-256.

⁴⁴ Formally, the German Red Cross was not an organization of the NSDAP. However, its leading members were in the Nazi Party. Although some Red Cross members did not become members of the Nazi Party, the society, as a whole, did not take a general position of resistance. See Riesenberger, *Das Deutsche Rote Kreuz*, 347-363.

of Germany.⁴⁵ Their arenas of activity were largely different from any other group of nurses. Where they did overlap—as in the case of the resettlement program, in which NS-Sisters also participated⁴⁶—one must still pay attention to important distinctions between the two groups. In this case, I focus on the actions of Red Cross sisters, some of whom *only* worked with other Red Cross nurses. While the NS-Sisters were explicitly ideologically committed to the regime, the values of Red Cross nurses were much less obviously clear cut.

By examining and analyzing the actions of German Red Cross nurses, I therefore aim to make a historical intervention into the field of the history of nursing in the Third Reich. Although Red Cross nurses did not make up the largest proportion of nurses in Germany — on the eve of the Second World War, there were only approximately 14,600 fully qualified Red Cross nurses in Nazi Germany, making up only 10% of the profession — these were the women who cared for German soldiers most directly and closest to the battlefields and concentration camps.⁴⁷ Moreover, over the course of the war Red Cross full nurses were accompanied by many lesser qualified Red Cross nursing aides and assistants.⁴⁸ It is important to study the training and actions of these women in order to understand exactly how nurses, with *varying levels* of commitment to Nazism, contributed to the war effort.

⁴⁵ Although, there is at least one exceptional case: In July 1944, a small number of German Red Cross nurses did work with NS-Sisters on at least one occasion in to transport almost twenty disabled children to a killing location in Eichberg, as part of the “euthanasia” program. These women were later tried at war crimes trials in Nuremberg and Munich. The German Red Cross also provided doctors and ambulances for the T-4 program. *Ibid.*, 363.

⁴⁶ Schweikardt, “The National Socialist Sisterhood,” 103-107.

⁴⁷ *Ibid.*, 105. In contrast, nurses of the *Caritas Verband* and the *Deaconesses* (the Catholic and Protestant nursing orders, respectively), numbered 96,500, representing 65% of all nurses in the Reich.

⁴⁸ For example, between 1939 and 1943, 343,009 auxiliaries (aides) and 57,563 assistants were deployed. Riesenberger, *Das Deutsche Rote Kreuz*, 333.

My dissertation thus speaks to the historical field of women and war, and more specifically to research regarding nursing in wartime and nursing in the Third Reich. There has been significant research on these topics, for example about women's work with military institutions over time⁴⁹ and of women's experiences in the home and near the battle front in the last century.⁵⁰ Moreover, historians have provided detailed information about the actions of nurses in the British, American, and Canadian armies, in both world wars.⁵¹ Some of these studies emphasized nurses' struggles to gain

⁴⁹ For a nice overview, see, for example, Barton C. Hacker and Margaret Vining, eds., *A Companion to Women's Military History* (Leiden and Boston: Brill, 2012).

⁵⁰ See, for example, Nicole Ann Dombrowski, ed., *Women and war in the twentieth century: enlisted with or without consent* (New York and London: Garland Publishing, Inc., 1999), and Hagemann and Schüler-Springorum, eds., *Home/Front*.

⁵¹ For notable overviews of German women's nursing service during the First World War, see Bianca Schönberger, "Motherly Heroines and Adventurous Girls: Red Cross nurses and Women Army Auxiliaries in the First World War," in *Home/Front. The Military, War and Gender in Twentieth-Century Germany*, ed. Karen Hagemann and Stefanie Schüler-Springorum (Oxford: Berg, 2002), 87-113, and Regina Schulte, "The Sick Warrior's Sister: Nursing during the First World War," in *Gender relations in German history. Power, Agency and Experience from the Sixteenth to the Twentieth century*, ed. Lynn Abrams and Elizabeth Harvey, trans. Pamela Selwyn (Durham: Duke University Press, 1997), 121-141. For histories of women's army service in Europe see Maria Bucur and Nancy M. Wingfield, eds., *Gender and War in Twentieth Century Eastern Europe* (Bloomington: Indiana University Press, 2006); Margaret H. Darrow, *French Women and the First World War: War Stories of the Home Front* (Oxford: Berg, 2000); Yvonne McEwen, *It's a Long Way to Tipperary: British and Irish Nurses in the Great War* (Dunfermline, Scotland: Cualann Press, 2006); Susan R. Grayzel, *Women's Identities at War: Gender, Motherhood, and Politics in Britain and France during the First World War* (Chapel Hill: University of North Carolina Press, 1999); Christine E. Hallet, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009); Jeffrey S. Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain during the Great War* (Manchester; New York: Manchester University Press, 2004); Laurie S. Stoff, *"They Fought for the Motherland": Russia's Women Soldiers in World War I and the Revolution* (Lawrence: University of Kansas, 2006); Anne Summers, *Angels and Citizens. British Women as Military Nurses, 1854-1914* (London and New York: Routledge and Kegan Paul, 1988); and Janet S. K. Watson, *Fighting Different Wars: Experience, Memory, and the First World War in Britain* (Cambridge: Cambridge University Press, 2004). For women's service in the US Army, see Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Urbana: University of Illinois Press, 2008); Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge [Cambridgeshire]; New York: Cambridge University Press, 1987); and Susan Zeiger, *In Uncle Sam's Service: Women Workers with the American Expeditionary Force, 1917-1919* (Ithaca, N.Y.: Cornell University Press, 1999). For histories of American nurses in the Second World War, see Anne Bosanko Green, *One Woman's War: Letters from the Women's Army Corps, 1944-1946* (St. Paul: Minnesota Historical Society Press, 1989); Diane Burke Fessler, *No Time for Fear: Voices of American Military Nurses in World War II* (Michigan: Michigan State University Press, 1996); Elizabeth M. Norman, *We Band of Angels: The Untold Story of American Nurses Trapped on Bataan by the Japanese* (New York: Random House, 1999); Mary S. Sarnecky, *A History of the U.S. Army Nurse Corps*

professional recognition within the army and their challenges accommodating to terrible conditions in field hospitals and as prisoners of war.⁵² My project offers a different kind of history of nursing in war, however, because of the very important distinctions between the nurses in the Allied armies and nurses of the German Red Cross. First, only German Red Cross nurses worked exclusively for the Nazis. I emphasize this point because, although it seems obvious, it is so very important. The ideological context directly influenced nursing training, ideology, and organization.⁵³ Red Cross matrons received instruction in Nazi political and racial theories, and the Reich Women's Leadership contributed to Red Cross and other nursing publications. In addition, German Red Cross nurses cared for soldiers along the Eastern Front, near battle zones, ghettos, and concentration camps. They were not far from locations of fighting and mass murder. How they dealt with the clash between a general ethics of care and orders to care for a select group is worth examining, not just in order to gain a deeper understanding of how the Nazis mobilized women for the war, but also to understand

(Philadelphia: University of Pennsylvania Press, 1999); and Barbara Tomblin, *G.I. Nightingales: the Army Nurse Corps in World War II* (Lexington: University Press of Kentucky, 1996). For Canadian nursing history, see Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War* (Vancouver (B.C.): University of British Columbia Press, 2007).

⁵² For histories of American nurses in the Second World War, see Anne Bosanko Green, *One Woman's War: Letters from the Women's Army Corps, 1944-1946*; Diane Burke Fessler, *No Time for Fear: Voices of American Military Nurses in World War II*; Elizabeth M. Norman, *We Band of Angels: The Untold story of American Nurses Trapped on Bataan by the Japanese*; Mary S. Sarnecky, *A History of the U.S. Army Nurse Corps*; and Barbara Tomblin, *G.I. Nightingales: The Army Nurse Corps in World War II*. For Canadian nursing history, see Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*.

⁵³ It would be interesting to make a comparison between nursing in Japan and Germany during this time. By 1933, the Japanese Red Cross was already famous world-wide for its efficiency and the society maintained connections with the German Red Cross during the war. See Aya Takahashi, *The Development of the Japanese Nursing Profession: Adopting and Adapting Western Influences* (London and New York: RoutledgeCurzon, 2004). We know that the German Red Cross also monitored the activities of the Japanese Red Cross. See H. Franz, "Das Japanische Rote Kreuz"; "Das Rote Kreuz im Ausland"; and "Japanisches Rotes Kreuz. Vorträge über das Deutsche Rote Kreuz" in *Das Deutsche Rote Kreuz* (June, 1941): 16-18. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald.

how the roles and tasks of medical caregivers during times of conflicts can be influenced by larger political, social, and cultural situations.

There was another significant difference between German Red Cross nurses and the nurses who worked for the Allies: nurses in the Allied armies were *members* of the armed forces. Nurses in the United States military, for example, could achieve officer rank and all of its associated recognitions and prerogatives. The military administration recognized nurses for their skills and experiences, and there was a certain standard, based on education and years of practical work, used when assigning nurses to serve. Moreover, even though they still worked under doctors, US Army nurses also held decision-making power over other nurses.⁵⁴ In contrast, although German Red Cross nurses received their orders from the High Command and the Department of Voluntary Nursing and were subject to the military's disciplinary regulations, they were not formal members of the armed forces.⁵⁵ These women were also volunteers, although in a nuanced sort of way. Women *volunteered* to work for the German Red Cross, but once members of the society, they could be *ordered* to serve with the military. Moreover, the German military command drew from a pre-existing tradition of using nominally-qualified nurses during armed conflicts, rather than utilizing professional nurses.⁵⁶ In addition, there is one last important point to consider when thinking about the

⁵⁴ Mary S. Sarnecky, *A History of the U.S. Army Nurse Corps*; and Barbara Tomblin, *G.I. Nightingales: the Army Nurse Corps in World War II*.

⁵⁵ See Jane Georges and Susan Benedict, "Nursing Gaze of the Eastern Front in World War II. A Feminist Narrative Analysis." *Advances in Nursing Science*, vol. 31, no. 2: 140; Hubert Fischer, *Der deutsche Sanitätsdienst 1921-1945. Organisation, Dokumente und persönliche Erfahrungen. Band 4* (Osnabrück: Biblio-Verlag., 1982), 3667-3709; and Horst Seithe and Frauke Hagemann, *Das Deutsche Rote Kreuz im Dritten Reich (1933-1939): mit einem Abriss seiner Geschichte in der Weimarer Republik* (Frankfurt am Main.: Mabuse-Verlag, 1993), 229-230.

⁵⁶ See Aeelah HeaRan Soine, "From Nursing Sisters to a Sisterhood of Nurses: German Nurses and Transnational Professionalization, 1836-1918." (PhD diss., University of Minnesota, 2009), esp. 269-279.

differences between German Red Cross nurses and those in the Allied armies: the official separation between German Red Cross nurses and the military hierarchy helped to maintain nurses' distinctions from soldiers. A certain ideal of femininity, motherhood, and comfort could be asserted, an ideal of difference which could be challenged if women formally entered armed forces. A study of German Red Cross nurses thus can add to the historical understanding of nursing and gender in wartime because it offers insight into the ways national ideology, local circumstances, and military organization all influenced the way women—as nurses—acted (and were perceived of acting) during armed conflicts.

Moreover, my examination of nursing during the Second World War—and on the Eastern Front in particular—can provide insight into how the Nazis waged war in way that other studies have failed do because I consider how men and women worked together and interacted with one another to continue to the war effort. The Eastern Front witnessed the most intense and brutal battles of the Second World War. Millions of German soldiers fought and died on the front. They killed even more Russian, Ukrainian, and Polish soldiers and civilians. To be more specific, 2.7 million German soldiers died on the Eastern Front, in contrast to more than eight million Russian soldiers.⁵⁷ Moreover, it was within this context of warfare that some of the worst atrocities of the Holocaust occurred. Thus, unsurprisingly, the war in the East has been the subject of an immense amount of historical studies.⁵⁸ Historians have examined the

⁵⁷ Mazower, *Hitler's Empire*, 4.

⁵⁸ For example, see Rolf-Dieter Müller, *The Unknown Eastern Front: The Wehrmacht and Hitler's foreign soldiers*, trans. David Burnett (London and New York: I.B. Tauris, 2012); Alex J. Kay, Jeff Rutherford and David Stahel, *Nazi policy on the Eastern Front, 1941: Total war, Genocide, and Radicalization* (Rochester, NY: University of Rochester Press, 2012); Omer Bartov, *The Eastern Front*,

military battles,⁵⁹ the partisan wars,⁶⁰ and the national experience of the German occupation in Poland, Ukraine, and Belarus.⁶¹ Scholars have likewise documented the intricate relationship between the war against the Soviet Union and the Holocaust, with Christopher Browning explaining how the latter could not have occurred without the former.⁶² However, in most of these histories of the war and the Holocaust, historians have focused on the actions of men: of soldiers, SS officers, and Nazi bureaucrats. An important subset of these histories focused on what motivated German men to fight and to kill.⁶³ Most notably, Omar Bartov argued that the German soldier carried with him to

1941-1945: German Troops and the Barbarisation of Warfare (Basingstoke, Hampshire: Macmillan in association with St. Antony's College, Oxford, 1985); Geoffrey Megargee, *War of Annihilation: Combat and Genocide on the Eastern Front, 1941* (Lanham, Md.: Rowmann & Littlefield, 2006); Christian Hartmann, *Operation Barbarossa: Nazi Germany's War in the East, 1941-1945* (Oxford: Oxford University Press, 2013); and Mazower, *Hitler's Empire*.

⁵⁹ See, for example, the immense collection, Militärgeschichtlichen Forschungsamt, ed., *Das Deutsche Reich und der Zweite Weltkrieg*, vols. 1-10 (Stuttgart: Deutsche Verlags-Anstalt, 1979-); and Earl F. Ziemke, *Stalingrad to Berlin: The German Defeat in the East* (Washington, D.C.: Office of the Chief of Military History, U.S. Army, 2011).

⁶⁰ See, for example, Ben Shepherd, *War in the wild East: The German Army and Soviet Partisans* (Cambridge, Mass. and London, England: Harvard University Press, 2004); and Ben Shepherd and Juliette Pattinson, *Partisan and Anti-partisan Warfare in German-occupied Europe, 1939-1945* (UK: Routledge, 2008).

⁶¹ See, for example, Karel C. Berkhoff, *Harvest of Despair: Life and Death in Ukraine under Nazi Rule* (Cambridge, Mass. and London, England: The Belknap Press of Harvard University Press, 2004); Ray Brandon and Wendy Lower, eds., *The Shoah in Ukraine: History, Testimony, Memorialization* (Bloomington and Indianapolis: Indiana University Press, in association with the US Holocaust Memorial Museum, 2008); Wendy Lower, *Nazi Empire-Building and the Holocaust in Ukraine* (Chapel Hill: University of North Carolina Press, in association with the US Holocaust Memorial Museum, 2005); Christian Gerlach, *Kalkulierte Morde: Die deutsche Wirtschafts- und Vernichtungspolitik in Weissrussland, 1941 bis 1944* (Hamburg: Hamburger Edition, 1999), and Mazower, *Hitler's Empire*.

⁶² See, among a large body of work, Christopher Browning, *The Origins of the Final Solution: The Evolution of Nazi Jewish Policy, September 1939-March 1942* (Lincoln: University of Nebraska Press; Jerusalem: Vad Yashem: 2004); Saul Friedländer, *Nazi Germany and the Jews, 1939-1945: The Years of Extermination* (New York: HarperCollins, 2007); Claus-Christian W. Szjenmann, "Perpetrators of the Holocaust: a Historiography," in *Ordinary People as Mass Murderers: Perpetrators in Comparative Perspectives*, ed. Olaf Jensen and Claus-Christian W. Szjenmann (Houndmills, Basingstoke, Hampshire; New York: Palgrave Macmillan, 2008), 25-54.

⁶³ See, among others, Thomas Kühne, "Male Bonding and Shame Culture: Hitler's Soldiers and the Moral Basis of Genocidal Warfare," in *Ordinary People as Mass Murderers: Perpetrators in Comparative Perspectives*, ed. Olaf Jensen and Claus-Christian W. Szjenmann (Houndmills, Basingstoke, Hampshire; New York: Palgrave Macmillan, 2008) 55-77; Andrej Angrick, "The Men of *Einsatzgruppen D*: an Inside View of a State-Sanctioned Killing Unit in the 'Third Reich,'" in *Ordinary People as Mass Murderers: Perpetrators in Comparative Perspectives*, ed. Olaf Jensen and Claus-Christian W. Szjenmann

battle a set of National Socialist ideological beliefs which developed out of a lifetime of exposure to Nazi propaganda, participation in the Hitler Youth, and military training.⁶⁴ According to Bartov, these beliefs held the German Army together so that it would continue fighting despite brutal conditions and immense losses.⁶⁵ Given this historiographic emphasis on the actions of men, studies of women's actions in the East are unique. The works of Gudrun Schwarz, Franka Maubach, Elizabeth Harvey, and Wendy Lower demonstrate that women were in the East and that they did participate in the war, and more rarely, in mass killing.⁶⁶ Research on female concentration camp guards has likewise placed German women at the center of the Final Solution.⁶⁷ But as historians, we would benefit from a change in the way we think about the war in the East. An examination of Red Cross nursing provides a case study for how to do so.

In my dissertation, I suggest that instead of focusing on analyzing the war and the Holocaust with regard to “men's actions” and “women's actions,” we should think

(Houndmills, Basingstoke, Hampshire; New York: Palgrave Macmillan, 2008), 78-96; Waitman Wade Beorn, *Marching into Darkness: The Wehrmacht and the Holocaust in Belarus* (Cambridge: Mass.: Harvard University Press, 2014); Browning, *Ordinary Men*; Daniel Jonah Goldhagen, *Hitler's Willing Executioners: Ordinary Germans and the Holocaust* (New York: Alfred A. Knopf, 1996). For earlier works on soldiers, see Victor Madej, “Effectiveness and Cohesion of the German Ground Forces in World War II,” *Journal of Political and Military Sociology* 6 (Fall, 1978): 233-248; Martin van Creveld, *Fighting Power: German and US Army performance, 1939-1945* (Westport, Conn.: Greenwood Press, 1982); Elliot P. Chodoff, “Ideology and Primary Groups,” *Armed Forces and Society* 9 (Summer, 1983): 569-93.

⁶⁴ Bartov, *The Eastern Front, and Hitler's Army: Soldiers, Nazis, and War in the Third Reich* (New York: Oxford University Press, 1991).

⁶⁵ Although Bartov later amended his view that soldiers maintained a sense of cohesion not only because of the negative ideologies of anti-Semitism and anti-Bolshevism, but also out of a “sentiment of moral obligation” and a “sense of existential comradeship.” See Bartov, “The Conduct of War: Soldiers and the Barbarization of Warfare,” *Journal of Modern History* 64 (Suppl., Dec. 1992): S32-S45, esp. S36-S37. After Bartov's publications, historian Stephen Fritz argued that soldiers were not held only together by negative ideology, or by a sense of obligation, but also because of a belief in the *Volksgemeinschaft* “as an agent of social integration.” See Stephen G. Fritz, ““We are Trying...to Change the Face of the World”: Ideology and Motivation in the Wehrmacht during the Second World War,” *The Journal of Military History*, vol. 60, no. 4 (Oct., 1996): 683-710, esp.700.

⁶⁶ See Footnote 31, 33, 34.

⁶⁷ See Footnote 30.

about the war zones as a place where German men and women worked and interacted with one another in various institutions and settings in order to support the war effort. By far one of the most important institutions necessary for the German Army's ability to wage war were the hospitals and bandaging stations where German soldiers received medical care from doctors, medics, and German Red Cross nurses, and non-German auxiliary personnel and slave laborers.⁶⁸ Given the large number of casualties faced by the German Army—with over 30,000 just during the month-long invasion of Poland⁶⁹—it would have been impossible for soldiers to continue fighting without medical care. Thus, in order to more fully understand how the Nazis waged war, one should consider how specific medical institutions and their personnel operated. By looking at these topics, one can also see how relationships (between soldiers and nurses, between nurses and nurses, between nurses and ethnic Germans, and between nurses and non-Germans) formed on the Eastern Front, and how these relationships contributed to the formation and strengthening of Nazi imperial racial hierarchies which made

⁶⁸ Riesenberger, *Das Deutsche Rote Kreuz*, 316; and Schwester Ursula Scheibe, *Frontschwester im Zweiten Weltkrieg* (Typoscript, 1989), in *Frontschwestern und Friedensengel: Kriegsrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002), 199. Also see Schwester Karin v. Brockhusen Malapert *Lebenslauf* (Typoskript, 1997), in connection with *Stift Heiligengrabe. Ein Erinnerungsbuch Teil III*, ed. former students, especially Nora Neese, b. Wedel, Salzgitter 1997, also in Panke-Kochinke and Schaidhammer-Plack, *Frontschwestern und Friedensengel: Kriegsrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke, and Monika Schaidhammer-Placke, 216; Panke-Kochinke and Schaidhammer-Plack, *Frontschwestern*, 161; Christine Klich and Hilde Steppe, "Zeittafel Krankenpflege 1933-1945, in *Krankenpflege im Nationalsozialismus*, ed. Hilde Steppe (Frankfurt am Main: Mabuse-Verlag, 2001), 28; Bundesarchiv Militärarchiv (BA-MA) RH 12-23, 1259—"Betr.: Ausbildung von weiblichen, ausländischen Freiwilligen", Oberkommando der Wehrmacht, Chef des Wehrmachts-Sanitätswesens, *Tbg.Nr.6417/42 KFK/II* Berlin, 10 February 1943; RH 12-23, 800—"Betr.: Ausländische Pflegekräfte." Abschrift. Oberkommando des Heeres, Chef H. Ruest u. BdE, *Nr. H.1711/44 AHA/S In Fr.K./I*, Berlin, 22 September 1944. Located in file "Verfügungen."

⁶⁹ See Horst Rohde, "Pt. II. Hitler's First Blitzkrieg and its Consequences for North-eastern Europe," *Germany and the Second World War. Vol. II Germany's Initial Conquests in Europe*, Militär-geschichtliches Forschungsamt, Freiburg im Breisgau, Germany, ed. and trans. Dean S. McMurray and Ewald Osers (New York: Clarendon Press; Oxford: Oxford University Press, 1991), 124.

widespread oppression and the Holocaust possible. This dissertation therefore contributes to how historians understand and approach the war in the East because it considers the institutions and the social worlds *within* them which make war possible.

An investigation of the social worlds of the field hospitals and of women's actions on the Eastern Front also contributes to research concerning how Nazi ideology manifested itself in everyday life. More specifically, such a study speaks to historical debates about the concept of the "people's community" or *Volksgemeinschaft*. In my project, I demonstrate how the "people's community" was clothed in reality on the Eastern Front and how this community had important gendered dimensions.

The idea of the "people's community" pre-dated the Nazi movement. During the First World War, many Germans found this concept appealing because of its promise of "national solidarity" and equality. According to Michael Wildt, "the First World War can be seen as the actual hour of the *Volksgemeinschaft's* birth." In the Weimar era, the idea then referred to both the defeated nation and the "political unity necessary for national renewal."⁷⁰ Thus, even before the Nazis came to power, the "people's community" resonated among the German public as a form of national solidarity and renewal, which could be attained by overcoming present troubles. As such, "there was always something dramatically embattled about the

⁷⁰ See Michael Wildt, *Hitler's Volksgemeinschaft and the Dynamics of Racial Exclusion. Violence against Jews in Provincial Germany, 1919-1939*, trans. Bernard Heise. (New York and Oxford: Berghahn Books; Vad Yashem, 2012), 3, 16. Wildt also cites Hans-Ulrich Wehler, *Deutsche Gesellschaftsgeschichte*, vol. 3: *Von der "Deutschen Doppelrevolution" bis zum Beginn des Ersten Weltkrieges 1849-1914* (Munich: C.H. Beck, 1995), 951. Also see Fritz, "'We are Trying...to Change the Face of the World,' 700-704; Jeffrey Verhey, *The Spirit of 1914: militarism, myth and mobilization in Germany* (Cambridge: Cambridge University Press, 2000); and Steffen Bruendel, *Volksgemeinschaft oder Volksstaat. Die 'Ideen von 1914' und die Neuordnung Deutschlands im Ersten Weltkrieg* (Berlin: Akademie Verlag, 2003).

Volksgemeinschaft.⁷¹ The Nazis radicalized this notion by redefining the community in biological terms and emphasizing the inherently violent nature of the community's struggle.⁷²

Although it is clear that the creation of a "people's community" was "a fundamental goal of the National Socialists," historians have debated about the nature of this community and whether it in fact existed in reality.⁷³ For example, in 1971 Hans Mommsen argued that the "people's community" was a "propagandistic concept" to which the bourgeois middle classes were especially susceptible.⁷⁴ However, since then scholars tried to understand the "people's community" from a variety of perspectives, including its manifestations in law⁷⁵ and society.⁷⁶ Other historians have meanwhile

⁷¹ See Peter Fritzsche, *Life and Death in the Third Reich* (Cambridge, Mass. and London, England: The Belknap Press of Harvard University Press, 2008), 39.

⁷² According to Detlev Peukert, "The Nazis' utopian project of a 'national community' envisaged the creation of a society that was ideologically homogeneous, socially conformist, oriented towards efficiency and hierarchical in structure; the means for bringing this society into being were the education of those of 'good type' (*gut Geartete*) and the 'eradication' of those deficient as to 'type' (*Ungeartete*). This distinction, however, founded on racial biology, was an elastic one." See Peukert, *Inside Nazi Germany: Conformity, Opposition, and Racism in Everyday Life*, trans. Richard Deveson (London: Batsford, 1987), 247-248.

⁷³ Wildt, *Hitler's Volksgemeinschaft*, 3.

⁷⁴ See Hans Mommsen, "Volksgemeinschaft" in *Lexikon zur Geschichte und Politik im 20. Jahrhundert*, vol. 2, L-Z, ed. Carola Stern et al. (Cologne, 1971), 830; and Bernd Weisbrod, "Der Schein der Normalität: Zur Historisierung der 'Volksgemeinschaft,'" in *Geschichte als Möglichkeit: Über die Chance von Demokratie: Festschrift für Helga Grebing*, ed. Karsten Rudolph et al. (Essen: Klartext, 1995), 224-242. Three decades later, Hans-Ulrich Wehler also argued that the "appeal of modernity" and the "mobilizing impulse associated with the Volksgemeinschaft unleashed a transformative dynamic that contributed decisively to the legitimation of the regime, especially for younger generations. See Hans-Ulrich Wehler, *Deutsche Gesellschaftsgeschichte*, vol. 4: *Vom Beginn des Ersten Weltkrieges bis zur Gründung der beiden deutschen Staaten 1914-1949* (Munich: C.H. Beck, 2003), 681; Wildt, *Hitler's Volksgemeinschaft*, 3.

⁷⁵ See, for example, Michael Stolleis, *Gemeinschaftswohlformeln im nationalsozialistischen Recht* (Berlin: Schweitzer, 1974); Oliver Lepsius, *Die gegensatzaufhebende Begriffsbildung: Methodenentwicklungen in der Weimarer Republik und ihr Verhältnis zur Ideologisierung der Rechtswissenschaft unter dem Nationalsozialismus* (Munich: C.H. Beck, 1994).

⁷⁶ See for example, Avraham Barkai, *From Boycott to Annihilation: The Economic Struggle of German Jews, 1933-1943*, trans. William Templar (Hanover, NH: Brandeis University Press by University Press of New England, 1989), and "The German *Volksgemeinschaft* from the Persecution of the Jews to the 'Final Solution'" in *Confronting the Nazi Past: New Debates on Modern German History*, ed. Michael Burleigh (New York: St. Martin's Press, 1996), 84-97.

questioned the existence of a lived “people’s community”, with Timothy Mason emphasizing the class conflicts in Nazi Germany and David Schoenbaum suggesting that people might have believed in the illusion of the *Volksgemeinschaft*, but not that it actually became a reality.⁷⁷ Yet another perspective came from Detlev Peukert, who probed the question about the extent of consensus within the Third Reich, particularly regarding politics directed against “asocials” and “*Gemeinschaftsfremde*” (or elements alien to the community),” and who suggested that, “Both in its use of terror against ‘community aliens’ and in its creation of an atomized society normalized by force, National Socialism demonstrated, with heightened clarity and murderous consistency, the pathologies and seismic fractures of the modern civilizing process.”⁷⁸ In other words, in his view, the Nazis did not create a close-knit community of “racially acceptable” individuals but instead fostered one characterized by a sense of atomization. Since these early works, historians have assigned more importance to the “people’s community” in their studies of National Socialism in their attempts to define its true nature and importance to the German people, particularly about the nature of the political order in Nazi Germany.⁷⁹

⁷⁷ See David Schoenbaum, *Hitler’s Social Revolution: Class and Status in Nazi Germany, 1933-1939* (New York: Norton, 1980); Timothy Mason, *Arbeiterklasse und Volksgemeinschaft: Dokumente und Materialien zur deutschen Arbeiterpolitik 1936-1939* (Opladen: Westdeutscher Verlag, 1975); Wildt, *Hitler’s Volksgemeinschaft*, 5.

⁷⁸ Peukert, *Inside Nazi Germany*, 248. Also see Detlev Peukert and Jürgen Reulecke, eds., *Die Reihen fast geschlossen: Beiträge zur Geschichte des Alltags unterm Nationalsozialismus* (Wuppertal: Hammer, 1981)

⁷⁹ See Hans Ulrich Thamer, *Verführung und Gewalt: Deutschland 1933-1945*, rev. ed. (Berlin, 1994); Wehler, *Deutsche Gesellschaftsgeschichte*, vol. 4; Norbert Frei, “‘Volksgemeinschaft’: Erfahrungsgeschichte und Lebenswirklichkeit der Hitler-Zeit” in *1945 und Wir: Das Dritte Reich im Bewußtsein der Deutschen* (Munich: Beck, 2005), 107-128; Frank Bajohr and Michael Wildt, ed., *Volksgemeinschaft: Neue Forschungen zur Gesellschaft des Nationalsozialismus* (Frankfurt am Main: Fischer Taschenbuch Verlag, 2009); Frank Bajohr, “The ‘Folk Community’ and the Persecution of the Jews: German Society under National Socialist Dictatorship, 1933-1945,” *Holocaust and Genocide Studies* 20 (2006): 183-206.

In my project, I build off the work of scholars who have tried to examine how Germans *produced* the *Volksgemeinschaft* rather than those historians who reject the idea that this community could ever become a reality. This new approach can be seen in the work of Michael Wildt, for example, who examined how through their own actions and implementation of Nazi decrees, ordinary Germans transformed German society. He analyzed how the *Volksgemeinschaft* was formed through violence, particularly anti-Semitic and everyday violence against Jews. According to Wildt, “*Volksgemeinschaft*...is something that was both historically produced (not merely through discourse but through violence) and that itself structured and normalized praxis and knowledge.”⁸⁰ Similarly, Sybille Steinbacher revealed how, during the Second World War, gender roles became more flexible, so that a civilian “people’s community” could be formed into a “work-sharing, flexible ‘fighting community.’”⁸¹ Birthe Kundrus extended the realm of analysis of the “people’s community” by examining the production of this community in the annexed territories in western Poland. She argued that the task of “Germanizing” these territories required unique practices of inclusion and exclusion and that it was sometimes difficult for Nazi authorities to determine who was a Pole or a German. As such, the politics of creating a “people’s community” in the annexed Polish territories remained a “conflictual negotiating process” until the end of the occupation regime.⁸²

⁸⁰ Wildt, *Hitler’s Volksgemeinschaft*, 5-8.

⁸¹ See Sybille Steinbacher, “Differenz der Geschlechter? Chancen und Schranken für die ‘Volksgenossinnen,’” in *Volksgemeinschaft: Neue Forschungen zur Gesellschaft des Nationalsozialismus*, ed. Frank Bajohr and Michael Wildt (Frankfurt am Main: Fischer Taschenbuch Verlag, 2009), 94-104.

⁸² See Birthe Kundrus, “Regime der Differenz. Volkstumpolitische Inklusionen und Exklusionen im Warthegau und im Generalgouvernement 1939-1944,” in *Volksgemeinschaft: Neue Forschungen zur Gesellschaft des Nationalsozialismus*, ed. Frank Bajohr and Michael Wildt (Frankfurt am Main: Fischer

In my dissertation, I contribute to this recent research about the production of a lived “people’s community.” Like Wildt, Steinbacher and Kundrus, I examine how this community exists not just as a propagandistic concept or ideal, but that it is also formed by individuals within local contexts and dependent on a specific set of circumstances. I also move the realm of analysis further eastwards in order to show how a “people’s community” could be formed by Germans not just in the Reich or its annexed lands, but also in occupied territories. In particular, with my analytical focus on the field hospitals on the Eastern Front, I offer a case study of how “Aryan” Germans incorporated the idea of the “people’s community” into their own lives and how they manifested their own version of this community, based on personal and very local circumstances. In addition, I expand the scope for research on the “people’s community” by investigating how German women, as nurses, participated in its construction not just in the field hospitals, but also in the villages where they worked with ethnic Germans as part of Heinrich Himmler’s re-Germanization and resettlement program.⁸³

Lastly, study of the relationship between women, war, nursing, and National Socialist ideological goals can also speak to a body of research concerned with the history of humanitarianism. Nurses came to see their main task as caring for a specific kind of community, defined by notions of “race,” gender, and power. My research therefore builds on recent histories that demonstrate how humanitarianism has a long

Taschenbuch Verlag, 2009), 105-123; and Bajohr and Wildt, “Einleitung,” in *Volksgemeinschaft: Neue Forschungen zur Gesellschaft des Nationalsozialismus*, 20.

⁸³ For a good overview of the re-Germanization and re-settlement program, see Valdis O. Lumans, *Himmler’s Auxiliaries: The Volksdeutsche Mittelstelle and the German National Minorities of Europe, 1933-1945* (Chapel Hill: University of North Carolina Press, 1993); and Anthony Tihamer Komjathy and Rebecca Stockwell, *German Minorities and the Third Reich: Ethnic Germans of East Central Europe between the Wars* (New York: Holmes & Meier, 1980).

history, how the term ‘humanitarian’ can have many meanings, and how humanitarian and national aims were often conflated, often at the expense of compassion for others.⁸⁴ In particular, I draw from Claudia Koonz’s work on morality in Nazi Germany. Koonz argues that the Nazis split from the concept of moral universalism because of the development of what she terms the “Nazi conscience.” In other words, the Nazis believed that the concepts of virtue and vice evolved according to the needs of particular ethnic communities. She argues that the Nazis denied the existence of universal moral values and that instead they promoted moral maxims they saw as appropriate to their Aryan community and extending only to such a community.⁸⁵ The “Nazi conscience” therefore dictated who was considered worthy of humanitarian aid and who was not. In my project, I investigate how this “Nazi conscience” came into being through the *training and lived experiences* of Red Cross nurses. This is a valuable contribution to the history of humanitarianism in Germany because while Koonz examines the writings and influence of scientists and intellectuals, my project focuses on the women who had a direct hand in caring (or not caring) for those in need. I therefore provide an analysis of those normally considered as the *providers* of humanitarian care.

With my focus on the German Red Cross, I also contribute to the history of humanitarian organizations. Existing research on the German Red Cross, of other national Red Cross societies, and of the International Committee of the Red Cross has demonstrated the close relationship between nationalism, militarism, and

⁸⁴ Barnett, *Empire of Humanity*; Wilson and Brown, eds., *Humanitarianism and Suffering*, Trimm and Simms, eds., *Humanitarian Intervention*.

⁸⁵ See Claudia Koonz, *The Nazi Conscience* (Cambridge, Mass.: Belknap Press, 2003), 1-6.

humanitarianism. In particular, scholar John Hutchinson suggested that over the course of the late 19th and early 20th centuries, individual national Red Cross societies, instead of making war more civilized, became militarized and adapted to the needs of belligerent nations. Organized charity — such as the humanitarian activities of national Red Cross societies — was reorganized and reconceived so to support patriotic military action.⁸⁶ Indeed, in the case of Nazi Germany, scholars have debated about if and how the leadership of the German Red Cross collaborated with the NS-regime to serve the latter's military and ideological goals.⁸⁷ Recent studies demonstrate that, at upper levels of leadership, the voluntary aid society was deeply complicit in supporting the regime and its crimes. For the most part, the German Red Cross was not receptive to inquiries from Jewish families about their relatives trapped inside Germany, nor was it open in its dealings with the International Committee of the Red Cross. More specifically, from the time the Nazis came to power and erected the first concentration camp for political detainees, the International Committee of the Red Cross attempted to gain information about the concentration camps and the men and women trapped inside. Although there were several visits to camps inside Germany, the German Red Cross was not

⁸⁶ See John F. Hutchinson, *Champions of Charity. War and the Rise of the Red Cross* (Colorado: Westview Press, 1996), especially 6-7 & 346-355. Michael Barnett supports this interpretation. See *Empire of Humanity*, 81.

⁸⁷ Recent books on the history of the German Red Cross include: Bernd Biege, *Helfer unter Hitler. Das Rote Kreuz im Dritten Reich* (Reinbek bei Hamburg: Kindler Verlag GmbH, 2000); Birgitt Morgenbrod and Stephanie Merkenich, *Das Deutsche Rote Kreuz unter der NS-Diktatur 1933-1945*; Dieter Riesenberger, *Das Deutsche Rote Kreuz* and Riesenberger, ed., *Das Deutsche Rote Kreuz, Konrad Adenauer und das Kriegsgefangenenproblem: die Rückführung der deutschen Kriegsgefangenen aus der Sowjetunion (1952-1955): Dokumentation und Kommentar* (Bremen: Donat Verlag, 1994); Seithe and Hagemann, *Das Deutsche Rote Kreuz*; and Markus Wicke, *SS und DRK. Das Präsidium des Deutschen Roten Kreuzes im nationalsozialistischen Herrschaftssystem 1937-1945* (Potsdam: Vicia, 2002). Seithe and Hagemann pointed out that, up to the time of the publication of their books most historical accounts which were created in some way or another in connection or cooperation with the German Red Cross tended to present apologetic accounts. Morgenbrod and Merkenich's book, published since then, presents a more critical perspective of the history of the voluntary aid society.

forthcoming regarding investigations from the ICRC or other national Red Cross societies regarding the fate of political and “racial” detainees. From August 20, 1941, the German Red Cross also suspended all ICRC inquiries about concentration camp prisoners.⁸⁸ The society in no way hindered Nazi expansionary policies or anti-Semitic policies.⁸⁹ Thus, when it came to helping Jewish, racial, and other political prisoners, the German Red Cross, as a whole, was at best absent, and at worst, complicit in the Nazi crimes. Historians have likewise condemned the International Committee of the Red Cross for its failure to help the victims of Nazi aggression.⁹⁰ The Second World War therefore witnessed the harnessing of national aid societies for national war causes, and the inability of a renowned international charitable organization to help many in need, especially civilians.

While pre-existing studies focused on Red Cross institutions, their leaders, and diplomatic relations, there is still a relative gap in our understanding of the everyday actions of its low-ranking members, especially its thousands of nurses and nurses’ assistants. My study helps to fill in this blind spot in order to demonstrate how individual German Red Cross members influenced the course of the war through their daily tasks and social interactions. One must have an understanding of how these low-ranking German Red Cross members acted in order to have a more comprehensive

⁸⁸ See Jean-Claude Favez. *The Red Cross and the Holocaust*, ed. and trans. John and Beryl Fletcher. (Cambridge: Cambridge University Press, 1999), xiv-xviii.

⁸⁹ See, for example, Peter Poguntke, *Gleichgeschaltet: Rotkreuzgemeinschaften im NS-Staat* (Köln/Weimar/Vienna: Böhlau Verlag, 2010), 10-11.

⁹⁰ The best work on the failures of the ICRC during the Second World War is probably Favez’s *The Red Cross and the Holocaust*. In addition, the ICRC did not speak out against the war crimes of fascist Italy. The Italian Red Cross was co-opted by Mussolini, and the ICRC was silent about Italy’s war crimes and atrocities in Ethiopia. See Barnett, *Empire of Humanity*, 93.

picture of how the voluntary aid society interacted with the NS-regime and contributed to its wartime goals.

A study of German Red Cross nurses also contributes to historical studies about *why* the German Red Cross worked with the NS-regime. Some historians have pointed out long-term continuities between the values of the German Red Cross and those of the Nazi Party as *possible* reasons for cooperation between the two entities.⁹¹ For example, Riesenberger and other scholars have shown that when Hitler came to power, many leaders of the German Red Cross embraced him because were attracted to the conservative and nationalist messages offered by the Nazi Party. They were also drawn in by the promises to reinvigorate the German army — they believed that doing so would also return the society to the position of prestige it once had before the defeat of 1918. Others welcomed the Party only because they thought it would improve the social position and strength of the German Red Cross as a leader in public welfare and war preparedness. Some nursing matrons also embraced the Nazis in 1933 because of their sympathies for nationalism and conservatism. Yet other Red Cross members truly believed in Nazi ideology.⁹² Thus, among high-ranking members of the German Red Cross, there was a fusion of Red Cross and National Socialist ideals. However, there is also evidence of dissonance between the society and the NS-regime. For example, Peter Poguntke, Horst Seithe and Frauke Hagemann emphasize how cooperation between the

⁹¹ These arguments thus mirror more general arguments on whether the German state and society was set on a special path or *Sonderweg* from the 19th century. For a good overview of the *Sonderweg* debate, see David Blackbourn and Geoff Eley, *The Peculiarities of German history: Bourgeois Society and Politics in Nineteenth century Germany* (Oxford [Oxfordshire]; New York: Oxford University Press, 1984).

⁹² Riesenberger, *Das Deutsche Rote Kreuz*, 173-174, 176-177, 194, 290; Seithe and Hagemann, *Das Deutsche Rote Kreuz*, 183. Also see Gerhard Müller-Werthmann, *Konzern der Menschlichkeit. Die Geschäfte des Deutschen Roten Kreuz* (Hamburg: Hohenheim, 1984), who focuses on the continuity of obedience and militarism in the German Red Cross since the 19th century.

German Red Cross and the Nazi regime did not always function smoothly, largely because of competing interests and the desire of the nursing sisterhoods to maintain their independence.⁹³ Moreover, as shown by John Hutchinson, many Red Cross societies became more nationalist and devoted to military causes as time passed; thus traditions of militarism and patriotism alone could not explain why the German Red Cross would have cooperated with the Nazis.⁹⁴ In my project, I aim to resolve some of these questions about motivation through an examination of the actions German Red Cross national and local institutions, especially the nursing sisterhoods, and by considering the individual aspirations of German Red Cross nurses. Thus, my project builds off the work of Poguntke, who demonstrated the complex interplay between local and national Red Cross societies and their traditions, and the incursions from the NS-regime.

Argument & Sources

In my dissertation, I analyze the position of “Aryan” German women in the Third Reich, with particular regard to how they participated in the war, the Holocaust, and the construction of a National Socialist “people’s community” through their work as German Red Cross nurses. I demonstrate that a combination of factors, including long-held traditions, pre-war and wartime legal decisions, Nazi ideology, and the

⁹³ Poguntke, *Gleichgeschaltet*, 31; Seithe and Hagemann, *Das Deutsche Rote Kreuz*, 184-187. Although many nursing matrons officially embraced the Nazi Party by joining it, they also tried to maintain the organizational and professional independence of their nursing sisterhoods and resisted merging the Red Cross sisterhoods with the National Socialist Sisterhood.

⁹⁴ Hutchinson, *Champions of Charity*.

circumstances of the war on the Eastern Front contributed to a specific set of nursing experiences. Together, these factors fostered a context in which nurses became integrated into the machinery of warfare and empire-building.

The NS-regime was able to mobilize the support of German Red Cross members—particularly its nurses—by appealing to long-standing Red Cross tenets of nationalism, humanitarianism, militarism, public health, and female patriotic activity. Likewise, the regime appealed to traditional nursing ideals such as femininity, discipline, and self-sacrifice for the good of others. Women chose to become nursing in part because of these ideals, and in part from a desire to do something meaningful with their lives and to see the world. However, through the use of propaganda, law, and nursing school programs, the regime altered pre-existing Red Cross tenets and nursing characteristics in order to suit the National Socialist racist ideology. Red Cross nursing became even more militarized, and nurses were taught to prioritize the needs of “Aryan” Germans over all others.

During the Second World War, the military’s Department of Voluntary Nursing called German Red Cross nurses to work in field hospitals throughout German-occupied Europe. Nurses also received orders to serve in Heinrich Himmler’s program for resettling ethnic Germans in eastern lands. From the fall of 1939, German Red Cross nurses thus directly participated in the war on the Eastern Front, and through their actions they became implicated in the creation of specific kinds of National Socialist “people’s communities” in the field hospitals and in the ethnic German settler communities. I use the plural noun because these communities were influenced by both Nazi ideology and local circumstances; there thus existed some variations in location

and in makeup. More specifically, these *communities of the front* were shaped by notions of race, gender, and power. In the field hospitals, nurses formed close relationships with German soldiers, and they helped sustain these men physically and emotionally. While working with the ethnic Germans, nurses provided medical care, but they also helped “civilize” their charges, thereby demonstrating a sense of superiority over the ethnic Germans. However, in the field hospitals and in the settler communities, nurses also maintained close connections with one other, so that they could form a specific sense of *sisterhood*. This kind of sisterhood was based on nurses’ relationships and wartime experiences, and it was therefore exclusive to nurses who worked on the front. In addition, in both settings nurses gained a sense of independence and self-confidence.

German Red Cross nurses also supported the Nazi goal of forming an imperial racial order in the East through their interactions with non-Germans, Poles, Ukrainians, Russians, and Jews. This empire was characterized by German—including German women’s—dominance over those peoples with other nationalities and ethnicities. German Red Cross nurses’ interactions with the Jews reveals that these women had varying attitudes toward the latter group’s persecution and murder. But despite such variations, these nurses demonstrated that Jews did not fall into a group of people considered worthy of German Red Cross humanitarian aid. Red Cross nursing during the Second World War therefore offered German women the chance to gain a sense of empowerment. At the same time, nurses participated in the alteration of long-standing humanitarian ideals and they became integrated into the National Socialist genocidal system.

In the aftermath of the Second World War, and in the years that followed, nurses tried to distance themselves from their affiliation with Nazi goals and ideology. In the midst of defeat, imprisonment, and occupation, nurses remained committed to the welfare of the German collective. But in nurses' (and not unlike other Germans' eyes) eyes, this collective became a *community of victims*. Nurses had a special position in this community, as the caretakers of their people, but also, because of their gender, as real and potential victims of foreign attackers. However, nurses could connect to one another *within* this community through their mutual membership in a German Red Cross sisterhood or motherhouse. A sense of sisterhood thus remained important for nurses both during and after the Second World War.

It took almost half a century for nurses' memories of the war to reach a wide audience. Influenced by friends, family, the state, and the changing memory culture in Western and then united Germany, individual nurses decided to write about their experiences and share them with the world. Their memories revealed how Nazism had proved enticing for young women who wished to escape the home and find some purpose their lives. Their memories suggested that nurses tried to maintain a distinction between their actions as nurses and the decisions made by Nazi leaders. In other words, these women conveyed a narrow understanding of politics, and they did not see themselves as political actors, even though their actions supported Nazi ideological goals. Nurses' memoirs also maintained that these women had an attitude of naivety during the war, and thus they did not take any responsibility for the Nazi crimes against humanity. Organized, institutional acts of commemoration, for example, in reunions and public exhibitions, focused on the memories of nursing sisterhoods rather than

individual nurses. However, just as in the case of the individual nurses' memoirs, these public memories tended to downplay actions which could be taken as political, including the acts of resistance and collaboration taken by the sisterhoods.

This dissertation consists of six chapters. In the first chapter, I take a long view of the history of the German Red Cross, beginning with its founding in 1864, and I consider what may have this voluntary aid society more or less likely to work with the NS-regime. I demonstrate that the Nazis utilized pre-existing Red Cross ideals, including nationalism, humanitarianism, militarism, public health, and female patriotic activity, through the forms of charity, welfare work, and nursing, to draw support from Red Cross members. However, the regime then manipulated these ideals to suit the new Nazi beliefs, goals, and racial theories. I explain how these changes occurred and why, and I show that despite the similarities between pre-1933 Red Cross and Nazi ideals, there was no direct line from the founding of the voluntary aid society to its work with the NS-regime.

The second chapter considers the history of nursing and what factors would have made it more or less likely for German Red Cross nurses to find the messages and promises of the NS- regime to be appealing. I begin by examining individual women's motivations for becoming German Red Cross nurses. I then show that, in order to garner support and convey National Socialist ideology to German Red Cross nurses, the Party and its supporters from the German Red Cross leadership drew from pre-existing conceptions of nursing. In particular, they focused on the connotations between nursing and femininity, discipline, physical health, and militarism. But they then built off of and modified these conceptions to suit the Nazi Party's uses. Red Cross publications,

training requirements and nursing education programs proved to be the ideal formats in which this process could occur. The Nazis also endowed nurses with political value, as public health was an explicitly political matter in Nazi Germany. I end the chapter by analyzing nurses' training programs, with particular regard to their practical and ideological aspects.

In the third chapter, I analyze German Red Cross nurses' experiences in the field hospitals on the Eastern Front, with an emphasis on the organization of military medical care, the composition of the nursing staff, working conditions, and nurses' relationships with their patients, with each other, and with the many non-Germans who also worked inside the field hospitals. I demonstrate how, through nursing in the field hospital, German Red Cross nurses became implicated in the construction of an exclusively "Aryan" community on the Eastern Front. In other words, I show how nurses interpreted Nazi ideology and clothed it based on their own experiences. I illustrate that as nurses formed a *community on the front*, they also modified the social and gender hierarchies put forth by Nazi ideologies by prioritizing their own experiences, knowledge, and sense of a female community. But nurses also reinforced Nazi "racial" and political hierarchies by prioritizing the care of German soldiers.

In the following chapter, I expand the scope of my analysis to consider how nurses formed communities on the front through their work with ethnic Germans, and how they supported the construction of an imperial racial order through their attitudes about and interactions with the European Jews. In cooperation with the German Red Cross, nurses participated in Heinrich Himmler's project of creating a new "living space" (*Lebensraum*) in Eastern Europe by helping resettle ethnic Germans from Latvia,

Romania, Ukraine, and from communities deep within the Soviet Union. This resettlement program was an integral part of the Nazi racial war, for in order to make room available for the settlers, local Jewish and Slavic populations were forcibly removed from their homes and subjected to violent persecution and murder.⁹⁵ By participating in the ethnic German resettlement program, nurses helped create a specific kind German “people’s community” on the Eastern Front, defined by notions of race, gender, and power. Moreover, by examining how nurses reacted to the persecution and murder of the Jews, one can gain insight into how nurses negotiated their humanitarian ideals with the racist policies of the Nazi regime, and how by doing so the nurses in fact participated in the construction of the Nazi empire in the East.

In the fifth chapter, I examine what happened to German Red Cross nurses in the midst of the defeat of the German Army. I give particular attention to how nurses reconsidered their personal identities and the community with which they identified once the “people’s community” they helped form on the Eastern Front fell apart. I demonstrate how nurses came to identify with a *community of victims* during the period of defeat and imprisonment by the Allied armies. I also analyze the role of the nursing sisterhood in this time of flux—i.e. during the defeat and the subsequent military occupation—and I show that the German Red Cross nurses placed a high importance on their individual sisterhoods in the immediate postwar period. Red Cross sisterhoods demonstrated particular resistance to orders for dissolution in occupied Berlin, demonstrating their loyalty to their identity as *Red Cross* nurses and to their individual motherhouses. These institutions provided nurses with a sense of safety and cohesion,

⁹⁵ Mazower, *Hitler’s Empire*, 81.

and they allowed nurses to care for the German people while at the same time distancing themselves from their recent Nazi past.

Finally, in the sixth chapter I chart the course by which German Red Cross nurses' memories of the Second World War appeared within Germany's public commemorative culture. Utilizing the theoretical frameworks proposed by Maurice Halbwachs, Jay Winter, Emmanuel Sivan, and Peter Burke, I analyze the relationship between nurses' individual memories, as they appeared in memoirs and conversations, with large group memories, including those of nursing sisterhoods or of dominant German popular or official memories of the past.⁹⁶ By examining nurses' memories, as portrayed in memoirs, gatherings, historical accounts, and exhibitions, I demonstrate how nurses remembered the war as an exciting and meaningful time in their lives. At the same time, while the nurses highlighted their participation in the war effort in the East, they minimized their connections with National Socialist ideology and war crimes. In some cases, the experience of a nursing sisterhood, rather than of the individual or nation, became the primary way in which nurses conceived of their past.

This project is therefore a social, cultural, and military history of German Red Cross nursing during the Third Reich, and the memory of nurses' activities and after 1945. I focus on the discourses, training programs, and personal experiences of these women and the soldiers, ethnic Germans, and non-Germans whom with nurses' interacted. I situate these topics within the history of women in Nazi Germany, of humanitarianism, of the Nazi war in the East, of the Holocaust, and of National

⁹⁶ See Maurice Halbwachs, *On Collective Memory*; Winter and Sivan, "Setting the Framework," 6-38; and Peter Burke, "History as social memory" in *Memory: history, culture, and the mind*, ed. Thomas Butler (Oxford: Basil Blackwell, 1990), 97-183.

Socialist ideology. Because of the vast destruction of German Red Cross files at the end of the war, I rely on documents and archival material scattered across institutional collections and federal archives. Remaining German Red Cross records, bureaucratic and personnel files, nursing publications, military documents, diaries, and private correspondences help me outline the rhythm of nurses' daily experiences and their memories of the Second World War. In particular, I conduct a detailed analysis of approximately ten memoirs (published and unpublished) and a number of letters, found in archives and oral interview collections. There are more memoirs about German Red Cross nursing in the Second World War, but I chose the ones I did because of their focus on life on the Eastern Front and because of their high level of detail. Some chapters utilize the letters and memoirs of particular nurses more so than others. I chose to do this because of the highly specific and insightful information contained in those women's documents. I am not claiming complete representativeness. I also recognize that these women grew up in a society dominated by National Socialist language and ideology, which provided nurses the discursive framework with which to describe and relate their experiences. I am thus trying to recover their experiences, but I am aware of the fact that these experiences are mediated through dominant discourses and languages.

⁹⁷ However, by analyzing nurses' documentation of their own work, one can still see how individual nurses reflected upon their experiences, and from their draw out

⁹⁷ Here I refer to Joan W. Scott's ideas about the evidence of experience. She writes, "It is not the individuals who have experience, but subjects who are constituted through experience. Experience in this definition then becomes not the origin of our explanation, not the authoritative (because seen or felt) evidence that grounds what is known, but rather that which we seek to explain, that about which knowledge is produced. To think about experience this way is to historicize it as well as to historicize the identities it produces. See Scott, "The Evidence of Experience," *Critical Inquiry*, vol. 17, no. 4 (Summer, 1991): 779-780.

conclusions about the position and contributions of nurses in the Third Reich. Moreover, by juxtaposing nurses' personal letters and recollections with official documents, one can establish a more complete reconstruction of nurses' experiences.

These sources were located in a number of institutions across Germany. From the *Bundesarchiv* in Berlin, I used individual German Red Cross files, as well as the collection from the Reich Commissar for the Strengthening of Germanism, which documented Red Cross work with the ethnic Germans. From the *Bundesarchiv Militärarchiv* in Freiburg, I utilized many files from the military Department of Voluntary Nursing and Army Health Inspector, which oversaw the deployment of nurses to different kinds of field hospitals during the Second World War. These files also contained many wartime service regulations and military publications. Additional records from army field and reserve hospitals provided information about the staff assignments. In order to examine propaganda and training materials, I looked to the *Staatsbibliothek zu Berlin Preußischer Kulturbesitz* and the *Rotkreuzgeschichtliche Sammlung Fläming-Spreewald*. Both institutions contained editions of the primary German Red Cross publication, *Das Deutsche Rote Kreuz*, and the general nursing journal, *Die Deutsche Schwester*, as well as individual publications by the German Red Cross aimed at recruiting new members. My sources also include unpublished diaries, memoirs, and regional Red Cross nursing publications, located primarily in the *Deutsches Tagebucharchiv* in Emmendingen, as well as published memoirs, found in the main German Red Cross archive in Berlin. Lastly, additional German Red Cross magazines and German doctors' files were found at the *Institut für Zeitgeschichte* in Munich.

Chapter 1: The German Red Cross, Nursing, and the Nazi State

The German Red Cross Society is one of the oldest humanitarian organizations in Germany. Since its founding in 1864, the society's members have dedicated themselves to aiding the German military in times of conflict, and to providing medical relief to those experiencing catastrophes and epidemics.⁹⁸ Given the long history of the German Red Cross, one may wonder how this society, which was founded upon the basis of helping others, could be drawn into the grasp of the Nazi Party. Did German Red Cross members, including nurses, find the Nazis appealing? Or did they only fall under the power of the NS-regime because they were forced to do so through acts of legal manipulation and threats? The answer to these questions does not lie solely in the period from 1933 to 1945. Instead, in order to understand that position of the German Red Cross and its nurses during the Third Reich, one must first have an understanding of the pre-history of this national voluntary aid society. This chapter therefore examines the institutional history of the German Red Cross society and its nursing sisterhoods in order to show what kinds of long-term trends existed among German Red Cross members, and how such trends may have made it more or less likely for these men and women to cooperate with the NS-regime.

In addition to illustrating how and why the Nazis could appeal to and gain influence over German Red Cross members, an examination of the history of the German Red Cross is important for other reasons. First, by tracing specific elements of the German Red Cross, such as its relationship to the state, its nationalist orientation,

⁹⁸ Riesenberger, *Das Deutsche Rote Kreuz*, 36-38.

and its particular way of organizing nurses, it also becomes clearer to what extent the pre-1933 history of the society explains its post-1933 developments, or to what extent there was a break after 1933. Second, an analysis of the historical relationship between humanitarianism and militarism—embodied in the German Red Cross and its work with the armed forces—can help explain the relationship between the German Red Cross, the state, and the Nazis after 1933. Thus, by analyzing the relationship between the German Red Cross and the NS-regime from a long-term perspective, one may speak to the question of whether there existed a “special path” from the founding of the German Red Cross to its actions in the Third Reich⁹⁹; through such an analysis, one may then gain greater insight into if and how Germany, as a whole, experienced a “special path” in its historical development.¹⁰⁰

This chapter charts the course of the German Red Cross from 1864 through the Third Reich up until the outbreak of the Second World War, with a particular emphasis on the society’s organization and values. Between 1864 and 1933, the German Red Cross embraced the ideas of nationalism, humanitarianism, militarism, and public health. After 1933, the Nazi Party used these ideas to draw support from German Red Cross members. The Party could also appeal directly to German women, who had long-served their country through their work with the German Red Cross, particularly through nursing sisterhoods, which had their own specific traditions and values. The NS-regime then altered the pre-existing Red Cross conceptions of nationalism,

⁹⁹ This question has been raised by other historians of the German Red Cross, such as Risenberger, *Das Deutsche Rote Kreuz*; Seithe and Hagemann, *Das Deutsche Rote Kreuz*; Müller-Werthmann, *Konzern der Menschlichkeit*; and Poguntke, *Gleichgeschaltet*.

¹⁰⁰ For a good overview of the “special path” or *Sonderweg* debate, see Blackbourn and Eley, *The Peculiarities of German History*, and, for a more recent perspective, Helmut Walser Smith, “When the *Sonderweg* Debate Left Us,” *German Studies Review*, vol. 31, no. 2 (May, 2008): 225-240.

humanitarianism, militarism, public health, and female activity to suit the new Nazi beliefs, goals, and racial theories. However, the pre-1933 history of the German Red Cross and its members did not inevitably lead to the changes they experienced after Hitler and the Nazis came to power.

The German Red Cross: 1864-1914

From the time of its founding up until the First World War, the German Red Cross had several main characteristics which the National Socialists would later draw from in order to incorporate the voluntary aid society and its members into the regime. During the first half-century of its existence, the German Red Cross and its members dedicated themselves to humanitarian causes, primarily by caring for soldiers. Through its work with the armed forces, the aid society became increasingly militarized. Lastly, German Red Cross nursing offered women a way to make valuable contributions to their nation and to engage in a socially-acceptable female profession.

The Geneva Conferences of 1863 and 1864 marked the birth of the International Red Cross Society and they provided the context for the formation of local and national Red Cross societies, including those in Germany.¹⁰¹ The impetus for the Geneva Conferences and the formation of the International Red Cross Society came originally from the Swiss businessman Henry Dunant. Dunant witnessed the suffering that resulted from the Battle of Solferino in 1859 and he wrote about his experiences in *A*

¹⁰¹ Riesenberger, *Das Deutsche Rote Kreuz*, 36-38.

Memory of Solferino.¹⁰² In the last part of the book, he asked readers to care for those wounded in war by creating voluntary aid societies that “could furnish supplies and trained nurses to remedy the deficiencies of the official army medical services.”¹⁰³

Dunant’s account found its way into the hands Gustave Moynier, a Genevan philanthropist, who soon called on Dunant to discuss the creation of such voluntary aid societies. Just a few years later, in 1863, Genevan philanthropists met with representatives from various European states and countries to try to formally create aid societies and regulations concerning the treatment of the war wounded.

At the first Geneva Conference of 1863, the attendees created a set of ten articles that described the original ideas and guidelines for voluntary aid societies. The last three articles applied specifically to wartime, and included the points that volunteer nurses would serve for a limited time; that they should wear identical uniforms or badges and should be protected by military leaders; and that the volunteer nurses would march behind the armies, and be at the disposal of the army as need arose.¹⁰⁴ A second Geneva Conference, held in August, 1864, included representatives from 16 states, including senior army physicians, diplomats, and officials.¹⁰⁵ The result of the Conference was the “Convention for the Amelioration of the Condition of the Wounded Armies in the Field. Geneva 22 August 1964.”¹⁰⁶ This convention provided for the protection of wounded in war and served as the basis for later conventions.

¹⁰² This battle was part of a larger effort on the part of the French and Sardinian armies to free Lombardy from Austrian rule. Hutchinson, *Champions of charity*, 11.

¹⁰³ *Ibid.*, 11.

¹⁰⁴ Hutchinson, *Champions of Charity*, 31-32.

¹⁰⁵ *Ibid.*, 45.

¹⁰⁶ “Convention for the Amelioration of the Condition of the Wounded Armies in the Field. Geneva 22 August 1964.” International Committee of the Red Cross, accessed May 7, 2015, <https://www.icrc.org/ihl/INTRO/120?OpenDocument>

The Geneva Conferences and the International Red Cross Society gave a new impetus and form to international humanitarian movements. Humanitarian “interventions,” that is, actions taken in foreign states and intended to “avert, halt, or prevent the recurrence of large scale mortality, mass atrocities, egregious human rights abuses or widespread suffering caused by the action or deliberate inaction of the de facto authorities of target states” began as early as the 16th century.¹⁰⁷ However, it was not until the 19th century when the term “humanitarianism” fully entered everyday speech, as a concept related to the ideas of charity (specifically Christian charity), compassion, and philanthropy. The Geneva Conventions and the founding of the International Red Cross society served as the “tipping point” in the creation of international humanitarian organizations.¹⁰⁸ It is important to know about these humanitarian origins of the Red Cross in order to be able to see what kinds of traditions the NS-regime encountered when it came to power and to more fully understand how the Nazis then altered pre-existing conceptions of humanitarianism to suit their own needs.

The German states demonstrated a large interest in this new conception of humanitarian organization and activity. In particular, Prussia gave full support to the proposals made at the Geneva Conferences and to the Geneva Conventions (modified from the previous year) of 1864. The Prussian Central Committee of the Red Cross was

⁹ Early examples of humanitarian intervention were largely based on concerns about tyranny and protection from religious persecution. See D.J.B. Trimm and Brendan Simms, “Ch. 1: Towards a history of humanitarian intervention,” 4-16; D.J.B. Trimm, “Ch. 2: ‘If a prince use tyrannic acts towards his people’: intervention on behalf of foreign populations in early modern Europe” in *Humanitarian Intervention*, 29-64; Andrew C. Thompson, “Ch. 3: The Protestant interest and the history of intervention 1686-1767” in *Humanitarian Intervention*, 67-107; and Abigail Green, “Intervening in the Jewish Question, 1840-1878” in *Humanitarian Intervention*, 139-150.

¹⁰⁸ Barnett, *Empire of Humanity*, 19-21.

founded on February 6, 1864, six days after the beginning of the war (allied with Austria) against Denmark for control over Schleswig-Holstein.¹⁰⁹ The new Red Cross Committee had strong approval from Prussian War Minister Albrecht Graf von Roon, who recognized that the Red Cross could be a valuable tool for the army.¹¹⁰ Humanitarianism and militarism thus began to overlap early in the development of the Red Cross in the German territories. However, this process was not unique to Germany. Indeed, in the United States, Austria-Hungary (until 1918), Great Britain, and Japan, Red Cross humanitarian work had historically been done to serve military needs and Red Cross members—stretcher-bearers, ambulance units, nurses, and hospital workers—began to train in a military fashion, with strict discipline and an emphasis on a central hierarchical authority.¹¹¹

Prussia's participation in the Geneva Conferences did not represent the only interest in Red Cross and military medical service in the German territories. Prior to the Conferences, local voluntary associations were formed in Baden, which took on the name of the Red Cross after the Conferences occurred.¹¹² The Red Cross associations in

¹⁰⁹ Riesenberger, *Das Deutsche Rote Kreuz*, 38. In this conflict, between Denmark and the German Confederation, Bismarck persuaded Austria to join Prussia to take the territories of Schleswig-Holstein from Denmark and to make them a German state. See Peter W. Schroeder, "International politics, peace, and war, 1815-1914," in *The Short Oxford History of Europe. The Nineteenth Century: Europe 1789-1914*, ed. T.C.W. Blanning (Oxford: Oxford University Press, 2000), 176.

¹¹⁰ Hutchinson, *Champions of Charity*, 38, 39, 55.

¹¹¹ In addition, Florence Nightingale once predicted that the existence of Red Cross societies would "render war more easy." Hutchinson goes so far to argue that there was little opposition to the militarization of the charity of the Red Cross, explaining that "the leaders of most national societies enthusiastically prepared for whatever war service the army and the government wished them to perform, greeting the need for more money and personnel as a fresh challenge to the genius of philanthropy." Hutchinson, *Champions of Charity*, 350-352.

¹¹² Riesenberger, *Das Deutsche Rote Kreuz*, 34-38. For example, the Badische Schwesternschaft vom Roten Kreuz has historically prided itself as being one of the first Red Cross sisterhoods, having developed directly out of the Badische Frauenverein, founded in 1859. See Jean Quataert, *Staging Philanthropy: Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916* (Ann Arbor: University of Michigan Press, 2001).

Prussia, Baden, and in other German territories, including Hannover and Württemberg, predated the formation of a national German Red Cross society. This would not occur until after the First World War.¹¹³ Each local association had its own particular history and certain particular fields in which they were most active (such as disaster relief, war aid, and fundraising) for which they felt a special pride.¹¹⁴

Red Cross work in Germany was not exclusive to men, for women were heavily involved in local associations' day-to-day work. This female activity occurred on two fronts: the work of female patriotic associations and of the Red Cross nursing motherhouses. In the early years of the Red Cross associations, these women's activities were intertwined and overlapped. During the Prusso-Austrian War, local German nobles and dynasts founded Patriotic Women's Associations, with the goal of raising money and gathering bandages for soldiers. On November 11, 1866, on the day of the victory celebration in Berlin, Queen Augusta took over the patronage of the Patriotic Women's Association, which had worked under the sign of the Red Cross during the war. From thenceforth, the women's departments of the regional Red Cross associations across Germany took up the leadership women's patriotic associations. During the Franco-Prussian war, female voluntary aid (via nursing, clothing, and food packages) was distributed to the army medical corps. The official basis of this female activity for the military medical service and of voluntary nursing was the "Instruction for the medical service in the field," created on April 29, 1869. Paragraph 63 of this set of instructions placed voluntary health care under the direction of government authorities, signaling a growing relationship between the state and German Red Cross women's work. During

¹¹³ Riesenberger, *Das Deutsche Rote Kreuz*, 178-179.

¹¹⁴ Quataert, *Staging Philanthropy*

the Franco-Prussian War, aid organizations donated many goods to soldiers and money to support war efforts. Women also received honorary service crosses for their work.¹¹⁵ These activities served as models for later war efforts.

Women's patriotic associations grew more closely aligned with the military in the 1880s, as they tried to adapt their organizational structure to that of the army. They wanted to more easily facilitate cooperation with the armed services and attain more recognition as a voluntary medical reserve.¹¹⁶ The women who participated in these associations came predominately from the upper and middle classes. They used philanthropy as a way to express support for the nation while still conforming to the prescribed gender roles of the 19th century.

These Red Cross female activities were not particular to Germany. We find the same kinds of practices among bourgeois women throughout Europe, the United States, Ireland, and elsewhere in the 19th century. Philanthropic activity, whether in the form of private donations or volunteering, created what some historians call an "invisible but highly significant form of political activity."¹¹⁷ Women's philanthropic actions helped to subsidize state programs and develop schools and educational programs.¹¹⁸ By the 1880s, there was an indeed an "associational revolution" in many countries, which was supported in part by women's organizations.¹¹⁹

¹¹⁵ Riesenberger, *Das Deutsche Rote Kreuz*, 38, 48, 55-56, 59.

¹¹⁶ *Ibid.*, 71-72.

¹¹⁷ See Kathleen D. McCarthy, "Introduction" in *Women, Philanthropy, and Civil Society*, ed. Kathleen D. McCarthy (Bloomington and Indianapolis: Indiana University Press, 2001), 2. This volume covers the history of female philanthropy in such diverse places as Ireland, Norway, the United States, Egypt, Palestine, Australia, Palestine, and South Korea.

¹¹⁸ See Andrea Walton, "Introduction: Women and Philanthropy in Education—A Problem of Conceptions," in *Women and Philanthropy in Education*, ed. Andrea Walton (Bloomington and Indianapolis: Indiana University Press, 2005), 3.

¹¹⁹ McCarthy, "Introduction," 2.

In Germany, Red Cross association members focused on nursing and charity, volunteering their time and wealth by participating in philanthropic efforts such as girls' education programs, children and family welfare, and other activities related to the improvement and maintenance of public health. Such actions existed in prior forms before German unification, when female dynasts provided patronage to patriotic associations in order to support the growth of loyalty to conservative state interests.¹²⁰ Patriotic Women's Associations grew to have large memberships after 1864, so much so that they included more female volunteers than any other German organization. The associations gained a following particularly after the wars of 1866 and 1870-71, as a result of female nursing efforts during the war.¹²¹ In 1870, Bavaria alone had over 125 branch associations with over 2,000 members. By 1879, there were 290 branch associations with over 21,500 members.¹²² In 1918, the Prussian Patriotic Women's Association had 800,000 members, donating their time and money to fight on the home front for Germany's victory.¹²³

German Red Cross nursing developed alongside the patriotic women's associations. Both forms of female activity represented a fusion of Red Cross ideals, Christian charity, and traditional ideas about women as caretakers. Just like the patriotic associations, local dynasts and philanthropists founded Red Cross sisterhoods soon after

¹²⁰ Quataert, *Staging philanthropy*, 5-6. Quataert argues that this patronage was a method of drawing public support away from local rulers and significant to the development of politically conservative national identities.

¹²¹ Schönberger, "Motherly Heroines and Adventurous Girls," 88.

¹²² Riesenberger, *Das Deutsche Rote Kreuz*, 49, 52.

¹²³ Quataert, *Staging philanthropy*, 9.

the creation of the Red Cross associations in Germany.¹²⁴ But Red Cross nursing and patriotic associations did not undertake the same kind of activities. Red Cross nurses' tasks and living arrangements made their position in Red Cross work, and German society broadly speaking, unique. Red Cross nurses contributed to a specific part of women's Red Cross work—providing physical care for German civilians and soldiers.

German Red Cross nursing was historically shaped by a number of factors. First, German Red Cross nurses lived in Red Cross motherhouses, which are institutions unique to the German Red Cross. These institutions were modeled on the motherhouses of religious sisterhoods, but they conveyed a non-denominational Christian ethos in order to distinguish themselves from explicitly Catholic and Protestant nursing organizations.¹²⁵ And although Christian charity had a place in the origins of the Red Cross ideals, Red Cross nurses explicitly identified with national service and war preparedness. The ideals and structure of Red Cross motherhouses shaped every aspect of nurses' daily experiences. Red Cross nurses lived strict, regimented lives, and they were forbidden to marry. The motherhouse provided room, board, and training for its nurses. Red Cross nurses also received benefits from the motherhouses such as health insurance and old age care in retirement homes. Each motherhouse had a history specific to its location and its relationship with the local community. As a result, motherhouses were unique communities in and of themselves. Moreover, although there might be a number of motherhouses in a large city (like Berlin) Red Cross nurses did not necessarily identify with the state or government as much as with their own motherhouse, their mother superior, and fellow sisters. During times of conflict and

¹²⁴ Schönberger, "Motherly Heroines," 88.

¹²⁵ Schulte, "The Sick Warrior's Sister," 124.

upheaval, the motherhouse could serve as an “anchor” for these women, and provide them with a sense of community in a time of flux.¹²⁶

Second, German Red Cross nurses were influenced by a particular set of ideals about how a nurse should act. More specifically, nurses were supposed to be feminine, physically fit, disciplined, and to be able to adapt themselves to the rigors of military service in times of conflict. Unlike the institution of the nursing motherhouses, these ideals were not unique to German Red Cross nursing, but rather spanned nursing organizations throughout Germany and abroad.

In 19th century Europe, conceptions about the nursing profession integrated bourgeois ideas about femininity, so to suggest that nursing was the feminine profession *par excellence*. In particular, the characteristics of altruism, sacrifice, and submission were expected to be displayed by all nurses.¹²⁷ In the aftermath of the wars of the mid-19th century, in Europe and the United States, nursing reformers drew from pre-existing ideas about women’s moral qualities as motherly and selfless healers, acting out of spiritual or patriotic motivations. However, women like Florence Nightingale and those who erected the Red Cross motherhouses in Germany began to alter the ideas about the relationship between femininity and nursing to fit the demands of modern medical care and war. They juxtaposed a belief in “women’s innate moral authority and suitability to nursing” with the need for real and practical occupational training.¹²⁸ They thus thought

¹²⁶ See, among others, Deutsches Tagebucharchiv (DTA) 1337—“Treffen der Feldschwwestern, 1939-1945” in der Badischen Schwesternschaft vom Roten Kreuz, Kochstr.2-4, Karlsruhe am 8. Mai 1991 zu Ehren des 90. Geburtstages von Oberin Anna Odenwald (1991), 3. Also see Heidi Schäfer-Frischmann and Thomas H. Wolter, *Leben nützlich für andere: Das Buch der DRK-Schwwesternschaft Berlin* (DRK-Schwwesternschaft Berlin e.V., 2008).

¹²⁷ Reverby, *Ordered to care*, 73, 75, and Steppe, “Nursing under National Socialism,” 12.

¹²⁸ Soine, “From Nursing Sisters to a Sisterhood of Nurses,” 142, 144.

nurses should only be women with all their natural moral powers, but nurses should also be women with training, and members of a secular institution.

Conceptions about the innate female quality of nursing changed again in the beginning of the 20th century. At this time “free sisters,” or unaffiliated nurses, aimed to reform nursing and looked to the state to enforce and monitor nursing standards. They thus turned to the idea of “spiritual motherhood” and social welfare as their justification for nursing. Reformers posited nursing to be part of “spiritual motherhood,” wherein nurses served the state and society as citizens. The logic was then that as citizens, they could then claim the same social welfare benefits as male citizens.¹²⁹ From the 1890s, this discourse focused more on biological and medical rather than moral or spiritual qualities, but the theme of motherhood as a way for women—especially nurses—to act outside of the home was prevalent in 19th and early 20th century Germany.¹³⁰

In 1912, nursing reformers again altered the “feminine” characteristics of an ideal nurse. In that year, the Congress of the International Council of Nurses was held in Cologne. During the Congress, nursing leaders, including German nursing reformer Agnes Karll, purposefully distanced themselves from the idea of social motherhood and came up with a new ideal of the female professional. This ideal woman was envisioned as educated and middle class, who “could gain recognition as a good nurse through her educational experience and scientific training.”¹³¹ In other words, the ideal female professional nurse of 1912 did not emphasize her motherly nature, but rather her

¹²⁹ Ibid., 182-184. “Spiritual motherhood” was deployed in order for middle class nurses to gain a respectable and secure status, and to act legitimately in the public sphere.

¹³⁰ For an extensive discussion about “spiritual motherhood,” see Allen, *Feminism and Motherhood in Germany*, esp. 1-17.

¹³¹ Soine, “From Nursing Sisters to a Sisterhood of Nursing,” 250.

knowledge.¹³² The ways in which femininity, nursing, and professionalism changed over time would later be picked up by the Nazis as they set forth their own image of the ideal nurse.

In addition to exhibiting specific “feminine” characteristics, historically, nursing motherhouses and reformers also placed much emphasis on the physical health and strength of nurses. Nursing was—and is—a physically demanding and exhausting job. It requires lifting, moving and bathing patients, cleaning, moving equipment, and taking care of many kinds of tasks in a hospital ward.¹³³ In late 19th and early 20th century Germany, England, and America, there was a preoccupation among nursing reformers, doctors and nurses about the need to prevent and, if that was not possible, treat nurses for the debilitating physical impact of overstrain and overwork. Reformers worried that the long hours and physical demands of the job took too much of a toll on women’s bodies.¹³⁴ There was therefore an ongoing preoccupation about only allowing physically fit women into the nursing profession. For example, aspiring nurses in the Baden Women’s Association, before enrolling in nursing courses, were required to provide a reference form from a physician confirming her health and strength to fill out a health questionnaire.¹³⁵ In addition, at the 1912 Congress of the International Congress of Nurses, nurses’ physical strength was a prime topic of conversation.¹³⁶

¹³² This shift in focus mirrored the pre-World War focus among feminist reformers about women’s biological and medical qualities rather than their moral ones. Allen, *Feminism and Motherhood in Germany*, 2.

¹³³ Soine, “From Nursing Sisters to a Sisterhood of Nurses,” 170-17, 182.

¹³⁴ *Ibid.*, 263.

¹³⁵ *Ibid.*, 170-171.

¹³⁶ *Ibid.*, 260. One of the five main themes of the Congress was “The Overstrain of Nurses”, which was featured in the keynote speech and in many discussions.

One scholar suggests that there was agreement among German medical personnel that the solution to “Germany’s ‘mortality’ problem” among nurses, meaning their physical and mental inability to deal with the physical and emotional stress of their work, was in fact a eugenics-based solution. Dr. H. Hecker, who delivered the keynote speech of the 1912 Congress, suggested that Germany follow England and the United States and “(create a) strict selection of healthy probationers based on hereditary trait.”¹³⁷ The presentation of a eugenics-based solution at an international gathering of elite nursing leaders confirms its presence and acceptability (at least as a topic worthy of discussion) in the international medical community in the early twentieth century, echoing the findings of historians of medicine and Nazi Germany.¹³⁸ The concern about nurses’ physical ability to perform their tasks existed for even longer. After 1933, Nazi and German Red Cross leaders could therefore make demands about women’s physical suitability to nursing and place ideas about eugenics into nursing requirements, training, and ideology without completely shocking nurses.¹³⁹

Another important nursing ideal which the Nazis would later take advantage of was that of discipline. The focus on discipline within the nursing profession dated back to the writings 19th nursing reformers and it had remained relatively unaltered in its conception. Nurses’ subservience to the physician was seen as vital to the proper functioning of the medical establishment. This ethos was expounded throughout the

¹³⁷ Ibid., 261.

¹³⁸ See Paul Weindling, *Health, Race and German Politics between National Unification and Nazism, 1870-1945* (Cambridge: Cambridge University Press, 1989), 441-482, and Ann Taylor Allen, “Feminism and Eugenics in Germany and Britain, 1900-1940: A Comparative Perspective,” *German Studies Review*, vol. 23, no. 3 (Oct., 2000): 477-505.

¹³⁹ This theme is discussed in detail in chapter 2. For now, it is enough to say that as of fall 1938, nurses in Germany were required learned about eugenics and “racial hygiene” in order to receive their license to practice nursing. See BA-MA RH 12-23, 1041—“Gesetz zur Ordnung der Krankenpflege.” Located in file “Deutsches Rotes Kreuz.”

Western nations. Prominent leaders of the profession, including American nurse reformer and early nursing historian Lavinia Dock, emphasized the importance of discipline. In Dock's writings on nursing training in the late 19th century, she states that "This obedience to orders, founded in principle and animated by an intelligent interest, is the dominant characteristic of the new system of nursing and it is the secret of its success in its professional work."¹⁴⁰ Florence Nightingale likewise believed that strict discipline was the "essence" of nurses' moral and technical training. Although both Dock and Nightingale also believed that women should not be subordinate "either at the bedside or in the boardroom,"¹⁴¹ their insistence on taking seriously women's knowledge of nursing was curbed by their focus on obedience and by the dominant gender discourses.

Moreover, in the British, American, and German nursing systems, there was the common theme of maintaining a distance between the nurses and the physicians, and

¹⁴⁰ See Lavinia Dock, "The Relation of Training Schools to Hospitals," in *Nursing of the Sick 1893*, ed. Isabel Hampton Robb et al (New York: McGraw-Hill, 1949), 17. Cited in Reverby, *Ordered to Care*, 51. The "new system" of nursing referred to training nurses in hospitals and to the ongoing professionalization of nursing and its separation from home-healing.

¹⁴¹ Reverby, *Ordered to Care*, 73. Scholars have noted this contradiction in nursing reformers' ideas, in particular Florence Nightingale. One scholar has suggested that Nightingale's reason for arguing for both female nursing autonomy and for following the orders of "our masters", as she called the medical men, was her dislike of the "ward system" in British nursing in the 19th century. In this form of hospital organization, nurses worked in individual wards, and were more attached to the interests and orders of a physician or administrator in a particular ward than the hospital nursing matrons, thus undermining the matron's standards and authority. Nightingale wanted the matron to be able to thoroughly supervise her nurses and wanted to change the form of hospital organization. But Nightingale did not believe that she made contradictory statements by arguing for both nursing matron's autonomy and subservience to a doctor. The discussion of the history of discipline and hierarchy grows even more complicated when examining the past structures of German hospitals. Because of differing origins and forms of hospital organization, there was historically less strife between nursing superintendents and physicians. Red Cross motherhouses were able to avoid open conflict between matrons and physicians by founding their own hospitals and hiring on physicians as independent contractors or by placing nurses in private duty positions, outside of a hospital structure. In addition, German lady nursing superintendents were also more difficult for physicians to ignore than British matrons because they had very high dynastic connections and socio-economic standing. Soine, "From Nursing Sisters to a Sisterhood of Nurses," 147-150, 162-163.

nurses in all three nations believed that avoiding detailed medical knowledge would allow them to foster good relationships with the physicians. Doctors likewise wanted to maintain a distance, both in terms of authority and medical knowledge, from nurses below them. As nurses increasingly gained more medical expertise in the early 20th century, many of them still maintained a subordinate position to the male physician.¹⁴² The theme of discipline and hierarchy was thus all too familiar to nurses in Germany (and elsewhere) before the Nazis came to power.

Lastly, nurses were expected to be able to adapt themselves to the needs of the armed forces. From the late 19th century, in Germany and other nations, national Red Cross societies helped to promote a culture rife with militarism, emphasizing hierarchy, discipline, orderliness, and self-sacrifice. Stretcher-bearers, ambulance units, nurses, and hospital workers trained with the military.¹⁴³ Nursing and militarism were likewise related to one another in nursing schools. For example, in the United States, nurses were compared to “disciplined soldiers sweeping away disorder and death” and Lavinia Dock explained to an international meeting of nurses in 1893 that “The organization of a training school is and must be military. It is not and cannot be democratic . . . to this end complete subordination of the individual to the work as a whole is as necessary for her as for the soldier.”¹⁴⁴ One may point out that these nurses were in the United States, and that their ideas about nursing might therefore be different than those nurses working in

¹⁴² Soine, “From Nursing Sisters to a Sisterhood of Nursing,” 171-177.

¹⁴³ Hutchinson, *Champions of Charity*, especially 256, 352. According to Hutchinson, Red Cross societies “proved themselves adept at employing the concepts of service and sacrifice to both popularize and to justify the additional labor obligations that men and women—especially women—were expected to accept if they were living in a belligerent state.”

¹⁴⁴ Reverby, *Ordered to Care*, 51-54. Reverby also cites Dock, “The Relation of Training Schools to Hospitals,” 16.

Germany in the 19th and 20th centuries. However, German nurses maintained international connections which allowed a certain nursing ideals—in particular that of militarism—to become uniformly established across national lines, especially with their Anglo-American sisters.¹⁴⁵

Moreover, German Red Cross nurses were bound to the military by law and by their membership in the national aid society. From the time of the society's founding, the Ministry of War expected that nurses would help care for wounded soldiers.¹⁴⁶ Similar to previous decrees, the Medical Service in War Act of 1878 formally placed Red Cross nurses in military service in times of war. It stipulated that the nurses were to serve in the rear area of the fighting army (*etappe* zone and hospitals). It also stated that in times of war, Red Cross nurses would be “incorporated into the state organism” and “headed by state authorities.”¹⁴⁷ The authors of the law of 1878 aimed to make voluntary nursing into what historian Dieter Riesenberger describes as a “mindless tool” of the military medical corps, with duties but no rights to speak of.¹⁴⁸

The German government continued to make great efforts to make use of Red Cross nurses. The Ministry of War suggested (or rather, insisted) to the Association of

¹⁴⁵ Soine, “From Nursing Sisters to a Sisterhood of Nurses,” 179, 211-244.

¹⁴⁶ Riesenberger, *Das Deutsche Rote Kreuz*, 97.

¹⁴⁷ Schönberger, “Motherly Heroines,” 89.

¹⁴⁸ Riesenberger, *Das Deutsche Rote Kreuz*, 61. Fewer than thirty years later, Germany and other European nations also learned of the importance of having a large and able nursing corps by looking elsewhere. The success of the Japanese in the Sino Japanese War (1894-95) and the Russo-Japanese War (1904-05) resulted in part from the support the Japanese military received from a new and efficient Japanese Red Cross society. All medical organizations in the Japanese military operated within a hierarchical structure, and “the Japanese Red Cross staff worked not as civilian volunteers but as provisional military medical personnel in war.” Japanese Red Cross nurses specifically served in reserve hospitals, field hospitals, and hospital ships. Moreover, it should be noted that the rapid development of the Japanese Red Cross and its work with the military was not rooted in notions of European philanthropy but instead in notions of Japanese “militarism.” Thus, the Japanese Red Cross did not look for a “philosophical base for voluntary benevolence” and instead “placed three elements in the founding core: the subordination of personnel, organized patriotism, and military authority over Red Cross operations.” Takahashi, *The Development of the Japanese Nursing Profession*, 5, 11-13, 93-110.

German Red Cross Hospitals (*Verband Deutscher Krankenanstalten vom Roten Kreuz*) that female nurses be made ready, in terms of skill, ability, health, and endurance, for service in the army and for the special conditions of working in garrison hospitals. In 1902, the Red Cross formally affirmed that it was to serve as a medical reserve for the army in times of war, and make Red Cross nurses available for war work.” The Red Cross enthusiastically welcomed the following demands made of army nurses: 1) they should come from an “educated circle” and demonstrate the tact and maturity necessary for sisters working in the special conditions inside a garrison hospital; 2) they should have completed secondary education, have proof of training as a recognized nurse, and have completed five years practical work in a hospital; and 3) they should have full mental and physical capacities.¹⁴⁹ It is likely that Red Cross members embraced such demands because they gave the society further recognition by the government and a sense of importance. In addition, the specific requirements of nurses contributed to increasing sense of professionalization and official recognition of the importance of nursing.

Thus the development German Red Cross nursing, as a profession, coincided and was interrelated with Red Cross work with the military. In times of war, nurses also became servants of the state, and the Red Cross made preparations for female wartime nursing in peacetime. Such arrangements and practices could make future Red Cross cooperation with the German armed forces more likely. In addition, the ongoing relationship between German Red Cross nursing and the German armed forces suggested that the German Red Cross, as a humanitarian organization, became

¹⁴⁹ Riesenberger, *Das Deutsche Rote Kreuz*, 106- 107.

increasingly militarized. Indeed, war preparations and nursing preparations went hand in hand. However, in the 19th century, this pattern appeared in other nations as well. For example, when the British government was deciding how to effectively coordinate civilian nurses for military uses, it looked to the Japanese nursing reserves, the French Territorial Hospitals, and the German Voluntary Aid Society for models to follow.¹⁵⁰ Red Cross nursing cooperation with the military was thus not unique to Germany.

In 19th century Germany, the development of female war nursing was therefore influenced by a variety of factors. Some of these were unique to Germany, like a sense of sisterhood, provided by the nursing motherhouse, while others influenced nurses in other nations as well, such as a specific nursing ideal, characterized by femininity, fitness, discipline, and militarism. However, during the *Kaiserreich*, nurses were also influenced by a sense of professionalism. In the years leading up to the First World War, nursing was increasingly acknowledged not just as a natural form of female activity, but also as a suitable female *profession*.¹⁵¹ This process of professionalization can be seen with the growing awareness on the part of the state of the need to standardize nursing education, the founding of new nursing schools, and the growth of independent nursing activities. On July 1 1907, the Prussian government passed the first state law concerning nursing education requirements, and other German states soon adopted this law. The regulation set the education period at one year in a state or state-recognized nursing school. The test covered eleven specified subjects and was approved

¹⁵⁰ Takahashi, *Development of Japanese Nursing Profession*, 97.

¹⁵¹ See Hilde Steppe, "Nursing under totalitarian regimes: the case of National Socialism," in *Nursing History and the Politics of Welfare*, ed. Anne Marie Rafferty, Jane Robinson, and Ruth Elkan (London and New York: Routledge, 1997), 11-12. "Also see Soine, *From Nursing Sisters to a Sisterhood of Nurses*."

by a commission of three doctors. This law was important because it signaled nursing was recognized by the government as a bourgeois profession (or *bürgerlichen Beruf*).¹⁵² When war broke out in August 1914, nurses thus brought with them a tradition of local charity, sisterhood (based in the motherhouse), a specific set of nursing ideals, nationalism, militarism, and professionalism.

German Red Cross Nursing in the First World War

The experiences of German Red Cross associations in the First World War were decisive in formalizing their nurses' relationship to the armed forces, and the Nazis later used the memory of these experiences when they tried to incorporate the aid society and its nurses into the NS-regime. The First World War provided an opportunity for Red Cross associations, in Germany and elsewhere, to demonstrate their dedication to the nation and to the armed forces.¹⁵³ In Germany, the Red Cross members demonstrated their willingness to serve the *Volksgemeinschaft* or "people's community," a concept which first became popular during the war. Also expressed through the phrase "the Spirit of 1914" during the war, the "people's community" provided a way of talking about a unified nation which "believed it could defy the enemy."¹⁵⁴ In addition, the First World War marked the first time German women were mobilized on a *large scale* to

¹⁵² Riesenberger, *Das Deutsche Rote Kreuz*, 105, 190.

¹⁵³ Hutchinson, *Champions of Charity*, 256. Hutchinson goes so far to argue that "working for the national Red Cross society became both an outlet for, and a measure of, a citizen's patriotic enthusiasm."

¹⁵⁴ Wildt, *Hitler's Volksgemeinschaft*, 16-18, 265. The image of national unity at the beginning of the war "should be evaluated more as a media production than as a reality." The famed statement by Wilhelm II that he no longer recognized parties but only Germans conveyed the need to mobilize the entire German nation to support the war effort. Also see Jeffrey Verhey, *The Spirit of 1914*; and Steffen Bruendel, *Volksgemeinschaft oder Volksstaat*.

contribute directly to the war effort. In this sense, the war marked a turning point in Red Cross nursing because it placed nurses firmly—and publicly—in war zones.

In 1914, nursing was seen as *the* proper way for German women to display their feminine talents and support the war effort. Some people believed that as nurses, women could appear near the battlefield but remain distinctly female and therefore preserve the prewar gender order. For example, conservatives in Germany argued that women were especially suited for nursing because the task provided “women’s nature, the driving force behind women’s life, what it needs: to be able to care, love and give, hence creating true happiness, inner peace and everlasting satisfaction.”¹⁵⁵ Even before the war broke out, the Women’s Associations of the German Red Cross conceived of wartime Volunteer Nursing (*Freiwillige Krankenpflege*) as “women’s counterpart to men’s bravery in the battlefield.”¹⁵⁶

Government support for Red Cross female wartime nursing contributed to a continuing relationship between militarism and the humanitarian work of the Red Cross,

¹⁵⁵ Schönberger, “Motherly Heroines,” 88-89. Schönberger cites Oberin Anna von Zimmerman, *Was heist Schwester sein? Beiträge zur ethischen Berufserziehung*, 2nd Edn. This of the connection between women, nursing and military service dates back to the Wars of Liberation (1813-1815). See Karen Hagemann, “Deutsche Heldinnen: Patriotisches Frauenhandeln in der Zeit der Antinapoleonischen Krieg” in *Nation, Politik und Geschlecht*, ed. Ute Planert (Frankfurt/New York, 2000), 86-112.

¹⁵⁶ Schönberger, “Motherly Heroines,” 88. She cites Jakob Vobel, “Samariter und Schwestern: Geschlechterbilder und beziehungungen im Deutschen Roten Kreuz vor dem Ersten Weltkrieg.” in *Landsknechte, Soldatenfrauen und Nationalkrieger: Militaer, Krieg und Geschlechterordnung im historischen Wandel*, ed. Karen Hagemann and R. Proeve (Frankfurt/New York, 1998), 325-345. Other combatant nations adopted similar attitudes. However, the degree to which women participated in the war effort as factory workers, nurses, and army auxiliaries varied in different locations. For notable overviews of German women’s nursing service, see Schönberger, “Motherly Heroines” and Schulte, “The Sick Warrior’s Sister.” For histories of women’s army service in Europe see Bucur and Wingfield, eds., *Gender and War in Twentieth Century Eastern Europe*; Darrow, *French Women and the First World War*; McEwen, *It’s a Long Way to Tipperary*; Grayzel, *Women’s Identities at War*; Hallet, *Containing Trauma*; Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain during the Great War*; Stoff, *They Fought for the Motherland*; Summers, *Angels and Citizens*; and Watson, *Fighting Different Wars*. For women’s service in the US Army, see Jensen, *Mobilizing Minerva*; Reverby, *Ordered to Care*; and Zeiger, *In Uncle Sam’s Service*.

a relationship first forged in the 19th century. For example, when the First World War began in August 1914, the German Red Cross associations immediately reached out to the female population and asked for women to train and serve as nurses and nursing aides.¹⁵⁷ In particular, local Red Cross associations recruited auxiliary nurses and helpers from among the unmarried daughters of the middle and upper classes.¹⁵⁸ There were a large number of volunteers in the first days of the war.¹⁵⁹ Nurses chose not only to serve their country, but also to break away from the routine and discipline of their everyday life in hospitals and motherhouses, to do something significant and dangerous. Just as soldier volunteers in 1914, they wanted to be “off to the field.”¹⁶⁰ Nurses from different religious and professional organization contributed to the war effort, but the image and role of nurses in the German Red Cross stood out at the time and in the memory of the war. Part of the reason for this is that every nursing organization that wanted to contribute to war nursing had to work with the German Red Cross associations in order to send their women on military nursing assignments.¹⁶¹ As a result, even if women were not Red Cross nurses by training, while in the military medical service, they were identified as such. All told, over 121,400 nurses participated in war-related nursing. Roughly 92,000 of these women were Red Cross nurses, of whom approximately 19,800 served in the *etappe* zone. In contrast, approximately 17,200 Catholic nurses served in war nursing, 7,000 of which worked in the *etappe* zone. Among professional nurses, only 2,500 served in war-related nursing. Red Cross

¹⁵⁷ Schönberger, “Motherly Heroines”, 89. Also see Hagemann, “Mobilizing Women for War,” 1055-1093.

¹⁵⁸ Panke-Kochinke and Schaidhammer-Placke, *Frontschwester*, 15.

¹⁵⁹ Schönberger, “Motherly Heroines”, 89.

¹⁶⁰ Schulte, “The Sick Warrior’s Sister”, 127-128.

¹⁶¹ Schönberger, “Motherly Heroines”, 89, 106.

nurses constituted by far the largest group of nurses working in war nursing, and by the last months of the war, more than 28,000 Red Cross nurses had worked behind the front and in occupied territories.¹⁶²

The tasks of nurses in wartime depended on their location, the timing, and soldiers' needs. After the war began, nurses served in military hospitals, set up in churches, schools, convents, and even castles behind the front. Some nurses with a surgical background worked in surgical units, while many other nurses worked in contagious disease or psychiatric wards, where they came into more regular contact with soldiers.¹⁶³ From 1915, nurses were sent to field hospitals, an increasingly common deployment. There, they often served at nursing stations, working directly with wounded soldiers, in isolation hospitals (for patients with infectious diseases such as typhus), nervous stations (*Nervenstationen*, for patients with nervous or psychiatric symptoms), and in operating rooms. Often one nurse would have many different tasks at just one station, with long working hours.¹⁶⁴ Nurses also worked in hospital trains, in local hospitals, and in reserve hospitals within the borders of Germany. In general, younger nurses tended to work in the war and field hospitals, while more experienced nurses worked on the home front.¹⁶⁵ Over the course of the war, nurses served in many different locations along the Eastern and the Western Front. This breadth of service

¹⁶² Schönberger, "Motherly Heroines," 89, 106; Panke-Kochinke & Schaidhammer-Placke, *Frontschwester*, 14, 40. Also see Margarethe Schickedanz, *Deutsche Frau und deutsche Not im Weltkrieg* (Leipzig & Berlin, 1938), 57; Elfriede von Pflugk-Hartung, *Frontschwester: Ein deutsches Ehrenbuch*, 2nd Edn. (Berlin: Berlin: Bernard and Graefe, 1936), 340; and Verband der Pflegeanstalten vom Roten Kreuz, *Geschäftsbericht des Verbandes deutscher Pflegeanstalten vom Roten Kreuz* (Stendal, 1919).

¹⁶³ Schulte, "The Sick Warrior's Sister," 127.

¹⁶⁴ Panke-Kochinke and Schaidhammer-Placke, *Frontschwester*, 15.

¹⁶⁵ Riesenberger, *Das Deutsche Rote Kreuz*, 148-149.

locations and tasks, coupled with the many women in service, marked the First World War as a distinctive period in Red Cross nursing.

Along with this variety in tasks and service locations, nurses also had varying levels of education. Although the 1907 law set the nursing education requirements at one year training, this law had not been uniformly adopted.¹⁶⁶ Nurses' education requirements changed multiple times during the war. Testing was alternately abolished and re-established, so that from at least 1916 there were many auxiliary nurses with different levels of training and qualifications. However, lessons learned about war medicine would serve the medical corps in the future, as nursing became much more specialized over the course of the First World War, especially regarding the treatment of diseases and wounds. The motherhouses proved especially helpful in developing nursing specialties, and on March 25, 1918 the Central Institute for the Training of Nurses was opened at the Kaiser Wilhelm School for German Nurses, providing further education for nurses of all organizations.¹⁶⁷ The support from motherhouses and affiliated educational institutions would also be of great importance in the next war, as they helped continue to educate nurses in medicine specific to wartime.

Over the course of the First World War, bourgeois and noble women became the dominant types of women working as nurses. This was largely the result of the financial and material hardships of the war. Not many women could afford to learn to become nurses on a purely voluntary basis and then go on to support themselves — and perhaps their family at home — on a mere 70 *pfenning* per day. German women could also earn

¹⁶⁶ Panke-Kochinke and Schaidhammer-Placke, *Frontschwester*, 15

¹⁶⁷ Riesenberger, *Das Deutsche Rote Kreuz*, 144, 148-149, 151.

more working in a factory or as a private nurse. Red Cross nursing therefore remained a predominately middle and upper class profession.¹⁶⁸

German Red Cross nursing work in the First World War represents one aspect of the more widespread mobilization of women for the war effort. Indeed, nurses were not the only German women working with the army. In addition, female auxiliaries, or rear-area auxiliaries (*Etappenhelferinnen*), replaced soldiers in rear echelon services so that the men could serve on the front. These women completed different kinds of tasks and received far less public praise than Red Cross nurses. The positioning of mostly young women in auxiliary positions occurred within the context of an increasing mobilization of German society. Before the war, and even during its first years, not many people would have thought about or agreed with the idea of having women work in the army in any “non-medical capacity.”¹⁶⁹ However, because of the heavy military losses of the summer of 1916, the German government turned to another direction regarding women’s military work. Put into effect in the spring of 1917, the Patriotic Auxiliary Service Act (*Gesetz über den Vaterländischen Hilfsdienst*) sought to increase the mobilization of German society.¹⁷⁰ This act failed to bring enough men into war related

¹⁶⁸ Schönberger, “Motherly Heroines,” 89.

¹⁶⁹ Schönberger, “Motherly Heroines,” 90. Notably, the unease regarding having women accompany military campaigns can be dated as far back as to the early modern period. In the 15th and 16th centuries, for example, men thought that women were naturally “irrational” and they believed that if women would come with men on campaigns, such women would only help create chaos. However, such beliefs did not stop early modern armies have women (and children) accompany the troops on campaign. Women provided domestic and emotional care to soldiers in early modern conflicts. See Mary Elizabeth Ailes, “Camp followers, sutlers, and soldiers’ wives,” in *A Companion to Women’s Military History*, ed. Barton C. Hacker and Margaret Vining (Leiden and Boston: Brill, 2012), 63, 76-77.

¹⁷⁰ Schönberger, “Motherly Heroines,” 90. According to this law, all men still on the home front, between the ages of 17 and 60 were obligated to complete compulsory labor in war industries and munition production.

services. But women, who were exempted from the act, chose to replace men in industry and in non-medical military tasks.

Young, mainly single, lower-class women worked as clerks and staff sergeants in a variety of postings which supported the economic, material, communication, ordnance, and ammunition needs of the army. Most auxiliaries worked close to the battle zone, and thus worked under dangerous conditions.¹⁷¹ However, these women were not technically members of the army; rather, they were members of the army entourage (*Heeresgefolge*).¹⁷² Female auxiliaries, moreover, did not receive the same positive public praise as was received by nurses. By replacing male soldiers and receiving higher wages than soldiers, the German media portrayed these single women as selfish girls. Because these women generally came from the lower classes and in some cases, earned more than soldiers in the trenches, soldiers viewed auxiliaries' actions as greedy and as undermining the gender order. Reports from the rear-echelons about the "sexual provocations on the part of the soldiers and the erotic adventures of the women army auxiliaries" made their way to the home front, further damaging these women's reputations.¹⁷³ The fact that these women came from the lower and middle classes (in contrast to nurses who could literally afford to volunteer their time) and that auxiliaries needed the wages to survive and support their families was often overlooked. The Women's Labor Office and the War Office tried to change these public perceptions in recruitment campaigns, but these offices never had success in overturning these

¹⁷¹ Ibid., 91.

¹⁷² Ibid., 96. Female auxiliaries made much more money (3-6.5 Marks/Day) than Red Cross nurses' (70 pfennings-1 Mark/Day).

¹⁷³ Ibid., 97.

negative attitudes.¹⁷⁴ If anything, the individual leaders of the Labor Office, like Agnes von Harnack, who held responsibility for recruiting the auxiliaries, contributed to the public criticism of these women. In an article in the BDF (the German bourgeois feminist movement) journal *Die Frau*, von Harnack once wrote that “One should not try to conceal it: the female auxiliary service was all in all no pleasant thing; its reputation was bad, its members were held in low esteem.”¹⁷⁵

In contrast, German Red Cross nurses received much praise for their actions. Wartime propaganda, such as postcards, posters, poems, and newspapers, depicted nursing as a way for women to serve the state. Nurses were also associated with the traditional qualities of caretakers—as motherly, self-sacrificing, and devoted. In addition, drawing upon their resemblance to religious sisterhoods, nurses were assigned the qualities of nuns, angels, and the Madonna. The nurses who worked near the frontlines received the most prestige, and they were often hailed as “heroines” in the press and in the eyes of the public. Their actions were seen as the very embodiment of the ideal form of female participation in the war. The German media perpetuated the idealization of the “Front Sister” (or *Frontschwester*) despite the fact that most nurses worked in rear-echelon hospitals, safely away from the battle front. Interestingly, the Red Cross nurses were depicted as either working right next to soldiers fighting or as “Angels of Peace” and “islands of humanity,” detached from the world of war.¹⁷⁶

Nurses’ accounts reveal that they saw themselves as sometimes sisters and sometimes

¹⁷⁴ Hagemann, “Mobilizing Women for War,” 1069-1073; Schönberger, “Motherly Heroines,” 90-99

¹⁷⁵ Schönberger, “Motherly Heroines,” 98. She cites Harnack, *Etappen-Helferinnen*, 270-275.

¹⁷⁶ Schönberger, “Motherly Heroines,” 91-92, 100. Also see Hilde Steppe, “Krankenpflege bis 1933,” in Hilde Steppe, ed., *Krankenpflege im Nationalsozialismus*, 39-41.

mothers to the ill and wounded soldiers.¹⁷⁷ This dual image of a nurse — as a counterpart of the soldier and as an angel or representative of a humane world — is significant because it was utilized and adapted again in recruiting efforts before and during the Second World War. It is also significant because it suggests the general sense of ambivalence felt by soldiers and by the general public about placing women within war zones, and what meaning these women should convey to those around them and to themselves.

Indeed, not all members of society agreed with the image of the nurse as the ideal form of female wartime sacrifice. Critics of war nurses charged the women with selfish motives. Certain conservative groups, especially Catholics, led the way with their criticism of Red Cross nurses. For example, in the September 1915 issue of the “Historical-Political Papers of Catholic Germany” (*Historisch-Politische Blätter des Katholischen Deutschland*), the authors portrayed the nurses as widows who only became nurses to find new husbands, so to relieve themselves of the “misery of widowhood.”¹⁷⁸ Newspapers also reported stories of nurses’ affairs with soldiers and prisoners of war; such stories made elisions between nursing and prostitution.¹⁷⁹ Such arguments against the intentions and propriety of female military nursing (and auxiliary

¹⁷⁷ Schulte, “The Sick Warrior’s Sister,” 133-134. When nurses accompanied wounded soldiers on the home front, the public sometime also perceived the women as mothers treating not wartime heroes, but “sick children.” See Robert Weldon Whalen, *Bitter wounds: German Victims of the Great War, 1914-1939* (Ithaca and London: Cornell University Press, 1984), 49.

¹⁷⁸ Schönberger, “Motherly Heroines,” 93. She cites “Religiöser Rückblick auf das Erste Kriegsjahr,” *Historisch-Politische Blätter des katholischen Deutschland* 56 (1915): 360.

¹⁷⁹ The idea that nurses were prostitutes may or may not have been true. It is highly possible that part of the reason for these accusations also related to some of the traditional roles taken on by women who followed armies. In the early modern period, for example, prostitutes regularly accompanied troops on campaigns. Commanders allowed prostitutes to do so because they hoped these women would help to prevent soldiers from assaulting local civilian women. Ailes, “Camp followers, sutlers, and soldiers’ wives,” 80.

service) revealed an ongoing uneasiness about the relationship between women and military service, with which the Nazis would later have to manage.

Two other aspects of wartime nursing would particularly influence Nazi-era recruitment campaigns: self-confidence, and the perception of Russian soldiers. A nurses' sense of confidence and her reactions to enemy soldiers from Eastern Europe presented ambivalent messages to the next generation of nurses and their recruiters. For example, over the years of caring for soldiers in unfavorable and stressful conditions, military nurses gained more experience and self-confidence in their abilities; some even criticized or boycotted doctors whom they thought to be unsuitable to the task at hand.¹⁸⁰ In the 1930s and 1940s, Nazi and Red Cross propagandists had to present a more balanced message about nurses' abilities—one of confidence and self-reliance, but also of subservience to doctors and officers.¹⁸¹ Training and propaganda also had to deliver different messages about the enemy, particularly the Russian enemy. As early as fall 1914, Red Cross nurses found themselves working on the Eastern Front in East Prussia, where they cared for soldiers suffering from malaria and typhus, and often fell ill and died themselves.¹⁸² There, nurses also came into contact with life at the front and with Russian soldiers. But these women did not place all Russians into a flat category of

¹⁸⁰ Schulte, "The Sick Warrior's Sister," 131.

¹⁸¹ See Hans Scheller, ed. *Das Deutsche Rote Kreuz und seine Schwestern* (Berlin: German Red Cross Main Bureau, 1938). Preußische Staatsbibliothek Berlin, Kq8794/143 and Sister Gertrud Koehm (sp.), "Unsere Werner-Schule im Licht der Volksgemeinschaft. Ein Rückblick." *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*. vol. 1934, vo. 1 (Berlin: January 1934): 17. Preußische Staatsbibliothek Berlin. Kq 8457/21-1934. Publications such as these outlined the characteristics of Red Cross nurses. These women were supposed to have healthy bodies and souls, with pure German blood, and to display discipline, responsibility, selflessness, and a desire to dedicate themselves to a larger goal. Nurses were thus supposed to display idealism and make themselves ready for war. For such times, the authors required these women to have prudence, knowledge, and creative energy. At the same time, nurses were supposed to be absolutely subservient to doctors' orders. The emphasis on creativity and responsibility left room for conflict over authority during the war.

¹⁸² Schulte, "The Sick Warrior's Sister," 130.

“enemy”; instead, the nurses judged the foreign soldiers by their military ranking, perceiving officers as “polite and courteous” and infantry soldiers as “dirty and stupid.”¹⁸³ These early impressions of Russian soldiers would contrast with those from the Second World War, when race trumped military status on the Eastern Front. Nurses had to be trained to see the enemy universally as a person they should not help on any occasion, and despite higher ranks, manners, or sense of culture. But this conflict between nationalism or militarism and humanitarianism did not appear as distinctly, in terms of caring for only one nationality and neglecting another, in the First World War.

The First World War was the first time German Red Cross nurses served with the armed forces in large numbers. Although Red Cross nursing did not exist without its critiques, overall the war served to strengthen some of the original tenets of German Red Cross nursing, such as service to the nation in a distinctly feminine form, support for the armed forces, and charity. The war also provided nurses the opportunity to serve in war zones, and to thereby solidify war nursing as a task in which German women could and should participate. Just as importantly, the war, for its duration, helped to solidify the relationship between the German Red Cross, as an originally humanitarian organization, and the ideas of nationalism and militarism. Memories of the work of the German Red Cross in the First World War would later be used by the NS-regime to help garner support from Red Cross members.

The German Red Cross in Weimar Germany

¹⁸³ Riesenberger, *Das Deutsche Rote Kreuz*, 144.

In order to garner support once they came to power, the Nazis would be able to draw on a number of German Red Cross traditions, dating back from the 19th century. However, the NS-regime would also have to consider the main ideals of the voluntary aid society during the Weimar period, which in some ways signaled a break from those of its recent past. Indeed, the German Red Cross underwent a series of changes between 1918 and 1933. Much of this related to the political, military, and economic consequences of Germany's defeat. Perhaps the most drastic change that the German Red Cross underwent between 1918 and 1933 was its altered relationship to the armed forces. Up through 1918, almost all German Red Cross social and political activities were oriented toward the overarching idea of military preparedness and success. The main exceptions were hospital nursing, infant care and anti-tuberculosis campaigns, which were completed with goal of improving public health.¹⁸⁴ However, after Germany was defeated in 1918, the German Red Cross's war-related services ended. The Versailles Treaty sharply restricted the size of the German army and Article 177 of the Treaty forbade associations from directly dedicating themselves to military affairs and from having any connections with the Ministry of War or any other military authority or office.¹⁸⁵ The German Red Cross was therefore prohibited from working with the Ministry of War and from helping to prepare for medical care for a future war. Militarism and nationalism were forced into the background as motivations for the activities of the German Red Cross associations. Cut off from its long-standing international ties and military duties, the Red Cross members thus turned their attention

¹⁸⁴ Hutchinson, *Champions of Charity*, 285. Again, this was true not just in Germany but also in France. Also see Weindling, *Health, Race and German politics*, 181.

¹⁸⁵ Riesenberger, *Das Deutsche Rote Kreuz*, 173-174, 176-177, 194.

to civilian relief and public welfare tasks, and they did so to a much greater extent than any previous efforts.

This change also occurred in other nations, whose Red Cross leaders were looking for a way to continue the work of the Red Cross societies in peacetime. As the First World War ended, Henry Davison, the chairman of the war council of the American Red Cross, began advocating for cooperation among national Red Cross associations along the lines of the League of Nations, so that the associations could work together to serve humanitarian needs. On May 5, 1919 representatives of the five Allied countries created the League of Red Cross Societies, whose goals included “the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world.”¹⁸⁶ The League marked new efforts to care for civilian welfare and it emphasized the *peacetime* humanitarian work that national Red Cross societies wanted to undertake. The League continues to conduct humanitarian activity, under the title International Federation of Red Cross and Red Crescent Societies.

On October 21, 1919, the leaders of the newly formed Central Committee of the German Association of the Red Cross met in Weimar to discuss the society’s future. These men, coming from conservative circles, were hesitant about the future of their society and viewed the chaotic months and years following the war as a transition period. The Committee then decided to redirect German Red Cross attention towards public welfare. Doing so allowed the German Red Cross to maintain its strong public position. In its 1921 Constitution, which for the first time brought the various local and

¹⁸⁶ Hutchinson, *Champions of Charity*, 285, 304-319.

regional societies together into one national society,¹⁸⁷ the German Red Cross's main tasks were listed as the prevention, alleviation and control of health, economic, and moral necessity. Specific duties included aid efforts direct at relieving German and foreign emergencies, collections for Red Cross work in Germany and abroad, improving public health, fighting epidemics, educating members, participating in everyday general rescue efforts, and developing official aid for the war wounded and handicapped.¹⁸⁸ Such goals aligned with those of the League of the Red Cross, which the German Red Cross joined in 1922.¹⁸⁹

The reorientation of the German Red Cross to civilian welfare activities represented one of the main characteristics of the Weimar Republic: the immense growth of the welfare state. Historians have called the Weimar Republic the “first welfare state,” because it was characterized by state and private, voluntary efforts to combat the many social ills left in the wake of the First World War, the Revolution, and the 1923 Depression.¹⁹⁰ Efforts to educate the youth, to find employment for veterans, and to improve the lives of the poor resulted in an expansion of welfare agencies,

¹⁸⁷ Riesenberger, *Das Deutsche Rote Kreuz*, 178-179. “German Red Cross.” Red Cross EU Office, accessed May 4, 2015. <http://www.redcross.eu/en/Who-we-are/MEMBERS/German-Red-Cross/>

¹⁸⁸ Riesenberger, *Das Deutsche Rote Kreuz*, 240-244.

¹⁸⁹ Red Cross EU Office Website. <http://www.redcross.eu/en/Who-we-are/MEMBERS/German-Red-Cross/>

¹⁹⁰ There is an immense literature on welfare in the Weimar Republic. See, for example, Young-Sun Hong, *Welfare, Modernity, and the Weimar State, 1919-1933* (Princeton, N.J.: Princeton University Press, 1998) and “Gender, Citizenship and the Welfare State: Social Work and the Politics of Femininity in the Weimar Republic,” *Central European History*, vol. 30, no. 1 (1997): 1-24; David E. Crew, *Germans on Welfare: From Weimar to Hitler* (New York: Oxford University Press, 1998); Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939* (Berkeley: University of California Press, 2001); Elizabeth Harvey, *Youth and the Welfare State in Weimar Germany* (New York: Clarendon Press of Oxford University, 1993). And perhaps most notably, see Detlev Peukert, *The Weimar Republic: The Crisis of Classical Modernity*, trans. Richard Deveson (London: Allen Lane The Penguin Press; New York, NY: Viking Penguin, 1991).

which, in effect witnessed a “process of rapid rationalization” of the welfare sector.¹⁹¹ Progressives, feminists, religious organizations, and government officials each had their own differing conception on how to best solve the Republic’s social problems, particularly through the practice of social work. In order to carry out their own ideas about how to help those in need, these activists in effect tried to gain an “autonomous sphere” of action.¹⁹² Several groups had success on this front, including the German Red Cross. The 1922 National Youth Welfare Law and the 1924 National Social Welfare Law allowed “non-state, voluntary organizations a substantial degree of influence on the formulation and administration of welfare and youth welfare policy,” particularly at the local level. Moreover, regulations put forth by the Labor Ministry established seven leading welfare organizations (*Spitzenverbände*) which were to have a “semi-public role in voluntary welfare.” The German Red Cross was designated as one of these organizations.¹⁹³ The positioning of the German Red Cross among the top welfare organizations in the country signaled the society’s increased dedication to civilian causes, rather than those of the military.

Further developments signaled the German Red Cross’s turn to civilian welfare. For example, the German Red Cross arranged aid for civilians in occupied territories and for Russians suffering from hunger. The focus on public welfare became even stronger with the German Red Cross’s Ordinance of December 4, 1926. This

¹⁹¹ Hong, “Gender, Citizenship, and the Welfare State,” 4.

¹⁹² The consequence of such attempts for independence was a “corporatization of the welfare sector.” Ibid., 5-6.

¹⁹³ Ibid., 6. Hong also cites *Reichsgesetzblatt* (RGBI) 1 (1923): 494-506, esp. 505, Archiv des Deutschen Caritas Verbandes (ADCV [Freiburg], CA XX 49. The other six *Spitzenverbände* were: the *Caritasverband*, the Inner Mission, the Central Welfare Bureau for German Jewry, Workers’ Welfare, the Central Welfare Committee for Christian Workers, and the Fifth Welfare League.

declaration placed the society as the leader of all welfare organizations in Germany, with its main tasks being helping people affected by public emergencies and aiding prisoners and victims of war, refugees, and children. The society also tried to appear to the German public as less exclusive and more open to members from different classes and religions. Overall, the German Red Cross tried to demonstrate the traditional Christian theme of neighborly love to *all* in need.¹⁹⁴ In other words, the humanitarian focus of the society arguably broadened in the 1920s, as its intended aid recipients included civilians (compared to just the military) from a wider part of German society, and as the German Red Cross became more involved with the international humanitarian organization of the League of the Red Cross. At the same time, the widespread splintering of different welfare groups in Germany, based on religion, political orientation, and attitudes about gender, signaled the *general* difficulty (although not impossibility) of putting forth an idea of universal humanitarianism in the 1920s.¹⁹⁵

Moreover, wide embrace of the German Red Cross contrasted with the increasing exclusivity of the concept of the *Volksgemeinschaft* in the Weimar Republic, which entered into the discourses about constitutional politics. The concept had different meanings for parties across the political spectrum. Although the concept of the *Volk* had a longer history in Germany, in the Weimar era this concept was increasingly

¹⁹⁴ Riesenberger, *Das Deutsche Rote Kreuz*, 12, 173, 176-77, 184, 188, 190.

¹⁹⁵ Hong, "Gender, Citizenship, and the Welfare State," 7. Moreover, Hong suggests that the semi-public role of the leading welfare organizations resulted in the corporatization of the welfare sector," which then freed these organizations "from the constraints imposed by parliamentary government in a pluralistic society." The distancing and disjointedness of the welfare organizations, did not directly lead them to uniformly embrace the Nazis or eugenic ideals. Also see Hong, *Welfare, Modernity, and the Weimar State* as a response to Peukert, *The Weimar Republic*.

popularized, especially on the right, as “an extra-constitutional political unity” defined by the inclusion of certain groups and the exclusion of others, especially Jews.¹⁹⁶ Concerns about inclusion and exclusion likewise extended into the realm of social policy, especially from 1929, as welfare agents and psychiatrists increasingly considered eugenics as a way to solve social problems.¹⁹⁷ The humanitarian embrace of the German Red Cross thus operated within a larger context of ideological fragmentation in the Weimar Republic.

German Red Cross nursing also underwent a change during the Weimar Republic. After the November Revolution, nursing organizations in Germany debated about the future of the profession. Contained within nurses’ publications, conversations, and meetings was a tension between reform and reaction, between wanting to transform nursing into a profession regulated by national standards and trying to keep nurses’ identities as self-sacrificing caretakers intact. Some nurses wanted to strengthen the professional aspects of nursing, establish an eight hour work day, and create regulations for the motherhouses. Other nurses wanted to preserve the more traditional hierarchical ordering of the profession and the motherhouse structure. While some professional nurses were concerned with more gender equality in the workplace, advocates of the motherhouses emphasized gender difference and nursing as the very epitome of

¹⁹⁶ Wildt, *Hitler’s Volksgemeinschaft*, 27-28, 266. The ambivalence regarding the *Volksgemeinschaft* in the Weimar Republic “was situated in the constitution itself, for it did not merely constitute the Volk as an association of citizens that determined its Reichstag representative in free, secret and equal elections,” but “it also anchored a preconstitutional Volk in its preamble, a Volk that had previously existed and, as it says in the text, granted itself this constitution.”

¹⁹⁷ See Peukert, *The Weimar Republic*; David Crew, “‘The Pathologies of Modernity’: Detlev Peukert on Germany’s Twentieth Century,” *Social History*, vol. 17, no. 2 (May, 1992): 321-323; Burleigh, “Saving Money, Spending Lives: Psychiatry, Society, and the ‘Euthanasia’ Programme”; and a nuanced perspective offered by Hong, Hong, *Welfare, Modernity, and the Weimar State*.

femininity.¹⁹⁸ With these two approaches to the status of nursing in Germany came two related emphases on how nursing would be developed. First, there was an increased specialization in nursing training. Second, there was a large emphasis on welfare work, following along the lines of German Red Cross and Weimar government policies.¹⁹⁹

The expansion of nursing specialties and the wide field of welfare work created more opportunities for *peacetime* nursing, and nursing reformers indeed wanted to increase the number of nurses in Germany. Membership in the German Red Cross motherhouses gradually grew during the Weimar period. In 1923/24, there were 59 motherhouses with a total of 6,500 nurses. Although several motherhouses were forced to close during the economic crises of the interwar period, nursing membership continued to increase. In 1926/27 there were 57 motherhouses with 9,164 nurses, and in 1931/32 there were 57 motherhouses with 9,795 nurses. This growth can be accounted for by a few factors. Living in a motherhouse could provide more economic stability than working as a professional nurse. There was also an increase in youth participation in Red Cross activities through the society's women's associations, leading more young women to become nurses for the society. Youth activities became an increasingly important aspect of German Red Cross work; there were almost 25,000 members of the

¹⁹⁸ Nurses' concerns about professionalization and the gendered nature of their activity mirrored those of feminist female social workers like Alice Salomon. Hong, "Gender, Citizenship, and the Welfare State," 23; and Christine Labonte-Roset, "'Enter Modern Woman.' Germany: The Social Professions and Emancipation," *European Journal of Social Work*, vol. 12, no. 2 (June, 2009): 269-272, esp. 270-271. Concerns about professionalization and the notion of the inherent femininity of nursing also arose in France in the postwar period. See Katrin Schultheiss, *Bodies and Souls: Politics and the Professionalization of Nursing in France, 1880-1922* (Cambridge, Mass.: Harvard University Press, 2001).

¹⁹⁹ Riesenberger, *Das Deutsche Rote Kreuz*, 213, 216, 218, 226; Steppe, "Krankenpflege bis 1933," 41-42. Also see Footnote 93.

Jugendrotkreuz at the beginning of the 1930s.²⁰⁰ This is also important to keep in mind when considering how the society was able to recruit volunteers during the Second World War, for then there were many young people already connected to and trained by the German Red Cross.

In contrast to the position of Red Cross nursing, broadly speaking, in Weimar Germany, the position of war nurses was more complicated and it reflected wartime and postwar concerns about gender and how to deal with the memory of the First World War. Before the war ended, some commentators believed that the nurses and their service could have a more long-term effect beyond the immediate care of soldiers. Nurses were believed to be “stabilizing” influences in the postwar society.²⁰¹ The belief that a very feminine, “traditional” kind of woman could bring a society back to a sense of normalcy was not unique to Germany, especially after 1918. In France, debates about women and family laws and the role of the nurse in society also reflected a desire to return to a more familiar world, to traditional gender roles, and to a conservative social and political order.²⁰² In addition to its function as a kind of “social healer,” nursing appeared, after 1918, as one significant female wartime occupation to be able to escape widespread postwar public attacks, although the image of the trench fighter tended to overshadow the wartime actions of nurses in postwar discourses.²⁰³

Despite wartime expectations about nursing in the postwar world, nurses’ personal recollections do not report a welcome reception after the defeat. They felt

²⁰⁰ Riesenberger, *Das Deutsche Rote Kreuz*, 204-207, 221.

²⁰¹ Schönberger, “Motherly Heroines,” 100.

²⁰² See Mary Louise Roberts, *Civilization without Sexes: Reconstructing Gender in Postwar France, 1917-1927* (Chicago: University of Chicago Press, 1994) and Schultheiss, *Bodies and Souls*.

²⁰³ Schönberger, “Motherly Heroines,” 102

humiliated and scorned by the public; they felt no sympathy or sense of commonality with the revolutionists and mutinous sailors.²⁰⁴ In addition, in the *immediate* postwar context, the influx of newly unemployed nurses into the market made it difficult to find work.²⁰⁵ Moreover, in the 1920s, the experiences and images of wartime nursing faded into the background of public discourse, giving way to competing memories and images of soldiers.²⁰⁶ For example, Republican veterans and Jewish veterans articulated their specific memories of the war, which contrasted to the competing right wing “stab in the back” memory.²⁰⁷ Other publications focused on the image of the heroic trench fighter and the experiences of comradeship on the battlefield. Between 1928 and 1930, there was a so-called “boom” in war books, plays, paintings, and films.²⁰⁸ After 1930, material about the First World War continued to appear relatively steadily. Although some material about the war had been previously published in the late 1920s, Erich Maria Remarque’s *All Quiet on the Western Front*, published in January 1929, served as the spark for the boom in war literature and art. Up to this point, the public and the media, in Germany and elsewhere, shied away from these kind of publications about the war. After 1918, people were exhausted; they did not want to be reminded of the war nor did they want to be pressed over how to make meaning of it.²⁰⁹ But by 1929,

²⁰⁴ Schulte, “The Sick Warrior’s Sister,” 134-135.

²⁰⁵ Steppe, “Krankenpflege bis 1933,” 39-41.

²⁰⁶ For a good overview and long-term perspective of the memory of the First World War, particularly of soldiers, see Jay Winter, *Remembering War: The Great War between Memory and History in the Twentieth Century* (New Haven and London: Yale University Press, 2006).

²⁰⁷ See, for example, Benjamin Ziemann, *Contested Commemorations: Republican War Veterans and Weimar Political Culture* (Cambridge, UK; New York: Cambridge University Press, 2013), and Tim Grady, *The German-Jewish Soldiers of the First World War in History and Memory* (Liverpool: Liverpool University Press, 2011).

²⁰⁸ See Modris Eksteins, “All Quiet on the Western Front and the Fate of a War,” *Journal of Contemporary History*, vol. 15, no. 2 (Apr., 1980), 345.

²⁰⁹ *Ibid.*, 346-348.

something had changed in Europe and in the United States. With ten years distance from the war, and by 1929, facing economic difficulties, veterans and youth, who did not know much about the war, had an interest turned to war novels and other publications in order to try to make sense of the meaning of the First World War and to help explain the social political, and economic situations of the end of the 1920s. However, such war novels manifested an interest in the singularly *male* experience in the war, as the soldier in the trenches; the presence of women in the novels, even war nurses, is notably absent.

While the memories of wartime nursing faded into the background of public discussions in Weimar Germany, German Red Cross members, including nurses, continued to focus on improving public health and welfare through the 1920s and into the early 1930s. This shift away from military service is important when considering continuities and breakages in the history of the German Red Cross, for it did represent a break in the longer tradition of the German Red Cross' dedication to the German armed forces. The expansion of Red Cross nursing further into the realm of public welfare also constituted a distancing from military aid, although, as mentioned above, Red Cross public welfare work existed before 1918. Moreover, while the German public had an increasing interest in war novels by the end of the 1920s, discussions of Red Cross nurses' wartime experiences remained absent. At the same time, the growing interest in the professionalization of nurses in the Weimar period represented a continuation of earlier trends, which had been broken during the First World War. However, the debates about professionalization also contributed to a sense of fragmentation among nurses, who could not come to a consensus on how to best move their vocation forward. The

Weimar Republic thus witnessed not just large scale changes in German economics, politics, and social relations, but also within the German Red Cross and its nursing associations. Moreover, the German Red Cross's membership in the League of the Red Cross Societies represented its commitment to international cooperation and to humanitarian causes outside of the realm of military aid.

The German Red Cross in the Third Reich: Institutional Changes

The Third Reich constituted another abrupt period of change for German society, and in this respect, the German Red Cross was no exception. The voluntary aid society's dedication to the military and nationalism was revived and then altered by Nazi racial theories. Civilian humanitarian and welfare work likewise became increasingly circumscribed. Such changes naturally affected Red Cross nurses. Nazi ideas and laws redirected nursing professionalization efforts and the relationship between the nursing motherhouses and the national leadership of German Red Cross. None this could have occurred, however, without important alterations of the German Red Cross hierarchy of power. An examination of how the Nazis changed the German Red Cross national society and the nursing sisterhoods can thus shed light on the nature of the Nazi state and the how the Nazis "co-ordinated" preexisting institutions and organizations so that they would support the goals of the regime.²¹⁰

²¹⁰ For an overview of the nature of the Nazi state and the process of co-ordination, see for example Martin Broszat, *The Hitler State: The Foundation and Development of the Internal Structure of the Third Reich*, trans. John W. Hiden (London and New York: Longman, 1981).

After Hitler came to power in 1933, it did not take long for the Nazi Party to look to the German Red Cross and to try to reshape the society for the Party's own uses. The National Socialists aimed to create a *Volksgemeinschaft* that was "an ideologically homogeneous, socially conformist, performance-oriented and hierarchically structured society" based on the inclusion of the "Aryan" German Volk and the exclusion of "so-called 'asocials,' the supposedly genetically inferior, and most of all the Jews."²¹¹ The Party looked to the German Red Cross for help in accomplishing this goal. After the decree "On the Protection of People and State" (*"Zum Schutz von Volk und Staat"*), from February 28, 1933, the Board of the German Red Cross decided during its March 2 meeting that all organizations of the Red Cross would cooperate to provide support for the official medical service and in cases of public emergencies and civil disturbances.²¹² This was a first step in moving the German Red Cross back to working with the government and the armed forces. Such sympathies for the Nazi Party echoed the attitude of other conservative and nationalist organizations, which had supported Hitler in his efforts to come to power.²¹³ In addition, the President of the society took on authority over state and district Red Cross associations, so that an authoritarian power structure was set up within the society. Shortly after, local Nazi Party members, SA and SS commanders forcibly removed "unreliable" persons from German Red Cross associations. In April 1933, Reich President and Field Marshal Paul von Hindenburg took over the presidency of the German Red Cross, effectively becoming the patron

²¹¹ Peukert, *Inside Nazi Germany*, 247-248; and Wildt, *Hitler's Volksgemeinschaft*, 3, 36-38.

²¹² Riesenberger, *Das Deutsche Rote Kreuz*, 267.

²¹³ Broszat, *The Hitler state*, 1-34, 346.

(*Schirmherr*) of the German Red Cross.²¹⁴ He stressed to the German Red Cross that it should let go of people who no longer “fit in.”²¹⁵ His presence within the society also symbolically reinvigorated its spirit of militarism. The Nazi takeover of the leadership positions of the German Red Cross occurred within the larger context of the Party’s extension over German organizations and companies throughout Germany, which occurred in 1933 and 1934, and mirrored the process by which co-ordination occurred because of efforts coming from the Party and from locally-made decisions.²¹⁶

In May 1933, the German Red Cross moved closer towards the NS-regime. Nazi Party member Surgeon-General a.D. & SA-*Sanitätsobergruppenführer* Dr. Paul Hocheisen became the Representative of the Minister of the Interior in the Department of Voluntary Nursing (*Beauftragten des Reichsministers des Innern bei der Dienststelle des Kommissars der Freiwilligen Krankenpflege*). From November 1933, he also served as the General Inspector of the *Sanitätswesen* of the SA and SS. On December 2, 1933 he was then appointed to be Deputy President of the German Red Cross. In addition, in January 1934 Hindenburg appointed Hocheisen as first Deputy Reich Commissioner for Voluntary Nursing. Hocheisen was therefore in a position to greatly influence the formation of new German Red Cross statutes so that they were in line with Nazi goals.²¹⁷ Rudolf Hess had suggested making Hocheisen the Supervisor of the Commissioner of Voluntary Nursing, for Hess aimed to assure for the competency and

²¹⁴ Riesenberger, *Das Deutsche Rote Kreuz*, 267-268.

²¹⁵ *Ibid.*, 269-270.

²¹⁶ Broszat, *The Hitler State*, 57-84, 133-134. In the spring and summer 1933, the Nazi Party, with the auxiliary police powers of the SA and the SS, forcibly occupied public and private buildings and businesses and required the removal or “detention” of “unreliable” or Jewish officials. The Party’s co-ordination of cultural and social institutions, like that of the German Red Cross, occurred because of pressure from above, from below, and from the efforts of regional Nazi Party organizations.

²¹⁷ Wicke, *SS und DRK*, 20, 29.

ideological conformity desired for Red Cross military nursing services. The Commissioner of Voluntary Nursing was in charge of arranging for Red Cross nursing services in the armed forces in case of war, and Hocheisen's appointment provided reassurance to the regime that the Red Cross volunteers would be ideologically committed to a future war and the soldiers who served it. Moreover, new bylaws of the German Red Cross made the voluntary aid society more dependent on the state for the carrying out of its activities, especially in the case of official and military medical services.²¹⁸ Red Cross publications from the following year presented praise by Hocheisen and Hess of early Red Cross cooperation with the Party.²¹⁹ Each of these developments represented how the NS-regime increasingly gained control over the German Red Cross, similar to the processes by which the Nazis "co-ordinated other German organizations."²²⁰

There were also outside signs of Nazi influence: swastikas imprinted on the Red Cross, the use of the Hitler greeting, and the placing of party symbols on uniforms. Such actions were important. As Peter Fritzsche argues, the use of the Hitler greeting "enabled citizens to try on new political and racial identities, to demonstrate support for the 'national revolution, and to exclude Jews from daily social interactions.'" Moreover, because it was such a simple gesture, and used in the public and inside the home, people could use it either to show their support of the regime or to "disguise their own

²¹⁸ Riesenberger, *Das Deutsche Rote Kreuz*, 271, 273, 276.

²¹⁹ See Paul Hocheisen, "Ein Jahr Deutsches Rotes Kreuz" in *Blätter des Deutschen Roten Kreuzes*, vol. 13, no. 12 (December, 1934), 563, and Rudolf Hess, "Das Deutsche Rote Kreuz im nationalsozialistischen Staat," in the same collection, vol. 13, no. 8 (August, 1934), 387. Preußische Staatsbibliothek Berlin Kq 8452/33.

²²⁰ Broszat, *The Hitler State*, 133-182.

misgivings.”²²¹ And here, it is also unclear whether Red Cross members adopted such practices out of genuine or hesitant support. However, new statutes clearly abandoned the neutrality of the Red Cross. As of June 1 1933, members had to have proof of an Aryan background; Jews were therefore excluded from Red Cross ambulance formations, nursing organizations, and educational courses. These restrictions also applied to the Ambulance Columns and the nursing sisterhoods. In time, members would have to swear an oath of loyalty to Hitler.²²² By excluding and removing “politically unreliable” members, the German Red Cross demonstrated its cooperation with the Nazi state, at least at the institutional level.

There was some local opposition to these policies, especially regarding incursions into the independence of Red Cross women’s associations and the exclusion of Jewish members.²²³ But at the level of policy and leadership, the society grew closer and closer to the NS-regime. For example, in November 1933 when Carl Eduard von Saxon-Coburg und Gotha was appointed to be the new president of the society. He was an avowed Nazi, a member of the Freikorps, SA, and then the SS. In addition, new German Red Cross statutes were created on November 29 1933, which reemphasized the role of the society in war preparation and war-time medical support. The statutes also fixed on making the society structured along authoritarian lines, in the same sense

²²¹ Fritzsche, *Life and Death in the Third Reich*, 22-23. However, for Jews, the distinction between those who were “real” or “apparent” Nazis did not really matter because Jews were not able to even make such symbolic gestures.

²²² Wicke, *SS und DRK*, 21; Riesenberger, *Das Deutsche Rote Kreuz*, 273, 278, 280.

²²³ See Morgenbrod and Merkenich, *Das Deutsche Rote Kreuz unter der NS-Diktatur*, 65-78; Riesenberger, *Das Deutsche Rote Kreuz*, 273, 278, 280. Also see Poguntke, *Gleichgeschaltet*; “Alexandrine von Üxküll-Gyllenband (1873-1986) Oberin der Rittberg-Schwesternschaft. Aus Liebe zur Krankenpflege.” *Hedwig. Newsletter der DRK-Schwesternschaft Berlin e.V.* Ausgabe II/2010, 10-11; and Schäfer-Frischmann and Wolter, *Leben nützlich für andere*, 39. Small pockets of resistance did not ever amount to a significant resistance to the Nazi state.

as the *Führer (& Leistung)* principle. Integration into the regime continued into the next year. On March 14, 1934, Dr. Gerhard Wagner became the managing president of the German Red Cross, a position he maintained until his death in 1945. Wagner's presence at the top level of German Red Cross active leadership (Sachsen-Coburg und Gotha had more of an honorary role) contributed much to the furthering of Nazi influence over the German Red Cross.²²⁴

However, the Minister of the Interior, to which the German Red Cross was subject to since 1921, assured the society of its survival, including its formal independence, in the new regime. But in return for such reassurance, the German Red Cross had to open up to the Nazis the possibility to influence the internal organization and management of the society. The influence of the Ministry of the Interior grew stronger when Hocheisen's position as German Red Cross Deputy President was replaced by *Reichsarzt SS & SS-Oberführer* Dr. Grawitz on January 1, 1937.²²⁵ Nazi influence more directly continued to infiltrate the top levels of the society. After Hindenburg died in August 1934, Hitler became the lead patron, or *Schirmherr*, of the society. All other high-ranking officials also became members of the NSDAP or were replaced by people who were. The German Red Cross headquarters in Berlin gained control over the finances of branches and regional associations, and it took over the power to create new Red Cross associations. But at the end of 1934, the society as a whole was not yet completely coordinated, leaving the German Red Cross with some independence over what happened within local associations and nursing

²²⁴ Riesenberger, *Das Deutsche Rote Kreuz*, 282-285, 290; Wicke, *SS und DRK*, 22, 29.

²²⁵ Riesenberger, 279; Wicke, *SS und DRK*, 31, 34.

motherhouses.²²⁶ The disjointed nature of the Nazi state's control over the German Red Cross reflected the more general process of co-ordination through 1934, which was uneven and characterized by multiple efforts to exert control, coming from different directions.²²⁷

Between 1933 and 1939, the position of the German Red Cross within the Third Reich took on increasing importance—it was in this period when the society became the main health care body of the German army and the German nation. Granted, the German Red Cross had prided itself for these duties before the Nazis came to power. Militarism and public welfare tendencies were already present in the German Red Cross before 1933. However, during the interwar period, militarism had faded as a Red Cross ideal, and it was largely replaced by the focus on humanitarianism and public welfare. With the new German Red Cross statutes, the Nazis resurrected the older Red Cross tradition of militarism, and the Party altered the more recent welfare traditions to mirror Nazi ideology. For example, the Nazis highlighted and praised the work of nurses and any activities that could be done to improve the health of the 'Aryan' German people.²²⁸ Such praise allowed nurses and mother superiors to easily shift their allegiance to the new state, at least at the surface level. In effect, the Nazis gave the society more public

²²⁶ Seithe and Frauke Hagemann, *Das Deutsche Rote Kreuz*, 196; Riesenberger, *Das Deutsche Rote Kreuz*, 277.

²²⁷ Broszat argues that "The alteration of existing governmental and constitutional conditions and the coordination of individual economic, professional or cultural institutions which was carried out partly from above, partly by being forced through from below and by various regional organizations of the Party under the state of emergency, often took the form of a wild 'proliferation' of National Socialist power. Many different stop-gaps and personal unions of the Party, state, and autonomous authorities, with unclear boundaries and relations of conflicting discipline and loyalty, arose alongside the power which the Party had more or less usurped together with control over the state executive." *The Hitler State*, 134.

²²⁸ Riesenberger, *Das Deutsche Rote Kreuz*, 293. Also see Hilde Steppe, "Nursing in the Third Reich," 21-37, and Steppe, "Krankenpflege ab 1933," in *Krankenpflege im Nationalsozialismus*, ed. Hilde Steppe, 61-84.

prominence and more military-related responsibilities, which harkened back to memories of the society's activities during the First World War. In addition, they gave Red Cross nurses more public recognition than they ever received before, at least during peacetime.

The Nazi Party also tried to build on other trends previously found within the German Red Cross, especially trends relating to public health and welfare. For example, even in the 19th century, German Red Cross female volunteers took an interest in public health, and they worked especially in infant and tuberculosis clinics and organizations. The German Red Cross and the public imbued these volunteers with having a “special national responsibility to set higher standards in domestic hygiene.”²²⁹ The Nazi Party could thus build on a pre-existing tradition of women's Red Cross activity centered on civilian welfare. Moreover, during the First World War, doctors in Germany became increasingly interested in public health, particularly of soldiers' families. Some doctors found links with eugenicists and the state, all of which “shared a distinctive organicist ideology which showed how social hygiene, eugenics, and nationalism had become intertwined.”²³⁰ And by the end of the war, eugenicists began to shift to explicitly racist ideas. Moreover, historian Paul Weindling argues that by 1932, most doctors and scientists in Germany viewed genetic theories of disease as a non-contentious issue.²³¹ Thus, the historical civilian work of female Red Cross volunteers, and the wider medical circles within which Red Cross nurses and doctors operated both had

²²⁹ Weindling, *Health, Race, and German Politics*, 181.

²³⁰ *Ibid.*, 281-287.

²³¹ *Ibid.*, 441-482.

familiarity with the goals of public health and eugenic ideas already resided in medical thought before the Nazis came to power.

After 1933, the Party tried to foster and increase this interest in public health and to raise support for an explicitly racialized eugenics by requiring Red Cross doctors, nurses and association chairmen to participate in racial-political courses. Such courses instilled new racist-based ideas, with an emphasis on the German “*Volk*,” while giving more strength to eugenic and racial health and hygiene theories that had already been circulating in the Red Cross medical and welfare world. The Werner School, a leading Red Cross nursing school in Berlin, offered many such courses to nurses and, more importantly, to nursing teachers and matrons. After 1933, the school fell under close supervision by the Party. The Nazis and the German Red Cross repeatedly highlighted the Werner School in Berlin in publications and speeches as the central ideological training location for training nurses and mother superiors of the German Red Cross.²³² The period between 1933 and 1939 was therefore one of increased ideological indoctrination, and the Nazis built upon and altered pre-existing trends and tendencies of Red Cross members.

In these years, German Red Cross itself sought to extend its influence over German society. Local and regional Red Cross women’s associations focused on educating new members and the general public. They especially wanted to train volunteers and female community welfare and nursing assistants, the numbers of which

²³² Riesenberger, *Das Deutsche Rote Kreuz*, 295-296 and Felix Grüneisen, *Das Deutsche Rote Kreuz in Vergangenheit und Gegenwart*. In collaboration with Dr.med. F.W.Brekenfeld, DRK-Generalführer, Oberarzt a.D. Forward by SS-Brigadeführer Dr.med. E.R. Grawitz, Geschäftsführender Präsident des Deutschen Roten Kreuz (Potsdam-Babelsberg: Deutsches Rotes Kreuz Präsidium, 1939), 175. Preußische Staatsbibliothek Berlin Kq 8794/150. Chapter 2 will go into detail about the public image and training of Red Cross nurses in the Third Reich.

grew dramatically due to intense propaganda campaigns and increased numbers of courses offered. For example, in 1933/34 there were 26,315 Red Cross volunteers and 1,733 female assistants, who completed different tasks. By 1935/36 there were 73,791 volunteers and 7,507 female assistants. From October 1935, the German Red Cross also began working more closely with the German youth, as there were official forms of cooperation with the League of German Girls. Moreover, in order for girls aged 18 to 21 to become members of the German Red Cross, they were required to have prior membership in the League.²³³

Despite its growing importance in the Nazi state, between 1933 and 1939 the German Red Cross found itself in competition for control over public health, welfare, and community nursing activities. On May 17th 1934, Erich Hilgenfeldt, the head of the National Socialist People's Welfare Association (*NS-Volkswohlfahrt* or NSV) created the National Socialist Sisterhood with the hopes of creating an "elite" group of nurses who would work towards National Socialist ideological goals. Hilgenfeldt envisioned creating a "community of nurses" which would replace the fragmentation which characterized the German nursing profession from the late nineteenth century and up into the Third Reich. Because of the fragmentation of the nursing profession and other factors related to wartime service, training, and a basic lack in numbers, Hilgenfeldt's success in creating a true National Socialist nursing community was limited.²³⁴

Hilgenfeldt tried to draw nurses away from the German Red Cross and the other nursing organizations to the NS-Sisterhood, but he had limited success in doing so. The German Red Cross perceived that the NSV and its "Brown Sisters" threatened the society's

²³³ Riesenberger, *Das Deutsche Rote Kreuz*, 299, 301.

²³⁴ Schweikardt, "The National Socialist Sisterhood," 103-104.

provision of communal welfare activities. But in 1938, the German Red Cross had to formally hand over its community nursing posts to the NSV.²³⁵ This change in function—accompanied by the new German Red Cross laws of December 1937—drew the German Red Cross and its nurses more towards explicit war preparation.²³⁶ Essentially, the NSV took over the responsibility for civilian nursing in community welfare clinics (though not necessarily in hospitals); deprived of this role in civilian nursing, Red Cross nurses began to train explicitly for how to care for the armed forces in the event of war. Such changes in the responsibility of nurses in Germany reflected the increasing militarization of German Red Cross work. In addition, the atmosphere of competition between the German Red Cross and the NSV represents the more general climate of competing interests in the Nazi state (i.e. its polycratic nature), whereby different organizations and groups aimed for control over specific arenas.²³⁷

This trend of bringing the German Red Cross closer to its work with the military appeared not just in laws—it also appeared in Red Cross publications. In 1937, the same year as the new Red Cross statutes, there was a large emphasis on how the society had helped the German army in the First World War and its immediate aftermath, reminding

²³⁵ BA-MA RH 12-23, 1041—“Betrifft: Vereinbarung zwischen dem Hauptamt für Volkswohlfahrt und dem Deutschen Roten Kreuz. (18.12.37)” *Das Deutsche Rote Kreuz Verordnungsblatt* (Berlin, January 1938) Nr.4. Issued by Deutsches Rotes Kreuz Präsidium. Also see Schweikardt, “The National Socialist Siserhood,” 105; and Steppe and Klich, “Zeittafel Krankenpflege 1933-1945,” 21.

²³⁶ BA-MA RH 12-23, 1041 –“Betr.: Satzung des Deutschen Roten Kreuzes vom 24. Dezember 1937,” *Das Deutsche Rote Kreuz Verdordnungsblatt* (Berlin, January 1938) No.3. Also see Seithe and Hagemann, *Das Deutsche Rote Kreuz*, 189-191.

²³⁷ More specifically, the Third Reich became characterized by similar a “polyocracy of state departments with the heterogeneity of the Party auxiliary organizations, and from this there developed all forms of amalgamation, coexistence and conflict between Party and state offices and responsibilities.” Broszat, *The Hitler State*, 194, 347-348. The conflict between the NSV and the German Red Cross demonstrated that such competing interests could have the effect of providing a site of resistance to Nazi control (in the case of who would control communal nursing stations), but that, at the same time, such conflicts might also lead to the radicalization in other realms (in the case of increased German Red Cross orientation to the armed forces.)

readers of the past voluntary services Red Cross men and women offered to the nation. Some memories of Red Cross work in the First World War existed previously, such as Helene Mierisch's memoir *Kamerad Schwester 1914-1918*, which described her work in the field hospitals as a nurse.²³⁸ However, specifically Red Cross publications began to call forth the memory of the First World War with much strength as the society underwent legal changes. For example, in 1937, the editors of the journal *Rescue and Relief: Journal of the German Red Cross for the Work of the Men's Clubs and the Ambulance Columns* ran a monthly series titled "As a Stretcher-Bearer in the Front Line: War Experiences of a Stretcher-Bearer of a Medical Company."²³⁹ Each article featured the wide range of work a German Red Cross stretcher-bearer would undertake while working for the army medical service, focusing on the transport of the wounded from the field to different treatment stations. The author emphasizes that stretcher-bearers sometimes had to carry wounded soldiers two to three kilometers across heavily-shelled zones to safety and that most of the stretcher-bearers who died from his company fell along this trek. Their lives were also threatened by heavy bombings, illness, and the cold. The articles convey the idea that stretcher-bearers and medical workers, all members of either the Army Medical Corps or the Voluntary War Nursing departments, risked their lives daily in order to save soldiers and further the war effort. Even though they are not depicted as fighting the war with guns and bombs, they are

²³⁸ See Helene Mierisch, *Kamerad Schwester 1914-1918* (Leipzig: Koehler&Amelung, 1934). The way this and other memoirs impacted the profession of nursing in the Third Reich is discussed in detail in Chapter 2.

²³⁹ Walter Petrusch, "Als Krankenträger in vorderster Front. Kriegserlebnisse als Krankenträger einer Sanitätskompanie," *Deutsches Rotes Kreuz. Rettung und Hilfe. Zeitschrift des Deutschen Roten Kreuzes für die Arbeit der Männervereine und Sanitätskolonnen*. vol. 6, no.3 (Berlin, 1 February 1937): 51. Preußische Staatsbibliothek Berlin, Kq 8457/67.

still conveyed as being absolutely essential to the war effort and as having made the same sacrifices as soldiers.

This series of articles about the activities of the German Red Cross in the First World War, which spanned almost an entire year, emphasized to readers (primarily members of the German Red Cross in its various branches and clubs) the dedication of the society to the German military. The articles also implicitly reminded contemporary members what their duties would be in the coming war. In addition, *Rescue and Relief* reprinted excerpts from a recent book of recollections from World War One, *What We Experienced in the Red Cross*, reiterating the same themes to its readers in its description of life on a hospital train.²⁴⁰ Although the articles and excerpts featured the activity of German Red Cross men, they helped resurrect a memory of German Red Cross contributions to the military, and thus contributed to a more general re-militarization of the voluntary aid society.

Along with keeping the memory of past service in the war alive, German Red Cross publications also conveyed the idea that even though the armistice ended the war in November 1918, the battle against Germany's enemies was not over. In particular, the German Red Cross prided itself on its work during the Ruhr conflict.²⁴¹ In the 1930s, this activity was highlighted in the society's publications. In "The Red Cross and the Ruhr Struggle," Police Colonel i.K. Kleinow retells of the occupation of the Ruhr

²⁴⁰ *Was wir im Roten Kreuz erlebten* (Im Taschenbuch-Preisausschreiben 1937 anerkannte Kurzberichte) Featuring Karl Loch-Friedrichshal (Saar), "Fliegerangriff auf Vereins-Lazarettzug U2." *Deutsches Rotes Kreuz. Rettung und Hilfe. Zeitschrift des Deutschen Roten Kreuzes für die Arbeit der Männervereine und Sanitätskolonnen*, vol. 6, no. 3 (Berlin, 1 June 1937): 200.

²⁴¹ Riesenberger, *Das Deutsche Rote Kreuz*, 184.

territories by French and Belgian troops from 1923 to 1925.²⁴² The occupation resulted from an effort on the part of the French and Belgians to secure reparation payments from Germany, especially in the form of coke and coal. The Germans in the Ruhr reacted with a campaign of “passive resistance.” They tried to prevent the “extraction of reparations and to defy French efforts to assert a *de facto* sovereignty on the Rhine and Ruhr.”²⁴³ This passive resistance led to increased oppression from the French, and German workers, civil servants, women, and children all experienced much suffering and deprivation during the occupation.²⁴⁴ In Kleinow’s recollection of the occupation, he emphasized how the war was not in fact over and that the occupation was intimately connected to the fight against the threat of Bolshevism. The Germans are portrayed as victims of the French occupiers and threatened by local Bolsheviks and their associated spies.²⁴⁵ The German Red Cross is depicted as playing a key role in the struggle against foreign occupation and Communist influence. Red Cross men risked their lives while trying to save the wounded during the 1923 street riots in Dortmund. The German Red Cross also provided service to captured and injured political prisoners, military prisoners, German civilians. More specifically, the aid society oversaw the distribution of food rations, tobacco, linens, and medical care. In addition, the German Red Cross worked with the French occupying administration and other national Red Cross associations to keep track of German prisoners. The article closes with a description of

²⁴² Polizeioberst i.K. Kleinow, “Das Rote Kreuz im Ruhrkampf,” *Deutsches Rotes Kreuz. Rettung und Hilfe. Zeitschrift des Deutschen Roten Kreuzes für die Arbeit der Männervereine und Sanitätskolonnen*, vol. 6, no. 5 (Berlin, 1 March 1937). Preußische Staatsbibliothek Berlin Kq 8457/67.

²⁴³ See Conan Fischer, *The Ruhr Crisis, 1923-24* (Oxford: Oxford University Press, 2003), 1.

²⁴⁴ Fischer, *The Ruhr Crisis*, 1, 108-208, 291-292.

²⁴⁵ *Ibid.*, 36. Notably, before the occupation began, propaganda in Germany portrayed the country as the “historic victim,” and artwork made after the invasion depicted a starving, impoverished population, victimized by French looting and rape.

the German Red Cross clearly connecting its service in war, no matter what kind of war the nation was faced with: “The global service of the Red Cross was born on the battlefield. At that time, the Ruhr became a battlefield; all the people stood in this battle zone.”²⁴⁶ According to the author, the Red Cross men and women would selflessly serve the German people on the way to freedom, and had continued to do so throughout its history.

The article’s description of the Red Cross work in the Ruhr thus depicts the society’s members as people who dedicate their lives to a victimized German nation. The perceived threat of the “Bolsheviks” suggests that this is very much a right-wing recollection of the occupation. Indeed, the Nazis made much of the Ruhr crisis to bolster support for their Party. In particular, with the so-called “Schlageter myth” they celebrated the memory of nationalist saboteur Leo Schlageter, who helped to dynamite a railway bridge across the Rhine, a crime for which the French occupying authorities subsequently convicted and executed him.²⁴⁷ Despite the fact that the Nazis and right-wing saboteurs did very little in terms of active resistance, the Nazis took the actions of Schlageter and men like him and fashioned them into a national myth of active resistance. However, this myth, however, ignored widespread passive resistance and the support it received from the republican Weimar government.²⁴⁸ Although not specifically about Schlageter and active violent resistance, the commemoration of Red

²⁴⁶ “Der weltumspannende Dienst des Roten Kreuzes ist auf dem Schlachtfeld geboren. Damals bildete das Ruhrgebiet ein Kampffeld; das ganze Volk stand in diesem Kampfgebiet. Die Männer und Frauen des Roten Kreuzes haben als treue Diener ihrer Idee in opfervoller Arbeit diesem Volke gedient auf seinem Wege zur Freiheit in ernster Zeit.” Kleinow, “Das Rote Kreuz im Ruhrkampf,” 90.

²⁴⁷ Fischer, *The Ruhr Crisis*, 2.

²⁴⁸ *Ibid.*, 2. The International Communist movement also looked to Schlageter as a “martyr in the German struggle against western capitalism.”

Cross activity in the Ruhr contributed to (and reflected) a Nazi interpretation of the past, and it portrayed the German Red Cross as an active, nationalist force.

When the Nazis came to power, they thus tried to incorporate the German Red Cross into the Party's ideology and to bring it under Party control. Nazis took over top leadership positions in the society. Legal changes redirected Red Cross and nursing work away from strictly civilian welfare and back to the military. At the same time, the Party tried to build onto pre-existing Red Cross traditions of caring for public health in order to secure support from the society's members. But "public health" took on a new guise after 1933, as Nazi racial theories drastically altered pre-existing welfare and eugenicist approaches.²⁴⁹ German Red Cross publications, printed in Berlin and Potsdam, and under the supervision of the Nazi-dominated German Red Cross leadership, utilized memories of past Red Cross activities in order to convey the idea that Germany had been a victim and that the German Red Cross had a vital place in helping to preserve the life of the German nation.

German Red Cross Nurses and the Nazi State

While the Nazi Party cast its eyes on the German Red Cross, the Party made particular efforts to gain control over and to mobilize support of German Red Cross nurses. This was not a simple or easy task. German Red Cross nurses made up a fraction of all nurses in Germany in 1933, and the fragmentation of the nursing profession made it difficult to gain control over Red Cross nurses, or any other nursing organization. The

²⁴⁹ Weindling, *Health, Race, and German Politics*, 489-552.

Party thus forced through new statutes, leaders, and requirements to bring Red Cross nurses closer to NS-regime. An examination of Nazi attempts mobilize the support of nurses at the institutional and leadership level can therefore contribute to our understanding of the position of women in the Third Reich because it can demonstrate how women, as nurses, were targeted by the Nazi Party and how women's organizations were incorporated into the regime through a complicated process of fits and starts.

When first trying to control German Red Cross nurses, one of the first things the Nazi Party encountered was that German Red Cross nurses held no monopoly on nursing in Germany. As of January 1933, the nation had five major nursing organizations: the Protestant nursing orders (*Diakonissen*), the Catholic sisterhoods (*Caritas*), the Federation of Professional Nurses (*Berufsverband*), the National Socialist sisterhood (also known as the Brown Sisters or *Braune-Schwester*²⁵⁰), and the German Red Cross. There was also a socialist nursing sisterhood and a Jewish nursing sisterhood; both were shut down in 1933. From 1933 until the war ended, the Nazis tried to reorganize and incorporate all German nurses into the Party. But they were never able to fully do so, especially when it came to the religious sisterhoods.

Scholars such as Christoph Schweikardt speculate that the fragmentation of the nursing profession provides a possible reason why some nurses could have been more or less resistant to falling under control of the Party. The variety of nursing organizations and their varying approaches and backgrounds made it more difficult to

²⁵⁰ The first "Brown Sisters" appeared in the early 1920s as followers of the Nazi Party. In 1934, they were reorganized under more strict Party guidelines by Erich Hilgenfeldt. Breiding, *Die Braune Schwester*, 1-9, 220-316.

completely unify nurses in belief and action. But along with this fragmentation—or perhaps because of it—there was much overlap among nurses from the different sisterhoods. Nurses with different ideological backgrounds—from the NS-Sisterhood, the German Red Cross, and religious orders—interacted on a regular basis. One main reason for this was the demand for training, which often was only available from the more established nursing associations, and the overall shortage of nurses in Germany, requiring nurses from outside the Party to train and work with those who believed strongly in Nazi ideology. This interaction could facilitate challenges to one’s loyalty to a particular nursing group or creed—it could also mitigate the influence of the Party.²⁵¹ For example, if a woman training to be a National Socialist nurse received her education through a Red Cross or religious nursing school, that school’s unique ideological or religious outlook could perhaps detract from that student’s initial exposure to Nazi ideology.

In addition to the fragmentation of the nursing profession, a second issue the Nazi Party would have encountered when trying to incorporate Red Crosses into the NS-regime was that Red Cross nursing associations operated relatively independently of each other and of the national leadership of the society. The Party and the leaders of the German Red Cross thus took measures to change this arrangement. The Red Cross statutes of November 29, 1933 dissolved the Association of German Red Cross Motherhouses and reorganized the motherhouses into the Sisterhoods of the German Red Cross Association. At the same time, NSDAP member Dr. Otto Stahl was put in

²⁵¹ Schweikardt, “The National Socialist Sisterhood,” 106.

charge of nursing matters.²⁵² In 1934, the German Red Cross women's organizations, though not the German Red Cross as a whole, were incorporated into the National Socialist Women's Organization (*NS-Frauenschaft* or NSF), headed by *Reichsfrauenführerin* Gertrud Scholtz-Klink.²⁵³ She frequently appeared in photos and as a reporter in German Red Cross publications. Scholtz-Klink injected Nazi ideology into articles sent out to the society's members. She also placed a special emphasis on the importance of nursing for the improvement of the health of the German people. Red Cross nurses had contact with the Nazi Women's Organization and the German Women's Welfare Organization (*Deutsches Frauenwerk* or DFW), but they were not completely integrated into either organization. Red Sisterhoods remained independent from the NSF until May 1937, foreshadowing changes in Red Cross statutes later that year.²⁵⁴

However, the Red Cross sisterhoods were also included in different umbrella organizations, such as the *Reichsfachschaft Deutscher Schwestern und Pflegerinnen* (1933-35) and the *Fachausschuss für Schwesternwesen in der Arbeitsgemeinschaft freie Wohlfahrtspflege* (1936-1942). These groups represented attempts by the Nazi Party to organize German women's organizations, whether they were social, cultural, professional, or directed towards improving public health. In 1933, nurses had established a national federation that was to include all nurses in Germany. This was called the National Professional Federation of Nurses and Attendants (*Reichsfachschaft*

²⁵² Seithe and Hagemann, *Das Deutsche Rote Kreuz*, 184.

²⁵³ Koonz's *Mothers in the Fatherland* offers a detailed history of Gertrud Scholtz-Klink and the activities of German middle class women in the Third Reich.

²⁵⁴ Steppe, "Nursing in the Third Reich," 21-37; Lagerway, "The Third Reich in the Pages of the American Journal of Nursing, 1932-1950," 59-87; and Seithe and Hagemann, *Das Deutsche Rote Kreuz*, 168-9, 184.

Deutscher Schwestern und Pflegerinnen). The Federation included the Catholic nursing orders (under *Caritas*), the Federated Protestant Nursing Orders (under the Deaconesses and *Diakonie* associations), the Red Cross nursing sisterhoods, the Professional Association of Nurses (*Berufsorganisation der Krankenpflegerinnen*), the National Association of Pediatric Nurses, and the National Socialist Sisterhood. The aim of the Professional Federation was to unify nurses and replace the Professional Association of Nurses, which had represented the interests of free nurses since 1903.²⁵⁵ However, because of the different modes of training, the wide grasp of the motherhouse system (in the Red Cross and religious sisterhoods), and the general fragmentation of the nursing, the Professional Federation did not succeed in unifying German nursing, fully representing the economic and professional needs of nurses, or helping the Nazis to further their own nursing-related goals.²⁵⁶ In October 1936, the National Association of Independent Sisters and Attendants (*Reichsbund der Freien Schwestern und Pflegerinnen*) was founded to better represent professional and economic interests of free nurses. In 1936, the Professional Federation of Nurses (*Reichsfachschaft*) was reorganized into the National Council of Nurses (*Fachausschuss für das Schwesternwesen*). The Council operated under the direction of the NSV and under Gertrud Scholtz-Klink in particular.²⁵⁷ It was therefore tied organizationally and ideologically to the National Socialist welfare programs. The Council was made up of two representatives from each of the five national nursing organizations. The Council

²⁵⁵ See Gertrud Kroeger, "Nursing in Germany: Recent Changes in Organization and Education," *The American Journal of Nursing*, vol. 39, no. 5 (May, 1939): 483.

²⁵⁶ Again, we can see here how the many nursing associations, each catering to a different group of nurses and each operating under the eye of the NS-regime, in some ways mirrors the more general polyocratic nature of the Nazi state.

²⁵⁷ Kroeger, "Nursing in Germany," 483-484.

could not really direct nursing work, but could try to influence it through cooperation with Scholtz-Klink. It also influenced nursing through its monthly journal, *Die Deutsche Schwester*. This was considered the official nursing journal for all nursing organizations and 75,000 copies were sent out every month.²⁵⁸

The German Red Cross sisterhoods fell under the realm of these umbrella groups. From May 1938, Red Cross nurses also had to become members of the German Labor Front (*Deutsche Arbeitsfront* or DAF) and members of the DAF also had to join the NS-Sisterhood, the National Association of Independent Nurses and Attendants, or the German Red Cross.²⁵⁹ There was therefore significant membership overlap. But this did not mean that nurses fell under complete control of the Party, nor does it reveal much detail about nurses' individual beliefs. The further down the levels organization, the more independence and exchange was possible.

While the organization of nursing was constantly changing, German Red Cross motherhouses did publicly demonstrate an acceptance of National Socialism. Such acceptance appears in the programming of large meetings of Red Cross members. For example, support for the regime appeared in the speeches and activities of the first series of meetings and conferences of the association of German Red Cross motherhouses (*Tagung des Verbandes Deutscher Mutterhäuser vom Roten Kreuz*) on June 13-15 1933, in Hamburg. During this large gathering, the motherhouses publicly accepted the Nazi regime. The deputy president of the German Red Cross, Dr. Paul Hocheisen, advocated the wearing of the Party badge, and he explained it was important

²⁵⁸ Ibid., 483-484.

²⁵⁸ Steppe and Klich, "Zeittafel Krankenpflege 1933-1945," 22.

and only natural to do so since younger nurses had recently become Party members. During these three days, there were many speeches on topics such as population politics, eugenics, racial hygiene, nurses' participation in emergency units (*Bereitschaftsdienst*) and medical care of the Wehrmacht (*Sanitätswesen*). Speeches also emphasized the importance of discipline—especially following the orders of doctors.²⁶⁰ This is but one example of how Nazi ideology overlapped easily with that of traditional nursing. However, speeches given on these days and other official acts of propaganda also urged Red Cross nurses to model themselves on soldierly qualities.²⁶¹ This was explicitly non-traditional; it even conflicted with the angelic and feminine portrayals of the nurses in the First World War.

Individual Red Cross sisterhoods, based in their motherhouses, were able to maintain some independence over the daily activities, training, and finances of their homes until 1937. In that year, the regime had stepped up its influence over the nurses with the December Red Cross law. But before then, the Party also oversaw another *Tagung* on June 14-16 of the same year, in Quedlinburg, which marked the continuing influence of the Nazi regime over Red Cross nurses.²⁶² This meeting represented a coming together of Red Cross mother superiors and sisters from all over Germany, and it placed special emphasis on their unified and loyal service to Germany. Representatives of the NSDAP and the Wehrmacht made special appearances, and speeches were made by the supervisor of nursing matters, Professor Dr. Stahl

²⁶⁰ Seithe and Hagemann, *Das Deutsche Rote Kreuz*, 181-183.

²⁶¹ Among others, see *Das Deutsche Rote Kreuz und seine Schwestern* (1938).

²⁶² See W. Borchert, "Rotkreuzschwestern Tagen in Quedlinburg," *Deutsches Rotes Kreuz. Rettung und Hilfe. Zeitschrift des Deutschen Roten Kreuzes für die Arbeit der Männervereine und Sanitätskolonnen*, vol. 6, no. 146 (Berlin, 15 July 1937): 253-255. Preußische Staatsbibliothek Berlin Kq 8457/67

(*Reichswalter für das Schwesternwesen des DRK*) as well as other bureaucrats and doctors about the place of healthcare in the four-year plan, hereditary health as a national task and responsibility, racial hygiene, and the fight against tuberculosis in children. The head mother superior, Luise von Oertzen, also gave an outline of the numbers of Red Cross nurses in Germany.²⁶³ Gertrud Scholtz-Klink emphasized the special service the nurses gave to the *Volk*, but she reminded them they should feel as though they were members of a group greater than themselves. The last day of the conference featured a talk by Dr. Grawitz, who reminded the attendees of the thanks they owed to Hitler for renewing the strength of Germany. Other speeches focused on increasing the number of new nurses and urging nurses to be ready to be war nurses (*Kriegsschwestern*). Nurses were also reminded of the need to cooperate with those from other organizations and in particular, to work together with the Brown Sisters and cultivate a sense of comradeship with these explicitly National Socialist nurses.²⁶⁴

Most of the mother superiors and a number of Red Cross nurses attended these days of speeches, and others like them. For the mother superiors, there was much pressure to participate—they were expected to be there. But it is hard to discern what the nurses who attended—and those who did not—thought about the events and the messages delivered. The fact that Party leaders had to remind the nurses that they were not part of a special group and they needed to get along with the Brown Sisters suggests that Red Cross nurses had not given up their identity as members of the Red Cross, with a special place and special privileges (such as overseeing communal nursing) in German

²⁶³ There were 8,714 fully trained nurses and 2,310 student nurses belonging to the German Red Cross in 1937. Another 1,124 were retired. Seithe and Hagemann, *Das Deutsche Rote Kreuz*, 195.

²⁶⁴ W. Borchert, “Rotkreuzschwestern Tagen in Quedlinburg,” 253-255.

society. Historian Horst Seithe suggests, rightly so, that it is hard to fully understand the German Red Cross sisterhoods' motivations in this public acceptance. They must have thought it necessary to demonstrate their support for the regime. Perhaps they felt that by doing so, they could avoid further incursions by the Nazis into Red Cross nursing activities. In fact, they were able to keep the doors to the motherhouses closed, so to speak, from the Nazis until new Red Cross laws were established in 1937, further streamlining the society into an authoritarian structure.²⁶⁵

By the end of 1937, the Nazis realized that all their efforts to increase the number of nurses in the country had fallen below expectations. Overall, there was a deficit of 7,000 nurses per year compared to recruitment plans. A high workload, unfavorable working hours, unfavorable age structure, a short career because of marriage or the general difficulty of the profession all contributed to the slow growth in the nursing profession in the 1930s. Therefore, on December 9 and December 24, 1937, with a new German Red Cross law and associated articles, the NSDAP increased its control over the society and put it directly into war preparation with the army.²⁶⁶ This law erected the groundwork for the new redesign of the German Red Cross, namely the dissolution of the old legal bodies of the men's and women's clubs and the inclusion of all individual Red Cross bodies under a central organization of the German Red Cross.²⁶⁷ State associations fell under control of the 15 military districts (*Wehrkreise*) of the Wehrmacht, thereby centralizing the organizational structure of the official medical services and making them more available for the army and air defense forces.

²⁶⁵ Seithe and Hagemann, *Das Deutsche Rote Kreuz*, 183.

²⁶⁶ BA-MA RH 12-23, 1041 –“Betr.: Satzung des Deutschen Roten Kreuzes vom 24. Dezember 1937”, *Das Deutsche Rote Kreuz Verdordnungsblatt* (Berlin, January 1938) No.3.

²⁶⁷ Riesenberger, *Das Deutsche Rote Kreuz*, 305-206.

Every district was required to have at least one male and one female emergency unit, each of which was organized similarly to a military company. Motherhouses lost their legal personhood and financial independence. Dr. Ernst Grawitz and *Reichsfrauenführerin* Frau Scholtz-Klink thenceforth controlled the appointment and dismissal of all mother superiors.

Dr. Ernst Grawitz played an instrumental all these developments. He wanted, from this point on, all German Red Cross sisters to be designated as *Wehrmachtschwestern* in times of war. And he expected such war nurses to have knowledge of common war-related injuries and good surgical skills; ideally, these nurses could also lead female auxiliaries in emergency services. In order to learn about these topics and practices, Red Cross nurses were also supposed to take courses on how the army medical services functioned.²⁶⁸ The Nazi treatment of German Red Cross nurses thus suggests that these women would be considered active participants in any future war (in contrast to remaining quiet and passive on the home front).

Despite the Party's desire to increase the numbers of German Red Cross nurses, admission requirements for nursing schools actually made more stringent. New nurses had to have a medical and dental certificate of good health and proof of German ancestry. If the new nurses were not yet Party members, then a police criminal report was also required. The doctor's exam for these nurses, mirroring the more general militarization of nursing, was also said to have a conscription-like character. All nurses were also required to swear an oath of loyalty to Hitler. However, in order to win over more women into nursing, recently qualified nurses could remain in loose contact with

²⁶⁸ BA-MA RH 12-23, 1041 –“Betr.: Satzung des Deutschen Roten Kreuzes vom 24. Dezember 1937”

their motherhouses. They were only required to serve in the motherhouse itself for four weeks every two years. The rest of their time could be spent working in state and private hospitals, clinics, or private nursing appointments.²⁶⁹ On the surface level, the nursing shortage and the stricter admission requirements for nursing school appear contradictory. However, the Party's desire to enforce stricter ideological conformity overrode practical considerations.

Among the nursing sisterhoods, there was therefore interaction with Party members and the Party organizations and an uneven level of integration of National Socialist ideology and law. In accordance with Nazi thought, all motherhouses were forced to remove all Jewish and "politically unreliable" members. On the top level of leadership, Party membership was almost ubiquitous. The German Red Cross President, the head mother superior, and the leading doctors of the German Red Cross accepted the regime, or were replaced by people who did. As of 1939, the *Generaloberin* and 44 other superiors were NSDAP members. In other words, 66.2% of all female leaders of the German Red Cross sisterhoods belonged to the Nazi Party before the war began.²⁷⁰ A number of younger nurses also joined the Party, but it is difficult to ascertain specific numbers. On a more general level, Nazi attempts to control German Red Cross nursing activities represent one of the ways the Party tried to incorporate women's groups into its apparatus and the difficulties the Party faced in unifying many different groups with varying interests and outlooks.

²⁶⁹ BA-MA RH 12-23, 1041 – "Betr.: Satzung des Deutschen Roten Kreuzes vom 24. Dezember 1937"; Riesenberger, *Das Deutsche Rote Kreuz*, 306-309.

²⁷⁰ Morgenbrod and Merkenich, *Das Deutsche Rote Kreuz unter der NS-Diktatur*, 112; Seithe and Hagemann, *Das Deutsche Rote Kreuz*, 196.

Conclusion

Between 1864 and 1933, the German Red Cross embraced the ideas of nationalism, humanitarianism, militarism, and public health, although not necessarily all at the same time. After 1933, the Nazi Party built upon these pre-existing trends and then it altered them to suit Nazi beliefs and racial theories. The Party redefined “humanitarian care,” in times of peace and anticipated war, as aid for those who met specific criteria. Over time, therefore, there was a process of adaptation from both the National Socialists and nurses. While nationalism and militarism served to connect the German Red Cross and the Nazis together and ease the transition to the new regime, the themes of self-sacrifice for the community and public health served as connections between nurses and the Nazis. Moreover, overtime, the motherhouse system’s position with regard to the state changed. In the 19th century, nursing motherhouses operated independently and they dedicated themselves to serve the public good and to provide nurses in times of war. After 1933, the motherhouses represented one of the last major Red Cross institutions to draw attention from the NS-regime. However, the increasing sense of co-ordination of the German Red Cross leadership and its matrons signals that the society and the NS-regime grew increasingly close over time. The Nazi focus on the German Red Cross national leadership and on the nursing sisterhoods also suggests that the Party viewed the society and its nurses as important participants in the Third Reich, as they could focus on health issues and war preparation, and thereby utilized to serve Nazi goals. In the case of nurses, it is significant that these goals would be fulfilled not by raising large families, but by taking an active role first in civilian, and then military

hospitals. But how and to what extent were such messages appealing to German women? Chapter 2 discusses why women decided to become Red Cross nurses. It also explains how the Nazi Party and German Red Cross leaders tried to gain support from nurses and to train these women according to a new set of standards.

Chapter 2: The Ideal German Red Cross Nurse: Motivations, Public Image, and Training

In the fall of 1938, the monthly journal of the German Red Cross reported on a speech recently delivered to a group of nurses by Dr. Ernst Grawitz, a Nazi Party member, leading German Red Cross official, and the supervisor of coordinating Red Cross voluntary nursing with the armed forces. He stated that “the nurse working at the bedside is also responsible for political work on the life of the nation” and that the Red Cross nurse had “unprecedented political importance.”²⁷¹ Grawitz signaled the strong relationship between health and politics in the Third Reich, and nurses provided a connection between the two values. By endowing nurses with political significance, Grawitz and other Red Cross and Nazi Party leaders hoped to attach more public value to nursing and to draw more women into the profession. These goals appear not only through speeches and journal articles; they are also prevalent in recruitment booklets like *Das Deutsche Rote Kreuz und seine Arbeit*²⁷² and *Das Deutsche Rote Kreuz und seine Schwestern*.²⁷³ According to such propaganda, German Red Cross nurses provided two vital contributions: they cared for the health of the “people’s community” and they healed injured soldiers so that they could return to battle.²⁷⁴

By charging nurses with political value, German Red Cross officials elevated nurses to a position of public respect which had never before existed in Germany and

²⁷¹ See Gusti Gruber, “Berufseignung und Berufsauffassung,” *Das Deutsche Rote Kreuz*, vol. 2, (August 1938): 310-312. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald.

²⁷² See W.G. Hartmann, ed., *Das Deutsche Rote Kreuz und seine Arbeit* (Deutsches Rotes Kreuz Hauptverwaltung, June 1935) Preußische Staatsbibliothek Berlin, Kq8794/93

²⁷³ See *Das Deutsche Rote Kreuz und seine Schwestern*, Over 300,000 copies were made of this and the above booklet.

²⁷⁴ *Das Deutsche Rote Kreuz und seine Schwestern*

they implicated nurses in the construction of an exclusively “Aryan” community. In order to garner support and convey National Socialist ideology to German Red Cross nurses, the Party and its supporters from the German Red Cross drew from pre-existing conceptions of nursing, such as femininity, physical fitness, discipline, militarism, and service to the community. But they then built off of and altered these conceptions to suit the Nazi Party’s uses. Red Cross publications, training requirements and nursing education programs proved to be the ideal formats in which this process could occur. Examining elements of change and continuity through the lens of nursing can give us new insight into how the Nazis garnered support and incorporated different groups into the regime.²⁷⁵

Some women found nursing an attractive career choice because it provided them an opportunity to find their place in the new regime. Nurses could work outside of the home, and even beyond the nation’s boundaries, and receive positive public recognition for their service. But unlike other kinds of work, like replacing male workers in a factory, nursing was perceived by contemporaries as a feminine task, and it did not explicitly challenge the traditional bourgeois gender order. The position of nursing mirrored the confusing status of “Aryan” German women in Nazi society, who were called upon to be fruitful mothers and to actively work to contribute to the economy.²⁷⁶

²⁷⁵ For discussions of the idea of *Gleichschaltung* and the *Volksgemeinschaft*, see Wildt, *Hitler’s Volksgemeinschaft*; Norbert Frei, “Volksgemeinschaft.” *Erfahrungsgeschichte und Lebenswirklichkeit der Hitler-Zeit* , in Frei, *1945 und Wir.*, 107 – 128; and Richard J. Evans, *The Third Reich in Power, 1933-1939* (New York: Penguin Press, 2005).

²⁷⁶ This theme is developed in numerous works. See Schweikardt, “The National Socialist Sisterhood,” 103-110; Koonz, *Mothers in the Fatherland*; Jill Stephenson, *Women in Nazi Society* (New York: Barnes & Noble Books, 1975); Leila J. Rupp, *Mobilizing Women for War: German and American Propaganda, 1939-1945* (Princeton, N.J.: Princeton University Press, 1978); and Jarausch and Geyer, *Shattered Past*. Also see Reese, *Growing up Female in Nazi Germany*; Gersdorff, *Frauen im Kriegsdienst*; and Elizabeth

The treatment Red Cross nurses received from the NS-regime, from the German Red Cross, and from Red Cross nursing publications therefore reflected an intersection of different aspects of National Socialist ideology and practice: the co-optation of pre-existing traditions in the process of *Gleichschaltung*, the contradictory policies towards German women, and the construction and the health of the “people’s community.” This chapter begins by introducing some of the women who chose to become Red Cross nurses, with a consideration of their backgrounds, ages, and personal motivations. The chapter then analyzes the images of the “ideal nurse” set forth in the propaganda and training material which the Nazi Party and the German Red Cross used to recruit and mold nurses, with particular attention to the extent to which women’s individual desires to heal others aligned with ideological proscriptions.

The Women Who Became Nurses: Motivations and Aspirations

It is important to consider nurses’ personal histories and motivations in order to begin to understand how and why they found themselves eventually working for the German Red Cross and alongside the military. German Red Cross nurses came from a variety of backgrounds and they chose to become nurses for a range of reasons. For some, nursing was a true calling. For others, the profession offered the opportunity to leave the home and to make one’s own way in the world. And yet other women might choose to become a nurse so that they could care for a family of patients, particularly in the absence of a large family of their own.

H. Tobin and Jennifer Gibson, “The Meanings of Labor: East German Women’s Work in the Transition from Nazism to Communism,” *Central European History*, vol. 28, no. 3 (1995): 301-41.

Like other young women in the Third Reich, Sister Edith Haase became a nurse before the war began because of a combination of personal factors and motives. And, as suggested in the Introduction, the content of her war letters represented the experiences of many Red Cross nurses who worked on the Eastern Front. Born in 1922, Haase grew up in a small village in Thuringia, where her mother—also a nurse—served as the primary healthcare professional.²⁷⁷ There was no doctor to speak of, and after the family purchased a car in the late 1920s, their auto was used to transport the ill to hospitals and doctors in neighboring towns. After moving with her family to Arnstadt in 1934, Haase originally wanted to attend a conservatory in Weimar to study piano after taking her exit exams. But as the *Gymnasium* in Arnstadt was only open to boys, she attended a commercial college (school) before enrolling in nursing courses. Nursing appeared as the most appealing career option, as her first choice of becoming a musician was not a possibility.

Growing up with a mother who was a nurse, Sister Haase had also learned the importance of having medical knowledge, the basic facts of the nursing profession, and its contributions to the community. She was so eager to start her career that she began training before she turned 18 years old. She enrolled in local German Red Cross courses and trained first as an auxiliary, and then as a nursing assistant. She worked as a night watch at the local hospital in order to help out, gain experience, and earn extra money. In addition, Haase joined the Red Cross paramedics to assist with transporting patients to and from hospitals. Her mother's previous work in a local sanatorium also helped secure Haase a position as a nurse's assistant. Thus, before she had even turned 18

²⁷⁷ DTA 1601—“Schwester Harmonica.”

years, Sister Haase had worked in a hospital and seen patients die.²⁷⁸ When the Second World War began, the German Red Cross nurses in Arnstadt were incorporated into the Meiningen Red Cross Motherhouse. Haase worked as a nursing assistant along with the Meiningen sisters in Arnstadt until she was called up in June 1941 to serve in a hospital unit in Poland. From the time she was a young girl, Haase learned about the nursing profession, and she followed in her mother's footsteps by becoming a nurse herself.

While Sister Haase's family background fostered her own inclination to become a nurse, other German women might become nurses in order to make a significant change in their lives. Erika Summ (born Ohr, in 1921), for example, grew up in a small farming town and worked as a cook for a pastor before 1940, when she then moved to Stuttgart to begin nursing school. She had wanted to do something more meaningful with her life. Nursing provided her the opportunity to leave the countryside and begin a real profession. Her studies at the Stuttgart Red Cross Clinic focused on obstetrics and gynecology. She received her orders to go to Shitomir (Zhytomyr, in western Ukraine) in November 1942, where she worked first in a women's hospital, and later in a field hospital.²⁷⁹ Her motivations to be a nurse came from a desire to leave the countryside, to experience life, and to become a professional. Nursing allowed her to do all these things.

While sisters Haase and Summ decided to become nurses in part because of a desire to continue older family traditions or to make a break from the family, the past

²⁷⁸ DTA 1601—"Schwester Harmonica," 9. She later reflected that this was the time in which she left the "ideal world" and learned "all of the horrible things" about life.

²⁷⁹ See Erika Summ, *Schäfers Tochter. Die Geschichte der Frontschwester Erika Summ, 1921-45*, ed. Jürgen Kleindienst (Berlin: Zeitgut Verlag, 2006), 80-81, 115, 130. DRK Präsidium Berlin Archiv/Bibliothek 05203

influenced women in other ways when it came to choosing to be a Red Cross nurse in the Third Reich. One especially significant event was the First World War. For example, Helene Mierisch worked as a Red Cross nurse continuously since 1914, and published writings about her experiences in the First World War in *Kamerad Schwester 1914-1918*.²⁸⁰ During the Second World War she went on to work in hospitals, primarily reserve hospitals full of wounded and ill soldiers, in Heidelberg, Mannheim, and Speyer.²⁸¹ Her experiences in the First World War motivated her again to help soldiers during the Second World War, and she saw herself first and foremost as a Red Cross nurse.

In contrast, other women's family experiences, including those in the First World War, combined with exposure to nursing memoirs about that time, convinced them to be nurses themselves and supporters of the Nazi regime. For example, Brigitte Penkert was motivated to be a nurse because of the desire to undo the defeat of Germany in 1918 and because of the inspiration from the stories of veteran nurses. She came from a bourgeois background, first living in Kattowitz (Katowice, Upper Silesia, Poland), and after the First World War, in Gleiwitz. Penkert married young, at 18 years, and she began participating in Red Cross activities when she joined the Patriotic Women's Association in Gleiwitz in July 1936. Such activities provided her with something to do outside of the house. She first swore allegiance to the German Red Cross and to Hitler in January 1938, and she served on the Eastern Front from 1941-1945. Penkert was drawn to the German Red Cross and to Nazi ideology because of her

²⁸⁰ Helene Mierisch, *Kamerad Schwester 1914-1918*

²⁸¹ See Helene Mierisch, *Ärzte, Schwestern und Soldaten. Erlebtes aus zwei Weltkriegen* (Germany: Koehlers Verlagsgesellschaft, Biberach/IRB, 1957), 197, 341. DRK Präsidium Berlin Archiv/Bibliothek 01281.

nationalistic beliefs, and by the urge to help Germany regain the lands her family had lost in Kattowiz in 1921. Her letters reiterate these themes by quoting memoirs and collections about the experiences of the First World War, including Elfriede von Pflugk-Harttung's *Frontschwwestern—ein deutsches Ehrenbuch*.²⁸² In the case of Penkert, personal family experiences—the loss of a home after 1918—and the stories of war nurses served as motivating factors in her choice to become a nurse. In addition, she saw nursing as a meaningful activity, especially as a young wife unable to bring more than one child into the world, and thus unable to meet the NS-regime's demand for a large family.

Ingeborg Ochsenknecht (born Hegner, in 1920) likewise drew on family experiences of the First World War when considering becoming a Red Cross nurse. Ochsenknecht came from a middling background in Arnstadt and she began training to be a nursing assistant in 1938, believing that it was her true calling. For Ochsenknecht, to be in the hospital was to be at home—that is where she felt she belonged. But Ochsenknecht was not only motivated by a general desire to nurse the sick. Her father was a World War One veteran, and he had often told her stories about his experiences. She grew up desiring to help make things right for her country. Having been drawn in by propaganda, she also wanted to be useful to the German Fatherland and to help her country regain its prominence in the world.²⁸³ Nazi propaganda, family memories of the First World War, and the personal desire to heal combined to provide Ochsenknecht with the motivation to become a Red Cross nurse.

²⁸² Penkert, *Briefe einer Rotkreuzschwester von der Ostfront*, esp. 7-53, 250-261.

²⁸³ Ochsenknecht 'Als ob der Schnee alles zudeckte', 1-49 (esp. 18, 29, 48).

Important themes stand out in German women's reasons for becoming Red Cross nurses. First, nursing represented a real calling; some women truly wanted to help those around them as best they could, especially given the constraints on what was an acceptable female vocation in Nazi Germany.²⁸⁴ Second, nurses were directly influenced by the past of their family and that of their nation. They might want to continue the work of their family, or to make a new start for themselves. But they also wanted to help Germany overcome its recent past. As we will see below, Nazi and German Red Cross recruitment and ideological propaganda built on some of these same themes—as well as those coming from a much older nursing tradition²⁸⁵—when constructing the public image of what characteristics they believed a German Red Cross nurse should possess. However, Party sympathizers did so in such a way as to alter the meaning of nursing in the Third Reich, with the hope of molding nurses into obedient followers.

The Public Image of the Ideal German Red Cross Nurse: Qualities and Appeal

After 1933, the Nazi Party members, Red Cross propagandists, and nursing instructors drew from pre-existing German Red Cross and nursing traditions and

²⁸⁴ As one characteristic of the NS-regime was its misogyny, women faced certain barriers to professional work in the Third Reich, especially they were married. From the mid-1930s, German women faced strong restrictions to their work in public office or in the legal professions, but they could find increasing employment in medicine and in the Nazi women's organizations. Often women still received lower pay than men. See Konrad H. Jarausch and Geoffrey Cocks, "Introduction," in *German Professions, 1800-1950*, ed. Konrad H. Jarausch and Geoffrey Cocks (New York and Oxford: Oxford University Press, 1990), 6; and Jill Stephenson, "Women and the Professions in Germany, 1900-1945," *German Professions*, ed. Jarausch and Cocks, 271-283

²⁸⁵ As discussed in Chapter 1.

selected elements from each to construct their an appealing image of the ideal German Red Cross nurse. In particular, these groups focused on themes of femininity, physical fitness, discipline, militarism, and service to the community and they adapted such ideas to suit their present goals of instructing nurses and drawing them closer to the NS-regime. These ideas appeared in contemporary writings about nursing, published by the German Red Cross and its nursing sisterhoods. These publications played a vital role in shaping the public portrayal of the nursing profession. *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*,²⁸⁶ *Die Deutsche Schwester: Zeitschrift des Fachausschusses für Schwesternwesen*,²⁸⁷ and the monthly magazine distributed by the German Red Cross, *Das Deutsche Rote Kreuz*,²⁸⁸ all depicted the ideal nursing

²⁸⁶ The 1934 issues of *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz* contain articles by Nazi leaders, but the journals also place emphasis on the medical, educational, and cultural aspects of Red Cross nursing. Two underlying themes of the magazine are the legal changes of the position of the German Red Cross in relation to the government and the preparation for medical service. See *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, no. 1-6, 9. (Berlin, 1934). For example, see “Satzung des Deutschen Roten Kreuzes, Errichtet am 29. 11.1933,” no. 2 (Berlin, Feb. 1934): 22-26; Dr. med. Richard Goldhahn “Der chirurgische Stations- und Operationsbetrieb,” no. 6 (Berlin, June 1934): 78; and “Der Führer-Schirmheer des Deutschen Roten Kreuzes” & “Sinn und Begriff des Mutterhauses vom Roten Kreuz, seine Aufgaben und Pflichten,” no .9 (Berlin, Sept.1934): 125-126. Preußische Staatsbibliothek Berlin Kq 8457/21-1934.

²⁸⁷ The issues of *Die Deutsche Schwester* from 1936 through 1944, give much attention to the cultural importance of nursing—that is, how nurses could serve the German *Volk* through public health work—as well as wartime reports of nurses’ experiences.

²⁸⁸ *Das Deutsche Rote Kreuz* gives much attention to Red Cross work in Germany and abroad, occasionally providing specific information about nurses’ training, experiences, and examples of transnational cooperation, especially in Africa and Japan. Articles about Red Cross nursing abroad appear before and during the war. Before 1939, nurses worked in civilian hospitals overseas, and after 1939, in military hospitals. See “Unsere Schwester in Ostafrika” from the “Grünen Blättern” of the Frauenverein vom Roten Kreuz für Deutsche über See,” *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, no. 6 (Berlin, June 1934): 90. Also see “Das Rote Kreuz im Ausland,” *Das Deutsche Rote Kreuz*, vol. 2 (September 1938): 359. During the Second World War, the journal of the German Red Cross covered nursing work in many of the territories in which Germans fought, not just in Europe but also in Africa. See Waltraud Schulz, “DRK-Schwester in Afrika,” *Das Deutsche Rote Kreuz*, vol. 5 (Potsdam: August 1941): 11, which describes nurses’ experiences, their tropical service outfits, and displays photos of the nurses on a safari trip. Previous articles about Red Cross work in Africa allowed for a sense of continuity in nurses’ service in Africa. The German Red Cross monitored the activities of the Japanese Red Cross. See H. Franz, “Das Japanische Rote Kreuz”; “Das Rote Kreuz im Ausland”; and “Japanisches Rotes Kreuz. Vorträge über das Deutsche Rote Kreuz” in *Das Deutsche Rote Kreuz*, vol.5 (Potsdam: June, 1941): 16-18. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald.

characteristics of the time, and they connected nursing, in various ways, to service to the Nazi state. The former magazine represented the nursing sisterhoods exclusively of the German Red Cross, while the middle represented a collection of sisterhoods, including the NS-Sisterhood, the German Red Cross, the religious sisterhoods, and the professional organization of nurses. The last publication was aimed for all Red Cross readers and a general public interested in the rescue and relief activities of the national aid society. As time went on, the two German Red Cross journals merged into one, *Das Deutsche Rote Kreuz*, and this series was just one of a few different German Red Cross publications, including yearly reports and magazines featuring the work of the male medical corps. All of these publications display Nazi influence over the content. They also provide insight into how the nursing organizations and the regime wanted to portray nursing, train nurses, and deploy them for the health of the nation.

Nursing as the feminine profession *par excellence*

More than perhaps any other occupation, nursing has been seen historically as a specifically “female” one, and Red Cross propaganda in the Third Reich drew from this imagery. As discussed in Chapter 1, before 1933, nursing reformers and instructors had incorporated ideas about femininity into their discourses in order to convey a specific ideal of who a nurse should be and what she should do. Nurses were historically portrayed as motherly, and nursing was often depicted as one of the most suitable professions for women. The Nazis could draw on this heritage and they could adopt and alter desired “feminine” qualities to suit the interests of the Party.

Publications by the German Red Cross included long-standing conceptions about femininity in their articulations of how a German Red Cross nurse should act. By attaching traditional feminine qualities to the profession, they not only conveyed its familiarity, but also demonstrated how nursing could be an opportunity for young women to work outside of the home and contribute to a large cause without violating gender norms. The themes of motherliness, the feminine touch, and active contributions appear in publications from the early years of the Third Reich. For example, the April 1934 issue of *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz* conveyed the most desired characteristics of Red Cross nurses, especially a sense of motherliness, discipline, and a conscious willingness to build up the nation. A poem by one Sister von Lingenthal conveys the theme of women working in the same way as men, but in their daily lives, through the wrapping of bands for the wounded.²⁸⁹ According to the poem, women of the German Red Cross should be happy and strong, and want to prepare for and contribute to build Germany's holiest good. They seem far away from men in their work, but in their silence they are also holding the banner of the Swastika, and lovingly wrapping bands. The poem asserts women's differences, but also places their actions on the same plane of importance as that of men. Indeed, the task of wrapping bands is

²⁸⁹ Von Lingenthal, Sister. Untitled Poem, *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, no. 4, Berlin, (April 1934): 48-49, Preußische Staatsbibliothek Berlin Kq 8457/21-1934. Original text: "Froh wollen wir durch das Leben schreiten—
Mit leuchtenden Augen und starken Mut!
Wollen im stillen den Weg bereiten—
Mitschaffen an Deutschlands heiligstem Gut.
Und stehen wir scheinbar auch abseits vom Wege
In unserer Arbeit alltäglichem Joch—
Im gleichen Rhythmus—im gleichen Geschehen
Mit Deutschlands Männern stehen wir doch!
Wir Frauen woll'n—als die Stillen im Lande—
Hochhalten das Banner vom Hakenkreuz—
In helfender Liebe schlingen die Bande—
Wir Frauen vom Deutschen Roten Kreuz."

connected with women's political work of holding up the symbol of the Nazi Party. This juxtaposition echoes Nazi policies towards women on a more general level, for they advocated women be both contributing workers and child bearers. In other words, like Nazi official dictates, women were urged to be both passive and active. This contradiction would resurface in nurses' later experiences on the Eastern Front.

The theme of motherhood and its importance to the nation appears in other articles in *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*.²⁹⁰ Women, another author suggests, help out in their own, feminine way, by being mothers to all.²⁹¹ This theme builds on previous nursing conceptions about "spiritual motherhood,"²⁹² but it also demonstrates that the ideas of motherhood could be utilized to prop up the image of nurses for the good of the state. Nursing could also allow women to fulfill the high standard of motherhood set out by the state, not by having their own children, but by being mothers to the nation as a whole. As nurses, women could have the possibility of being integrated into a regime which praised motherhood. This theme appealed directly to some women in Nazi Germany. For example, Sister Penkert repeatedly expressed the idea of being a mother to the soldiers in her wartime letters. Indeed, as seen above, one of her reasons for becoming a nurse was because she was unable to have a large family herself, but she still wanted to be useful to the nation.²⁹³

A German Red Cross recruitment booklet from 1938 similarly illustrated how nurses could care for the extended family of the nation. In this publication, the author

²⁹⁰ "Mütterlichkeit," *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, no. 4, Berlin, (April 1934): 49, Preussische Staatsbibliothek Berlin Kq 8457/21-1934

²⁹¹ Ibid.

²⁹² Allen, *Feminism and Motherhood in Germany*, 1-17.

²⁹³ Penkert, *Briefe einer Rotkreuzschwester von der Ostfront*, esp. 7-53, 228, 250-261.

describes the nurse in clinics as a mother to the young children who were her patients. But the comparison to motherhood also goes further than this, for author explicitly states that the German Red Cross wanted more young women to join the ranks of nurses, to be used wherever the sick and wounded needed the “maternal care” of the “German sister.”²⁹⁴ Such a sentiment is also suggested through the covers of *Das Deutsche Rote Kreuz*. For example, on the cover of the December 1941 issue, there is a page-length photo of a young nurse standing with two bed-ridden soldiers. All three are smiling and looking towards a Christmas tree, of which shadow appears in the background.²⁹⁵ The nurse appears as a happy mother looking after her joyful sons.

In addition to this imagery of motherhood, in his history of the German Red Cross, Felix Grüneisen states that nurses should be expected to sacrifice everything for the patients, with heroism just like that of a mother. At the same time, according to Grüneisen, nurses were “mothers” of the soldiers on the battlefield. Such women were not simply models of 19th century bourgeois femininity, but the Nazi appropriation of the ideal. What was new here specifically was nurse-mother was depicted as an active (rather than a passive) figure, who went out into the world and served her “sons” (i.e. soldiers) wherever there was a need. While nurses previously cared for soldiers in war, this ideal was conveyed in peacetime, as if suggesting that nurses take part in a larger effort of war preparation.²⁹⁶ Likewise, Grüneisen depicted the motherhouse—the Red Cross institutional embodiment of a community led by a mother (*Oberin* or matron)—as in charge of building up a community of healthy, happy and active people to participate

²⁹⁴ *Das Deutsche Rote Kreuz und seine Schwestern*, 9-14, 23-24.

²⁹⁵ *Das Deutsche Rote Kreuz*, vol. 5 (Potsdam: December 1941), cover picture.

²⁹⁶ Likewise, it was characteristic of the NS-regime domestic policies that they were designed as if the nation was preparing for a future war. Broszat, *The Hitler State*, 307.

in the reorganization of Germany. Grüneisen saw the motherhouses and their nurses as a “germ cell” and location of care for the Nazi will and faith.²⁹⁷ Nurses and the motherhouses were thus conveyed as participants in the shaping of Germany’s future, and Nazi writers adapted the pre-existing ideas of the motherhouse and the matron so that they would serve the ideological goals of the NS-regime. Specifically, motherhood was endowed as an active and political activity which could be directed towards generating new Nazi followers and supporting a society as it prepared for what seemed like an immanent war. This conception of motherhood differed from that of spiritual motherhood because this new ideal of a Red Cross nurse would not change the world through her motherly nature; instead, she would use her motherly nature to support (but not alter) larger political ideals.

The appropriation of the theme of motherhood, which both nursing reformers and German feminists used in their campaigns in the 19th and early 20th centuries, raises important questions regarding ideological continuity between the pre-Nazi and Nazi era. It is important to understand that the Nazi use of the language of motherhood was just that—a use of the language. The actual treatment of motherhood in Nazi Germany was largely not a positive one and it did not fulfill the goals of German feminists. Historians have debated whether the Third Reich was a pro-natalist or anti-natalist regime.²⁹⁸ The discussion has been deepened by research by historians of health, race, and women in Nazi Germany.²⁹⁹ Certainly messages about motherhood sent out to young women and

²⁹⁷ Grüneisen, *Das Deutsche Rote Kreuz in Vergangenheit und Gegenwart*, 211-214.

²⁹⁸ Koonz, *Mothers in the Fatherland*; Bock, *Zwangssterilisation im Nationalsozialismus*. Bock argues that the Nazis were anti-natalist, while Koonz found more pro-natalist elements in the regime.

²⁹⁹ See for example Weindling, *Health, Race and German politics*, esp. 479-545 and Allen, *Feminism and Motherhood in Germany*.

marriage conveyed the idea that child-bearing was valued by the regime, but the severe restrictions on marriage and forced abortions and sterilizations reveal the dual faced nature of the Nazi attitude towards motherhood.³⁰⁰ Nursing publications' focus on motherhood reveals how the discourse was used to encourage more women to join the Red Cross profession so that, as nurses, they could serve the nation. The discourse of motherhood was thus used for a larger goal, and there is little evidence in the nursing publications that it was meant to help support mothers and children in and of themselves, beyond the treatment they might receive as patients in hospitals, given that they had proved their "Aryan" ancestry.³⁰¹

While some Red Cross publications picked up on the theme of motherhood and nursing, others combined the feminine and professional aspects of the nursing traditions in Germany in order to make nursing appealing to both young women and their families. "Schwestern im DRK,"³⁰² from the March 1939 issue of *Das Deutsche Rote Kreuz*, starts off with a set of questions: Can young, cheerful girls also find inner satisfaction as sisters of the German Red Cross? Does this profession more than others need serious people? The author then claims that these questions probably stand before many parents and young people. Certainly, the author asserts, the nursing profession is full of responsibility and needs whole people ("ganze Menschen"). According to the author, the profession is, like life itself, at the same time both gratifying and serious. To

³⁰⁰ Allen has an excellent discussion of this debate in *Feminism and Motherhood in Germany*, esp. 229-239.

³⁰¹ When one considers the effects of nurses' actions during the war—caring for soldiers so that they could return to the battlefield to kill or be killed—the importance of motherhood as a value (versus a tool) of the regime appears quite weak.

³⁰² Anonymous, "Schwestern im DRK." *Das Deutsche Rote Kreuz*, vol. 3 (Potsdam, March 1939): 119-121. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald.

be a sister does not mean to work with dead things (or dying people), but means service to deserving people. This is why the life-affirming youth, their joy and serenity, belong to and can serve as gifts to the nursing profession. The author then asserts that the German Red Cross needs such life-affirming and joyful youth. These girls would expand and complement the circle of the nursing profession. By becoming a Red Cross sister, they could help to meet the ever-increasing responsibilities of the German Red Cross. To be a Red Cross nurse, according to the article, therefore meant to be responsible, serious³⁰³, and dedicated to supporting the life of those deemed “deserving,” although who this would be was not discussed in detail by this author.³⁰⁴ The article focuses more on the professional qualities of a nurse, such as her responsibility, rather than her motherly qualities. However, it does not dismiss nurses’ femininity. The author treats nursing explicitly as a *profession suited for women*, signaling an effort to connect to and appropriate earlier professionalization efforts. Similarly, in a speech by Sister Gusti Gruber’s speech, printed in another issue of *Das Deutsche Rote Kreuz*, she emphasized the special relationship between femininity and nursing in order to suggest that nursing was the ideal profession for young women in Nazi Germany. She stated that “nursing work is personal work” (“Schwesternarbeit ist Persönliche Arbeit.”³⁰⁵) Because of its personal nature, nursing thus requires connections between individuals. Gruber suggests that nursing is best suited for women

³⁰³ Interestingly, these qualities were also seen in public images of soldiers—as “thoughtful and serious men”—in the Nazi period, contrasting with the enthusiasm of soldiers in the First World War. See George Mosse, *Fallen Soldiers. Reshaping the Memory of the World Wars*. (New York & Oxford: Oxford University Press, 1990), 202.

³⁰⁴ The word “deserving” does however implicitly refer to National Socialist conceptions of those worthy and unworthy of belonging inside the “people’s community.” The National Socialists excluded “asocials,” the “supposedly genetically inferior” and Jews outside of this “people’s community.” Wildt, *Hitler’s Volksgemeinschaft*, 38.

³⁰⁵ Gruber, “Berufseignung und Berufsauffassung,” 310.

because it fosters relationships. This can be interpreted as an argument against women's work in other areas like white collar jobs—those of the “new women”—and in favor of work traditionally associated with femininity. The Nazi Party had likewise attacked the idea of the “new woman” from the 1920s.³⁰⁶ Red Cross nursing, Gruber suggests, therefore reinforces young women's feminine attributes and allows women to work without violating any gender norms and find an appropriate place in the new regime.

The descriptions of the benefits of Red Cross nursing support this interpretation. For example, in “Schwestern im DRK,” the more “secure” aspects of Red Cross nursing are emphasized,³⁰⁷ as if to comfort parents and girls worried about job security in the long-term. The motherhouse is pointed out as a source of economic security and assurance for sisters when they fall ill and grow older. Sisters received a life-long pension upon retirement. Because of this security, nurses can thus, the article suggests, experience their profession freely and without any worry.³⁰⁸ They can find inner satisfaction in nursing—which was, according to the article, the happiest and most womanly profession that a woman could have. The author thus emphasizes the economic security and personal rewards a nurse can receive, while downplaying the extremely heavy workload, low pay, and forced removal from the profession upon marriage. The article also ends by connecting nursing back to the tradition of nursing as a feminine profession. Red Cross nursing could thus be appealing to young women for a

³⁰⁶ Bridenthal, Grossman and Kaplan, eds., *When Biology Became Destiny*, 11-13 and Ute Frevert, *Women in German History: From Bourgeois Emancipation to Sexual Liberation*, trans. Stuart McKinnon-Evans (US and Canada: St. Martin's Press, 1989), 176-184.

³⁰⁷ Anonymous, “Schwestern im DRK.”

³⁰⁸ Moreover, although it is not explicitly stated, the idea of a matron watching over the nursing sisters could imply that the motherhouses were watching over young women, thereby providing yet another reason why nursing would be a “safe” job for young German women to undertake.

variety of reasons. It offered the prospect of a rewarding profession that was visibly gaining national attention.

Moreover, nursing could also provide an opportunity for adventure and an escape from the home. The theme of adventure is put forth quite explicitly on the cover of the August 1941 issue of *Das Deutsche Rote Kreuz*, which featured a page-length photo of a Red German Cross nurse in a safari outfit and hat with the headline “German Red Cross Sister in Africa”³⁰⁹ The issue featured stories about Red Cross nurses adventures in Africa during the war. This theme of adventure and escape in some ways echoes Sister Summ’s own motivation to become a nurse, for she too wanted to leave her hometown and so something different with her life. Moreover, the reference to Africa is a not-too-lightly veiled reference to how German women could participate in the building of the Nazi empire. The presence of German women in an expanded German empire made reference to previous Red Cross work overseas³¹⁰; but it also signaled a change from such work because of the implicit juxtaposition of nursing and the violent processes inherent in the creation of the Nazi empire.

It is also significant here that the themes of “adventure” and empire contrast with the positive ideal of security, also provided by nursing.³¹¹ Here, as elsewhere, we see a contradiction in the ideal presented of nursing. Nurses were supposed to be different from men, yet active contributors to the regime. Nursing was supposed to be a secure profession, and yet the opportunity to leave the home, and even the country,

³⁰⁹ *Das Deutsche Rote Kreuz*, vol.5 (Potsdam: August, 1941), cover picture. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald.

³¹⁰ See “Unsere Schwester in Ostafrika,” *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, 90. Also see “Das Rote Kreuz im Ausland,” in *Das Deutsche Rote Kreuz*, 359.

³¹¹ Anonymous, “Schwestern im DRK.”

challenged this notion of safety. Each of these contradictions, when considered, mirrors the more general National Socialist attitudes to German women, which deemed women be both bearers of large families and active participants in the building of the Nazi movement.³¹² Moreover, such contradictions reveal how the Nazi conception of nursing broke from pre-existing, more straightforward conceptions about nursing.

Physical Fitness

Just as the NS-regime valued the health and strength of its “Aryan” people³¹³, the physical attributes of German nurses also received attention in the government policies and public imagery of nurses. For example, all Red Cross nurses had to present certification of their “Aryan” racial background (*Ahnenpass* or “racial passport”) upon application to a nursing school.³¹⁴ This practice allowed the regime to enforce the September 1935 Nuremberg Laws; it also demanded that nurses, like others living in Germany, begin to actively think about “race” and their own “racial status.”³¹⁵ Women’s willingness to present their “racial passports” to nursing school authorities demonstrates how in the process of becoming a Red Cross nurse, women also participated in the construction of a “people’s community” defined by inclusion and exclusion.³¹⁶ Beyond

³¹² As discussed in Koonz, *Mothers in the Fatherland*; and Reese, *Growing up Female in Nazi Germany*.

³¹³ Weindling, *Health, Race and German Politics*, esp. 489-552.

³¹⁴ Kroeger, “Nursing in Germany,” 483-485. Also see BA-MA RH 12-23, 1041—“Gesetz zur Ordnung der Krankenpflege. Vom 28 September 1938.” *Reichsgesetzblatt Teil 1 1938.*, No. 154 (Berlin: September 30, 1938).

³¹⁵ Fritzsche, *Life and Death in the Third Reich*, 76-80. According to Fritzsche, “racial passports were just the beginning of a much broader effort to get Germans to accept their racial responsibilities as Aryans.”

³¹⁶ Wildt, *Hitler’s Volksgemeinschaft*, 8. Here I draw from Michael Wildt’s use of the concept of the *Volksgemeinschaft*, for he argues that it was “something that was both historically produced (not merely through discourse but through violence) and that itself structured and normalized praxis and knowledge.”

“racial ancestry,” the regime also deemed other physical qualities as important, and conveyed this in ideological publications. In the past, nursing motherhouses and reformers placed much emphasis on the physical health and strength of nurses.³¹⁷ Nursing was—and is—a physically demanding and exhausting job. It requires lifting, moving and bathing patients, cleaning, moving equipment, and taking care of many kinds of tasks in a hospital ward.³¹⁸ In nursing magazines, Nazi and Red Cross officials built off of a long-standing concern about the physical health of nurses and demanded that nurses be fit and strong. The Nazi focus on the body, physical health, and national strength merged with a real concern about a nurse’s ability to fulfill her duties.

German Red Cross nurses and officials drew from a past discourse about health, and they then connected the importance of physical health and strength to National Socialist ideals of creating a strong and healthy “people’s community.” In the opening pages of a recruitment booklet for nurses, *Das Deutsche Rote Kreuz und seine Schwestern*, the author explicitly defines the German Red Cross nurse’s qualities and tasks—the primary one being caring for the body of the German people. As part of this “German body,” Red Cross nurses were supposed to have healthy bodies and souls, with “pure German blood,” and to display discipline, responsibility, selflessness, and a desire to dedicate themselves to a larger goal. Nurses’ training was envisioned to help these women meet any demand and to help soldiers spiritually and physically.³¹⁹ Other Red Cross events and publications also emphasized the training of nurses’ minds and

The example of the use of the “racial passports” demonstrates how the “people’s community” was also produced through the actions of individuals formalizing their “racial status.”

³¹⁷ See extended discussion in Chapter 1.

³¹⁸ Soine, “From nursing sisters to a sisterhood of nurses,” 170-17, 182.

³¹⁹ *Das Deutsche Rote Kreuz und seine Schwestern*, 3-4.

bodies. For example, Sister Gusti Gruber asserted in her speech to Red Cross nurses in 1938, mentioned above, that it was the duty and task of the motherhouses to instill the younger generation with physical, mental, and character strength. According to Gruber, young nursing students could strengthen their bodies through gymnastics and sports. They could improve develop their knowledge by learning all the different aspects of nursing work. And they could strengthen their character by focusing on being loyal, disciplined, obedient, and dedicated to camaraderie.³²⁰ But a nurse could not use her training and moral qualities to help others unless she had the physical ability to do so. Physical strength here is also connected to the theme of camaraderie, a theme the Nazi Party utilized to militarize all aspects of society and to build on what George Mosse calls the “Myth of the War Experience,” or rather, a particular memory of the First World War which hinged on manly sacrifice, national purification, and camaraderie. By militarizing society, in this case, the nursing world, and drawing on the memory of the past, the Nazis were able to create an ideal, strong female comrade who would likewise sacrifice herself for a national cause.³²¹ Here, as elsewhere, we thus see the importance the First World War as a factor in shaping Red Cross nursing in the Third Reich.

Other Nazi and Red Cross officials likewise place importance on a nurse’s physical strength and abilities. For example, Dr. Ernst Grawitz placed heavy emphasis on the importance “racial hygiene” and a nurse’s physical strength.³²² A speech by him appeared in conjunction with Sister Gruber’s speech in *Das Deutsche Rote Kreuz*. Grawitz attributed the long-time existence of the Red Cross nursing profession to a

³²⁰ Gruber, “Berufseignung und Berufsauffassung,” 312.

³²¹ Mosse, *Fallen Soldiers*, esp. 1-11, 167-169.

³²² Weindling, *Health, Race, and German politics*, 534.

synthesis of self-sacrifice and selfless personality and of the healthy “life-affirmation” (acceptance of life) of the German people. He asserted that for this synthesis to occur, aspiring nurses needed both mental (or practical) and physical education. Life exercises—physical exercise—were thus to become a part of the activities of the sisterhoods. For their participation in exercise activities, nurses could receive the Reich Sports Badge.³²³ Grawitz did not describe this as additional work for the nurses, who already had heavy workloads, but as a form of balance (!). He asserted that exercise was significant and physiologically and psychologically beneficial for nurses because it improved their overall performance, strength, and mental freshness.³²⁴ Felix Grüneisen, retired DRK-*Generalführer*, similarly praised exercise, and, like Grawitz, he recognized that it required taking time off from their other tasks, but he said it had to be done in order to assure that nurses could perform their duties to their patients, and in turn, to soldiers and the nation.³²⁵ He explained that nurses needed to be able to keep to the operating table under artillery shell attacks, to work in managing and caring for epidemics in the cholera and typhus barracks, and to care for patients in the plains of Africa. His references to war, epidemics, and colonial work reveal the wide range of nursing fields, and he hints towards an element of adventure and potential participation in war and empire-building, as seen elsewhere in nursing publications. He stated that a nurse had to be ready to endure hard physical and mental tests and that women who wanted to be nurses had to prove their strength and abilities to a mother superior, who

³²³ The Reich Sports Badge was also desired in recruits for certain nursing specialties, such as physical therapy. BA-MA RH 12-23, 1040—Berlin, 22.Juli 1943, “Betrifft: Aus-und Fortbildung des Personals der Freiwilligen Krankenpflege” Located in the file “Schwestern und Ausbildung.”

³²⁴ Gruber, “Berufseignung und Berufsauffassung”, 312.

³²⁵ Grüneisen, *Das Deutsche Rote Kreuz in Vergangenheit und Gegenwart*, 212-213.

decided whom to let into a nursing home.³²⁶ This point about proving their strength connects directly back to past practices of the matrons, such as those in Baden who required a physical exam of novices before allowing them to enter the home.³²⁷ However, although nursing reformers had previously implied the importance of nurses' physical health in order for nurses to work inside the hospitals, Grawitz signaled a change in the reasons for why nurses needed to be fit: their potential work locations would be ones of violence, and on foreign lands.

The importance of physical fitness to nursing, and to the National Socialist community more broadly, was also suggested in Red Cross training courses at the Werner School of the German Red Cross. The April 1939 issue of *Das Deutsche Rote Kreuz* describes a recent course taken by Red Cross matrons at the Werner School, hosted by the Reich Women's Leadership (*Reichsfrauenführung*).³²⁸ This particular course focused on the philosophy of National Socialism, thereby providing a political rather than practical education. Moreover, the course concluded by bringing together different elements of Nazi ideology. At the end of the meetings and lectures there was an evening singing program and a set of visits from a gymnastic group, the Reich Sports Field, and the Reich Bride School. The concluding evening represented a collection of elements of Nazi ideology. Singing represented a focus on community and culture. Gymnastics and sports represented the Nazi focus on the body and its physical strength. The Reich Bride School suggested the importance of the German woman's place in the

³²⁶ Ibid.

³²⁷ Soine, "From nursing sisters to a sisterhood of nurses," 170-171.

³²⁸ Anonymous German Red Cross Mother Superior. "Schwesternlehrgang für Oberinnen." *Das Deutsche Rote Kreuz*, vol. 3 (Potsdam: April 1939): 176-177. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald.

home. The last two points likewise connect to Nazi conceptions about nursing and women's place in Nazi society. First, physical aptitude was fostered for German women, and its presentation at the end of a nursing training program suggests its ongoing importance for the profession. But in contrast, a performance by the Reich Bride School reveals another way German women could use their bodies—by marrying and having children.

Just within one nursing event, one can therefore see the different aspects of not just the Nazi treatment of nurses, but of German women more broadly. Red Cross officials implied that physical strength was required to be both a good nurse and a good mother. Physical strength, hereditary traits, and “feminine qualities” like motherliness all appeared in nursing and medical discourses before the Nazis came to power in 1933. Red Cross officials, Party leaders, nursing matrons, and medical instructors could thus draw on past conceptions about nursing when creating the ideal nurse of the Third Reich. But politicians and propagandists also altered previous emphases on nurses' physical health by arguing that nurses had to meet certain “racial criteria,” and that they had to prepare their bodies to be strong enough to serve the regime (by bearing children) and by supporting a nation potentially at war.

Discipline & Hierarchy

Discipline proved to be another important concept that Red Cross propagandists used when conveying how a Red Cross nurse should act. The focus on discipline and subservience to the physician within the nursing profession dated back to the writings

19th nursing reformers and it had remained relatively unaltered since its conception up to 1933.³²⁹ In propaganda, Red Cross and Nazi officials echoed this long-standing nursing ethic; but such publications also reflected an adaptation of such ethics. For example, *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz* reported on the Nursing Association's Day in Hamburg in 1934, during which nurses and matrons gathered to discuss the status of their profession and heard speeches about topics relevant to nursing. The magazine printed a speech given to the women by Prof. Dr. Bruening, in which he discussed the role of discipline in the Red Cross motherhouses.³³⁰ He opened the speech declaring that "The foundation of any large organization is discipline." Interestingly, the first example he used to prove this point was not related to nursing. Instead, Dr. Bruening described the changing status of discipline in the German army during the First World War to demonstrate the dire consequences of the lack of discipline. Providing a far-right interpretation and memory of the war, and one supportive of a variation of the *Dolchstoßlegende* (myth of the stab-in-the-back), he said that when Germany went to war in 1914, its army was known as one of the most disciplined armies in the world. But he then said that as the war went on, the discipline in the army loosened and thereby contributed to its defeat.³³¹ The rest of the speech and article then emphasized the importance of following orders and demonstrating self-discipline within the Red Cross motherhouses. This example is significant for a few

³²⁹ See extended discussion in Chapter 1.

³³⁰ Prof. Dr. Bruening, "Disziplin des Mutterhauses vom Roten Kreuz und seiner Schwestern" (von der Verbands-Tagung in Hamburg), *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, no. 5, (Berlin, May 1934): 61- 63.

³³¹ This probably refers to the sailor mutinies at the end of the war. In August 1917 and October and November of 1917, enlisted sailors mutinied and took control of the two German naval bases located in Kiel and Wilhelmshaven. See Daniel Horn, *The German Naval Mutinies of World War I* (New Brunswick: Rutgers University Press, 1969).

reasons. First, it builds on a memory of the First World War in order to remind the audience of the immense repercussions of a failure to follow orders and to implicitly bolster support for the new regime which promised to undo the consequences of Germany's defeat. His specific example again highlights the importance of the First World War in shaping Red Cross nursing in the Third Reich. Second, this example directly connects nursing discipline to military discipline. The speech and its publication build on pre-existing conceptions among nursing reformers about the importance of discipline in the nursing profession and they reinforced the similarities between nurses and soldiers. The speech and its placement in a nursing journal thus represent a step towards the militarization of nursing.³³² Third, the emphasis on discipline primed nurses to follow orders not just from their matrons, but from the regime.

Discipline was emphasized in other nursing articles, which made the connection between long-standing traditions and the proper behavior of a nurse. In "Unsere Werner-Schule im Licht der Volksgemeinschaft. Ein Rückblick" the author, also a nurse, argued for the importance of discipline at the Werner school. She asserted that the spirit

³³² Red Cross nurses were subject to military discipline regulations during the Second World War. There were numerous military orders about putting nurses, nursing assistants, and technical assistants under military discipline regulations. See BA-MA RH 12-23, 4—"Betrifft: Disziplinarstrafen bei Schwestern, Technischen Assistentinnen usw." Oberkommando der Wehrmacht, Chef des Wehrmacht-Sanitätswesens, Tgb.Nr. W 1909/43 KFK/IIBerlin W 50, 6. September 1943. Located in the file "Militärgeschichtliches Forschungsamt-Dokumentenzentrale." Also see RH 55, 120—"Betr.: Unterstellung des Personals der Freiwilligen Krankranpflege der Wehrmachtteile und der Waffen-SS im Heimatkriegsgebiet unter die Wehrmacht-Disziplinarstrafornung". Abschrift v.d.Abschrift. Oberkommando der Wehrmacht, Chef des Wehrmacht-Sanitätswesens, Tgb.Nr. W 3478/43 KFK/I, O.U., den 3.Dezember 1943; "Betr.: Unterstellung des Personals der Freiw.Krankenpflege unter die Wehrmacht-Disziplinarstrafornung", Abschrift. Wehrkreisarzt VIII, Az.: Fr.K.-P.8-Nr.16/44 B, Breslau 18, den 19.2.44; "Betr.: Unterstellung des Personals der Freiw.Krankenpflege unter die Wehrmacht-Disziplinarstrafornung." Wehrkreisarzt VIII-Abt. III-Az.: Fr.K.-P.8-67/44 B, Breslau 18, 20.8.44. All 3 documents are located in the file "Res.Laz. XV f.B.Breslau-105 Vojens/Daen. Personal der Freiwilligen Krankenpflege, 1943-1945."

of the Werner School was modeled off of older Prussian leadership ideals of “Autorität nach unten, Verantwortlichkeit nach oben”. In other words, those below were supposed to follow the orders of those above, where responsibility lay. If students take away one lesson from the Werner School, she suggested, it was the importance of true authority and the knowledge of responsibility.³³³ This theme very much built upon the traditional ethos of obedience and discipline, long extolled in the motherhouses, hospitals, and nursing training programs. This overlap between nursing ideals and Nazi ideals provides another example of how traditional values were adapted to suit Nazi ideology. Before 1933, nurses had much experience in obeying the orders of doctors and relying on them for proper decisions. Red Cross officials and doctors continued to emphasize this quality during the Third Reich. However, they also connected the theme of discipline to that of the “people’s community,” for the article continued by explaining how graduates from the Werner School will leave it with the goal of focusing on the success of the whole, becoming a contributor in the truest sense of the world, in the sense that they contribute to the *Volksgemeinschaft*.³³⁴ Nursing publications thus signaled a changing vision of German Red Cross nursing, which became increasingly oriented towards serving an exclusive group of people rather than all in need.

Nursing, Militarism, and the Impact of the First World War

³³³ Schwester Gertrud Koehm(sp.), “Unsere Werner-Schule im Licht der Volksgemeinschaft. Ein Rückblick.” 17.

³³⁴ Ibid. “Aus seiner solchen Schule gehen Menschen hervor, die mir ihrer Person sich für das Gelingen des Ganzen einsetzten, aus seiner solchen Schule erwachsen Mitarbeiter im wahren Sinne des Wortes, Mitarbeiter im Sinne des Nationalsozialismus, im Sinne der Volksgemeinschaft.”

The importance of discipline, hierarchy, and service to a type of “people’s community” would not have been unfamiliar to German Red Cross nurses who lived in the Third Reich. These were familiar themes not just because of pre-existing nursing discourses, but also because of the historical relationship between Red Cross nursing and militarism. From the late 19th century, in Germany and other nations, national Red Cross societies helped to promote a culture rife with militarism, emphasizing hierarchy, discipline, orderliness, and self-sacrifice. Stretcher-bearers, ambulance units, nurses, and hospital workers trained with the military.³³⁵ Party officials and Red Cross propagandists built upon the pre-existing tradition of relating nursing to military service and altered it for their own goals. Moreover, the memory of the First World War, a war which introduced the concept of the “people’s community” into popular thought in Germany,³³⁶ served as a clear conception of what nursing in war might look like for aspiring nurses in Germany. While the memory of nurses’ service in this war had faded from public view during the period of the Weimar Republic,³³⁷ the Nazis brought this memory back into the public’s eye.

This process of adaptation and alteration appears most clearly in National Socialist and German Red Cross efforts to recruit and train nurses. Publications and new practices depicted and treated nurses as counterparts to soldiers. For example, the cover of the September 1941 issue of *Das Deutsche Rote Kreuz* presented a full-page black and white photograph of an austere *DRK-Schwesternhelferinnen* (nursing assistant). She

³³⁵ Hutchinson, *Champions of Charity*, especially 256, 352. According to Hutchinson, Red Cross societies “proved themselves adept at employing the concepts of service and sacrifice to both popularize and to justify the additional labor obligations that men and women—especially women—were expected to accept if they were living in a belligerent state.” This theme is discussed in detail in Chapter 1.

³³⁶ Wildt, *Hitler’s Volksgemeinschaft*, 16-18; Peter Fritzsche, *Life and Death in the Third Reich*, 38-40.

³³⁷ As discussed in Chapter 1.

has a very serious, almost expressionless appearance, almost as if she were a new cadet.³³⁸ This was just one of many public portrayals that likened the Red Cross nurse to a soldier. Other examples include special uniforms, badges, pins, caps, and elaborate ceremonies for advancements, seen in the German Red Cross and among professional nurses, all of which mirrored the military system of recognition. The monthly journal of the German Red Cross reported on nurses' promotions and service awards.³³⁹ In addition, German Red Cross recruitment documents explicitly described Red Cross nurses' commitment to the army. In *Das Deutsche Rote Kreuz und seine Schwestern*, the authors present the characteristics and tasks of a Red Cross sister, highlighting her service to the German people through poems, pictures, and descriptions of the variety of ways a nurse could contribute to the nation.³⁴⁰ They emphasized the various and experiences of nurses, nurses' dedication to the Wehrmacht, and the important ways in which nurses served the state. The booklet opens with a poem describing the work of the nurse and inviting girls to join nursing as a parallel to men's service in war. The author calls on the girls to march out in files, just like soldiers, to help construct the German empire. They should focus on the health of the people—a “most precious treasure”—and be faithful to Hitler. The last lines of the poem suggest that nurses too must be ready when duty calls, that when their men are missing, these women must also step out for service.³⁴¹ Thus, nurses are introduced as counterparts to soldiers. A similar message is presented the speech by Sister Gusti Gruber, who described Red Cross

³³⁸ See *Das Deutsche Rote Kreuz*, vol. 5 (Potsdam: September 1941), cover picture. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald.

³³⁹ See Anonymous, “Auszeichnung verdienter Schwestern,” *Das Deutsche Rote Kreuz*, vol. 3 (Potsdam: February 1939): 76. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald

³⁴⁰ *Das Deutsche Rote Kreuz und seine Schwestern*

³⁴¹ Ibid.

nurses as among a “band of fighters” working to protect and increase Germany’s size and strength.³⁴² Likewise, according to German Red Cross official Felix Grüneisen, nurses were required “to have no less courage and self-denial than are front-line soldiers.”³⁴³

Thus, among the most important characteristics of an ideal Red Cross nurse was her dedication to the German soldier. Indeed, military nursing echoed traditional Red Cross nursing activities, for the German Red Cross was originally founded to take care of wounded soldiers. *Das Deutsche Rote Kreuz* describes the various tasks open to military nurses and the qualities necessary to complete such tasks. Red Cross nurses could, the author of the booklet argued, work in the traditional *Standortlazarette* or station hospitals, usually dedicated to taking care of soldiers. In these hospitals, nurses are said to demonstrate modesty, bravery, helpfulness, and loyal comradeship. They also learn to adjust the lessons they learned in training and civilian hospitals to the care of soldiers. The example given is food preparation, but the reality of the work adjustment was drastically understated.³⁴⁴ It is interesting that food preparation is connected to military nursing. This was not necessarily incorrect—nurses were charged with preparing meals for hundreds of thousands of soldiers, and the German Red Cross also managed train station meal service stations and the sending of care packages, which included food, to soldiers.³⁴⁵ However, this aversion from harsher aspects of the reality of war, like caring for wounded and dying soldiers, resembles other discussions

³⁴² Gruber, “Berufseignung und Berufsauffassung,” 310.

³⁴³ Grüneisen, *Das Deutsche Rote Kreuz in Vergangenheit und Gegenwart*, 212-213.

³⁴⁴ *Das Deutsche Rote Kreuz und seine Schwestern*, 16.

³⁴⁵ Riesenberger, *Das Deutsche Rote Kreuz*, 329-330. After November 1, 1941 German Red Cross nursing assistants and auxiliaries also worked as members of larger groups termed *Betreuungshelferinnenschaft*.

about conflict in Nazi Germany—there was a dual face in the propaganda, one which presented images closer to the grim truth and others which relied on misleading and “inflated language.”³⁴⁶ The description of nursing tasks in the military thus can suggest a number of things about the relationship between the NS-regime and its Red Cross nurses. The most important point here is that that nurses’ work was depicted as valuable to the armed forces.

The booklet’s section on the work of the German Red Cross in the Third Reich focused primarily on the relationship between Red Cross nursing and the armed forces. For example, there is a discussion of the nurses’ “war uniforms,” which were to be worn in future conflicts. These were grey, with a hat, and marked the characters of the motherhouse of each particular nurse. The author claims that the experiences of the First World War revealed the importance of having a similar war uniform for all nurses, and that such uniforms also resembled those of the medical officers.³⁴⁷ Such discussion harkens back to the longer history of Red Cross contributions to the military medical corps. But Red Cross propaganda aimed to use this past to draw more nurses into the profession, so that they could provide service to the military in the future, as “Wehrmacht sisters.”³⁴⁸ Red Cross nurses worked not only in hospitals and clinics, but also in the hospitals of Army, Navy and Air Force, and (in the past) in the open field. Propaganda in the journal of the German Red Cross thus emphasized the variety of work a nurse could perform and by highlighting the nurses’ work in the army, it

³⁴⁶ Mosse, *Fallen Soldiers*, 202-204.

³⁴⁷ *Deutsche Rote Kreuz und seine Schwestern*, 22.

³⁴⁸ Anonymous, “Schwestern im DRK,” 119-121.

suggested, like above, that nurses were counterparts of soldiers and could perform an exciting service to the nation.³⁴⁹

The work of future nurses is also considered with a discussion of novice training in *Das Deutsche Rote Kreuz und seine Schwestern*, revealing the close cooperation between the German Red Cross and the German youth. According to the booklet, Red Cross nurses worked with doctors to instruct young girls and women in first aid. In addition, they trained women to be nurses and nurses' aides. These girls and women would not only be working in the medical corps, but also in air raid defense and local emergency services.³⁵⁰ Such tasks overlapped with and expanded traditional nursing responsibilities, and they connected nursing explicitly with wartime preparation and defense. Such work also signaled the involvement of the German Red Cross with the youth, with efforts to recruit young people to the society and prepare them for times of duress.

Despite similarities between pre-1933 and Nazi-era depictions of nurses' relationship to the military, the recruitment of women for military nursing in the Third Reich differed from pre-existing conceptions about the relationship between militarism for a few reasons. First, although in the 19th century the German Red Cross nursing associations received guidelines outlining how nurses should work with the military and of what qualities they should possess, and although in the First World War nurses were described as both counterparts to soldiers and as distinctly "feminine" within the masculine world of war,³⁵¹ the emphasis on women's action, such as that of nurses'

³⁴⁹ Anonymous, "Schwestern im DRK."

³⁵⁰ *Deutsche Rote Kreuz und seine Schwestern*, 18.

³⁵¹ As described in Chapter 1.

marching alongside soldiers, was much stronger in the Third Reich. Second, the kind of nursing tasks suggested of nurses in these publications represented an increased scale of range and intensity in comparison to previous wars, for nurses were expected to serve in a large range of capacities in the military hospitals and to take on responsibilities for protecting their homeland, as signaled through the emphasis on air raid protection units. Lastly, the connection between nursing and militarism in the Third Reich was heavily based off of the memory of the First World War.

Indeed, those wanting to draw more women into the nursing profession and those women considering joining the German Red Cross could find inspiration in memoirs and collected writings about nursing in the First World War. Such memoirs re-emphasized long-familiar nursing characteristics—bravery, femininity, the ability to provide comfort—but added in new ones, such as the elements of public acknowledgement and a sense of adventure. There was a wave of World War One memoirs published by veteran soldiers at the end of the 1920s and in the 1930s in Germany.³⁵² After 1933, nursing memoirs and other publications about war nursing provided another direct connection to past ideas about nursing that could be easily connected to larger Nazi goals of recovering Germany's strength. Writings about nursing in the First World War could serve as a motivation for German women to become nurses so that they too could experience the excitement of battle and help their nation.

Three of the most important themes to come out of these publications were the adventure of wartime nursing, the prestige attached to it, and the comparison of the war

³⁵² Eksteins, "All Quiet on the Western Front and the Fate of a War," 345-366; Mosse, *Fallen Soldiers*, 182-186, 189. Also see extended discussion in Chapter 1.

nurse to the male soldier. Publications such as Helene Miersch's *Kamerad Schwester, 1914-1918*; Henriette Riemann's *Schwestern der vierten Armee*; and Käthe Russner's *Schwesterndienst im Weltkrieg. Feldpostbriefe und Tagebuchblätter* reminded the German public of how women could contribute to war effort and of the prestige associated with such work.³⁵³ The latter book, appearing under a slightly different title, *As a Nurse in the World Wars: War Letters and Diary Pages (Als Schwester im Weltkriege. Feldpostbriefe und Tagebuchblätter)*, was reviewed in the January 1937 issue of *Rescue and Relief*.³⁵⁴ The reviewer emphasized that this book was one of many in the growing field of literature about nursing and medical care during the war. Russner's book covers her experiences working as a nurse during the First World War. Up until 1917 she worked in a hospital within Germany, and then in 1918 she worked in hospitals in the staging areas and in the Eastern and Western occupied territories. The memoir thus offers an overview of the large variety of experiences and opportunities a nurse when helping her country during war. Russner specifically mentions the changing daily circumstances of life in a hospital, the different responsibilities of nurses, nurses' aides and medical personnel, and the "moving gratitude" and attachment a soldier felt towards "his" nurse. The memoir thus implies that nurses held much responsibility and formed personal relationships with soldiers. The reviewer suggests that if the author had

³⁵³ See Helene Miersch, *Kamerad Schwester, 1914-1918*; Henriette Riemann, *Schwestern der vierten Armee: ein Kriegstagebuch* (Karl Voegels, 1930); and Käthe Russner, *Schwesterndienst im Weltkrieg. Feldpostbriefe und Tagebuchblätter* (Leipzig: Breitkopf and Härtel, 1936). Also see S. v. Hoerner-Heintze, *Mädels im Kriegsdienst. Ein Stück Leben*. 3rd Edn. (Munich, 1935); M. Schickedanz, *Das Heimatheer der Frauen. Band 2-Frauenhilfe hinter der Front und hinter Stacheldraht* (Leipzig and Berlin: Teubner, 1936); and Elfriede von Pflugk-Harttung, *Frontschwwestern: Ein deutsches Ehrenbuch 1936*, 2nd edn. *Frontschwwestern: Ein deutsches Ehrenbuch*, 2nd Edn. (Berlin: Bernard and Graefe, 1936).

³⁵⁴ Käthe Russner, *Als Schwester im Weltkriege. Feldpostbriefe und Tagebuchblätter*. (Leipzig: Verlag Breitkopf & Haertel). Reviewed by Bt., in *Deutsches Rotes Kreuz. Rettung und Hilfe. Zeitschrift des Deutschen Roten Kreuzes für die Arbeit der Männervereine und Sanitätskolonnen*. vol. 6, no.2 (Berlin, 15 January 1937). Preußische Staatsbibliothek Berlin Kq 8457/67

a purpose in writing about her war experiences, it was to keep the memory of the heroism of the “field grey” and the thankfulness for the nurses’ actions alive. Another book, *Frontschwester: Ein deutsches Ehrenbuch 1936*, presented a collection of diary and memory fragments of 51 women who served in the First World War, honoring their service. Nurses’ contributions to this book signified their lasting connection to and memory of their wartime service, and their participation in preparing the nation for the next war.³⁵⁵ Publications such as these emphasized women’s self-sacrifice for the survival of the nation; the variety of experiences that a war nurse could have, including travel to foreign lands; and her important contributions to the military effort.

The publication of *Als Schwester im Weltkrieg* and *Frontschwester*, their content, and the attention given to nursing memoirs in German Red Cross publications in the 1930s suggest that there was an interest in the nursing experiences in the First World War, and they conveyed to readers that the German Red Cross placed great value on its nurses’ wartime contributions. The publication of books about nursing and war demonstrated to readers the positive attention they could receive from participating in nursing and medical services. These books also fit into a larger discussion of the memory of World War One and can be seen as a female counterpart to soldiers’ war memoirs. Both highlighted the bravery and self-sacrifice of men and women at the battlefield, and in doing so, they supported a specific memory of the war (“stab-in-the-back” legend and mythologized image of the soldier’s experience) that the Nazis wanted to convey.³⁵⁶

³⁵⁵ Elfriede von Pflugk-Hartung, ed., *Frontschwester: Ein deutsches Ehrenbuch 1936*, and Schulte, “The sick warrior’s sister,” 135.

³⁵⁶ Mosse, *Fallen Soldiers*, 182-204.

Contemporary nursing publications also built on the memory of the First World War and they compared nurses to soldiers through their service to a larger cause. *Das Deutsche Rote Kreuz und seine Schwestern* gives attention to Red Cross nursing in the World War—presumably the First World War. The author asserted that the Red Cross on the white field symbolized the gathering of wounded soldiers from the field, the saving of their lives, and the offering of consolation to these men and their loved ones. Red Cross nurses worked in “comradely association” with nurses from other organizations in years of service, “fearlessly” giving their best to care for soldiers. The thanks from the soldiers, the booklet suggests, was their “beautiful reward.”³⁵⁷ In particular, according to this depiction, nurses spent long periods of time, months and years, in hospital trains. They accompanied the wounded home, nursing them, watching them, cooking for them, and assisting in operations. Doctors also relied on the overworked nurses to treat wounds on their own—suggesting that medical service near the front provided nurses more professional independence than at home, although this independence came with overstrain and exhaustion. However, the independent actions taken by nurses in the First World War, depicted in personal postwar recollections³⁵⁸, were contrasted by the emphasis on the strict following of orders, present in traditional nursing discourses and in Nazi publications. Thus, not every memory of the First World War was integrated into Nazi-era discourses.

The authors of *Das Deutsche Rote Kreuz und seine Schwestern* emphasized to readers the importance of nurses’ wartime work with soldiers. They wrote about how

³⁵⁷ *Das Deutsche Rote Kreuz und seine Schwestern*

³⁵⁸ Schönberger, “Motherly Heroines,” 87-113. Also see extended discussion on nursing in the First World War in Chapter 1.

soldiers were deeply impressed by meeting the caring German women after encountering so much danger at the front. In addition, nurses served as distractions from the war, allowing soldiers to joke with them and tell and remind soldiers of their homes. The highest level of praise of wartime nursing comes from Hitler, who is quoted as saying that he learned of the helpfulness of the medical corps man and the “soothing care” the nurse. Having been wounded in the war, his praise here was aimed at validating the above descriptions, and also as a lead-in to the next section in the booklet, on nursing under National Socialism.³⁵⁹ The memory of nurses’ actions during the First World War explicitly served as a way to characterize nursing under National Socialism, and as a way to motivate more women to become nurses of the German Red Cross.

Personal and family experiences from the First World War and its aftermath could build on these public portrayals and memories to encourage individual nurses to continue to work or begin working during the Third Reich. Perhaps most obviously, such discussions could appeal to veteran nurses who served in the First World War. Helene Mierisch, for example, had worked in field hospitals in the First World War, and she continued to work as a Red Cross nurse in the Weimar Republic and then in the Third Reich. Her experiences in the First World War thus served as a motivation for her to continue to nurse, especially once the Second World War began in 1939.³⁶⁰ Other nurses, such as Brigitte Penkert and Ingeborg Ochsenkecht, could also find war nursing memoirs appealing, as well as nursing propaganda which referred to the memory of the First World War. Ochsenkecht’s father had often told her his memories as a soldier

³⁵⁹ *Das Deutsche Rote Kreuz und seine Schwestern*, 21-22.

³⁶⁰ Mierisch, *Kamerad Schwester 1914-1918*; and Mierisch, *Ärzte, Schwestern und Soldaten*.

in the war—it was a constant presence in her life.³⁶¹ The war had affected Penkert in a different way, for her family had lost their home in Upper Silesia as a consequence of Germany's defeat in 1918 and the nations' subsequent loss of its Eastern territories. She found inspiration for nursing not just in this personal tragedy, but also in the memoirs collected by Elfriede von Pflugk-Harttung in *Frontschwester—ein deutsches Ehrenbuch*.³⁶² However, in both cases, these women were inspired by the past, and by the desire to help their nation regain its position and its lands. The memories of the First World War and its nurses could thus serve as a source for Nazi leaders, Red Cross officials, and individual women to draw on when trying to convince other women or, as in the case of Penkert, themselves, to become Red Cross nurses. Likewise, the qualities of nursing in war—public respect, adventure, self-sacrifice for the nation, and female corollaries to soldiers—could be utilized to create an image of a nurse to fit in with Nazi ideology. This nurse was not a passive female caretaker, but rather a woman who actively worked to maintain and strengthen the armed forces.

The militarization of Red Cross nursing occurred not just through propaganda and memoirs of the First World War. In the years leading up to the Second World War, the regime also erected laws to place Red Cross nurses firmly under the control of the armed forces. This legislation represented concrete examples of the co-ordination or *Gleichschaltung* of the nursing sisterhoods into the German military, so that they could be used to further the NS-regime's goals. For example, the 1937 Law of the German Red Cross formalized an ongoing and ever-closer relationship between the society and the Wehrmacht; the law required nurses to complete training exercises with the

³⁶¹ Ochsenknecht 'Als ob der Schnee alles zudeckte,' 1-49, esp. 18, 29, 48.

³⁶² Penkert, *Briefe einer Rotkreuzschwester*, esp. 7-53, 250-261.

Wehrmacht on a regular basis.³⁶³ In addition, this law, which was passed in late December 1937 and implemented in full strength the next year, occurred within the larger context of the beginning of the reorganization of the Armed Forces Command and “the beginning of more active expansionist policies abroad.”³⁶⁴ In February 1938, Hindenburg was given the honorary title of Commander in Chief of the Armed Forces, while Hitler in effect assumed command of the armed forces. Thus, the integration of nurses into the armed forces coincided with the Nazi takeover of the military. Then, on June 10, 1939, the “Principles for the Distribution and Use of the Population in war” (*Grundsätzen für die Verteilung und den Einsatz der Bevölkerung im Krieg*) declared that the army could claim nurses and nursing staff from hospitals for field and reserve hospitals. The Wehrmacht was officially entitled to order and use Red Cross nurses when needed. The Inspectors of the German Red Cross were the authorizing offices for this process, and they helped coordinate the transfer of nurses from civilian to military service.³⁶⁵ The deployment of nurses into the army was further outlined through the “Service Regulations for Nurses, Nursing Assistants and Auxiliaries of the Armed Forces for Special Use” (*Dienstordnung für Krankenschwestern, Schwesternhelferinnen und Helferinnen der Wehrmacht bei besonderen Einsatz*) of August 28, 1939.³⁶⁶ A circular directive from the Reich Minister of the Interior from September 13, 1939 also stipulated that female nursing personnel could be called upon for tasks of “state

³⁶³ BA-MA RH 12-23, 1041—“Betr.: Satzung des Deutschen Roten Kreuzes vom 24. Dezember 1937.”

³⁶⁴ Broszat, *The Hitler State*, 294-295. At the same time, the old Armed Forces Office of the Defense Ministry was dissolved and replaced by the High Command of the Armed Forces (*Oberkommando der Wehrmacht-OKH*), directed by General Keitel, which answered to Hitler. The first drastic change in Nazi foreign policy in 1938 was the March *Anschluss* with Austria.

³⁶⁵ Stepe and Klich, “Zeittafel Krankenpflege 1933-1945,” 24.

³⁶⁶ *Ibid.*, 24.

political” meaning (*Aufgaben von staatspolitischer Bedeutung*). There were thus a number of decrees ordering the integration of Red Cross nurses into the military.

During the Third Reich, the image of the ideal nurse and her actions became increasingly militaristic. Red Cross nurses were expected to be submissive and self-sacrificing, and to dedicate themselves to supporting German soldiers. Red Cross and Nazi officials built on past nursing discourses that compared nursing training to that of the military and that utilized the memories of voluntary Red Cross nursing in past conflicts. The memory of the First World War, however, was a point which intersected discourse with personal circumstances, as nurses’ participation in the war, and its effect on German society, could motivate younger women to join the Red Cross nursing motherhouses so that they too could dedicate themselves to the military and to the “people’s community.” In this way, the militarization of an organization was made to seem like a continuation of past activities, when in fact it was not, for nurses were assigned more soldierly characteristics, with the intention of protecting their nation both on the home front and wherever the soldiers went. Moreover, the tasks of Red Cross nurses during the Third Reich were directed towards results unlike those in any other nation, or any other time. More specifically, the community which Red Cross nurses were intended to dedicate themselves to be an exclusive one, based on National Socialist racist ideology, and nurses were expected to value this community above themselves.

Caring for the “People’s Community”

The themes of a nurse's subordination to her superiors, her dedication to the military, and her valuing of the life of the soldier with utmost importance could be adapted by National Socialist and Red Cross officials to fit into their vision of the relationship between the individual and the "people's community." In the 19th century, nursing educators had emphasized the importance of one working for a larger task or group—such as the hospital—above any individual concerns. In other words, nurses had long been taught that they should prioritize the needs of others over their own.³⁶⁷ Working under the supervision of Nazi Party members, German Red Cross propagandists, the editors of nursing journals, and teachers in nursing schools built off of these ideas, replacing the general idea of working for a larger cause, be it a hospital ward or a room full of patients, with that of the "people's community" or the *Volksgemeinschaft*. This community was characterized by the inclusion of "Aryan" Germans and the often violent exclusion of Jews, "asocials," and others the regime considered genetically unfit.³⁶⁸ In the Third Reich, nurses were taught that they should place utmost importance on maintaining the welfare of this community. The main locations for transmitting the idea of service to the "people's community" were the nursing journals, the motherhouses, and nursing training schools. These institutions and publications could reach nurses at different stages of their careers, from the novice to the matron.

This process of adaptation appears in Red Cross and nursing publications made shortly after the Nazis took power in Germany. Party ideologues and Red Cross

³⁶⁷ Reverby, *Ordered to Care*, 51-54. Reverby also cites Dock, "The Relation of Training Schools to Hospitals," 16.

³⁶⁸ Wildt, *Hitler's Volksgemeinschaft*, 3-9, 38, 272; Fritzsche, *Life and Death in the Third Reich*, 38-43.

officials supportive of the regime conveyed ideas about nursing to the directors of nursing schools, mother superiors, and nurses which fostered the idea that nurses should not work exclusively towards healing the sick, but to promote the public health of the German *Volk* or rather, “*Vorsorge statt Fürsorge*.”³⁶⁹ This was an interventionist approach to healthcare, focusing on preventing the decay or decline of the populations’ health. Public health and welfare was an important aspect of National Socialist policy; programs such as the Winter Aid Relief, and associations such as the National Socialist People’s Welfare organization (NSV) focused on improving the well-being of “Aryan” German citizens. However, the NS-regime’s focus on public health was also based on racial theories, so that “prevention” came to have dangerous implications for those who were seen as threats to the community. Anyone whose racial or behavioral profile did not meet “Aryan” standards would be “prevented” from harming the health of others. The health of the German racial community was prioritized over healing individuals who might be “harmful” because of sickness or “racial deformity.”³⁷⁰ Affected by Nazi ideology and propaganda, Red Cross and nursing journals infused these ideas into their articles. They provided detailed physiological and psychological descriptions of the differences between ethnic and national groups and they carried with them an attitude of scientific expertise.³⁷¹ These publications demonstrated how racist and eugenicist-based

³⁶⁹ Hilde Steppe, “Nursing under totalitarian regimes,” 13-14.

³⁷⁰ Weindling, *Health, Race and German Politics*, 479-545.

³⁷¹ Articles on race & health featured in nursing and Red Cross magazines include: Kreiskolonnenführer Dr.med. Haf(s?)termann-Duesseldorf (sp.), “Die Stellung des Rotkreuz-Arztes im nationalsozialistischen Staat.” *Deutsches Rotes Kreuz. Rettung und Hilfe. Zeitschrift des Deutschen Roten Kreuzes für die Arbeit der Männervereine und Sanitätskolonnen*, vol.v6, no. 8 (Berlin, 15 April 1937); Ministerialdirektor Guett, “Rasse=und Volksgesundheitsdienst,” *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, no.1 (Berlin, January 1934): 32. Preußische Staatsbibliothek Berlin Kq 8457/21-1934; Dr. H. Goellner, Berlin, “Wissenschaft und Fortbildung. Rasse, Volk und Staat,” *Die Deutsche Schwester. Amtliche Zeitschrift der Reichsfachschaft Deutscher Schwestern*, vol. 4, no. 2 (15 February 1936): 29-32; and

theories about health reached beyond doctors and ideologues into the popular nursing discourses, and how such theories thereby shaped public discussions about who deserved humanitarian aid.³⁷²

The language of ethics was also incorporated into this discussion of nurses' service to the "people's community." This is demonstrated in the early research of Hilde Steppe, who highlighted how the Nazi racial ethics were combined with traditional nursing ethics in nursing journals as early as 1934. This change was even seen in religious nursing orders. For example, in "Protestant Social Welfare Work and National Socialism," from the monthly journal of the *Reichsfachschaft deutscher Schwestern und Pflegerinnen*, the history of the Protestant Welfare Society was compared to that of National Socialism, as both focused on "service and responsibility to the whole."³⁷³ The goals of the religious aid organization and the Nazi Party were made to appear the same, signaling a change in the public portrayal of religious *and* humanitarian ethics. Nursing journals were thus one location where editors—often Party members or at least

Maria Hess, Sachbearbeiterin für Frauenarbeit im Rassenpolitischen Amt der NSDAP, Reichsleitung, Berlin, "Erbe und Rasse. Von der Arbeit des Rassenpolitischen Amtes." *Die Deutsche Schwester. Amtliche Zeitschrift der Reichsfachschaft Deutscher Schwestern*, vol. 4, no. 11 (15 November 1936): 289. McFarland-Icke also discusses how psychiatric nurses were already discussing eugenics-based treatment for psychiatric patients before 1933. This was another example of how Nazi ideas were not "new" but rather built on and then drastically altered pre-existing ones. See McFarland-Icke, *Nurses in Nazi Germany*, 33-66.

³⁷² Much is known about leading doctors' commitment to "racial hygiene" in the Third Reich and how National Socialist influence over medicine led to forced sterilizations, the T-4 "Euthanasia" Program, and human experimentation. See, for example, Lifton, *The Nazi doctors*; Henke, ed., *Tödliche Medizin im Nationalsozialismus*; and Götz Aly, Peter Chroust and Christian Pross, *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene*, trans. Belinda Cooper (Baltimore and London: The Johns Hopkins University Press, 1994). Likewise, historian Claudia Koonz demonstrated how scientists and intellectuals, preoccupied with theories of "racial hygiene," reflected the "Nazi conscience." The "Nazi conscience" prioritized the care and human rights only of those considered "racially pure" and ignored the needs and rights of those outside of this exclusive circle. See Koonz, *The Nazi Conscience*. Here and below I argue that their ideas filtered down from medical and intellectual circles to become part of the public image of German Red Cross nursing.

³⁷³ Hilde Steppe, "Nursing in the Third Reich," 26.

supervised by Party members—chose to merge pre-existing ideas with those of the Nazis.

Another location where the ideal of placing the community over oneself was taught was the nursing motherhouse. The motherhouse was the home and main location for training for Red Cross nurses. Matrons, who supervised all nurses belonging to a motherhouse, worked with local hospitals to arrange nurse's training and service, and nurses worked together in the motherhouse to maintain it. The motherhouse therefore fostered a sense of community for nurses.³⁷⁴ According to Felix Grüneisen, the training offered at the motherhouses was useful for girls looking for a short or long stay in the nursing profession. It was also useful as preparation for their “main duty” later in life, that is, caring for the family. In both roles, Grüneisen suggests, women put the needs of others, i.e. of the “people's community,” before their own.³⁷⁵

But how did a matron know how to convey the importance of the “people's community” to her nurses and novices? The NS-regime utilized the Werner School as site for the ideological indoctrination of matrons and nursing instructors. The Werner school was originally established in 1927 in Berlin as a location for continuing education for mother superiors and advanced nurses of the German Red Cross.³⁷⁶ The

³⁷⁴ Some motherhouse sisters maintained strong ties to each other through the war, and even long after. See DTA 1337—“Treffen der Feldschwestern (1939-1945) in der Badischen Schwesternschaft vom Roten Kreuz.”

³⁷⁵ Koonz, *Mothers in the Fatherland*. Also see Schwester Auguste Breumm, “Wie wirkt sich die Schwesternarbeit in der Volksgemeinschaft aus?” (1.Preis), *Die Deutsche Schwester. Amtliche Zeitschrift der Reichsfachschaft Deutscher Schwestern*, vol.4, no.10 (15 October 1936): 265-267.

³⁷⁶ Grüneisen, *Das Deutsche Rote Kreuz in Vergangenheit und Gegenwart*, 175. The Werner School had been located in Berlin-Lankwitz, and it was destroyed in a bombing attack on the night of August 23-24 1943. Its students (and the title “Werner School”) were transferred to another training location in Göttingen, where the Werner School remains today. See BA R 1508, 732—“Betr.: Einbruchdiebstahlversicherung-DRK-Werner-Schule, Berlin-Lankwitz, Frobenstr. 75-77; Versicherungsschein Nr. 42 30 81 (Werner-Schule), Nr. 41 99 54 (Gartenhaus)”, 3.12.43; “Betr.:

school provided German Red Cross nurses with education on how to take on supervisory and leading roles within clinics, hospitals, and motherhouses. Instructors also offered specialized medical training and short term courses for less-experienced nurses. After 1933, the German Red Cross central leadership, located in Potsdam and then in Berlin, gained more influence over the school. German Red Cross nursing publications from 1933-1945 contain numerous articles and advertisements for the Werner School, reminding readers of the topics they can learn there and the knowledge they can gain.³⁷⁷ The ubiquity of the school in these periodicals suggests an effort to make it more popular among its readers—thereby hinting that it was not attended as much as the school’s directors hoped. Every so often, a nursing journal would publish a recap of recent events at the Werner School, like conferences for the matrons. These articles reveal the content that these women were exposed to, and they also serve to convey this knowledge to nurses who did not attend. The theme of putting the needs of the “people’s community” before one’s own needs appeared often.

For example, the February 1934 issue of *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz* articulated the purpose and features of the Werner School in

Haftpflichtversicherung Nr. 1100 000/67-Wagnis DRK-Werner-Schule Berlin Lankwitz, Frobenstr. 75-77”, 25.8.44. Documents are located in the file “DRK-Werner-Schule.” Also see the current website for the Werner-Schule vom Deutschen Roten Kreuz, accessed May 4, 2015. <http://www.werner-schule.de/index.html>

³⁷⁷ *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, no. 1 (January 1934): 12. Additional articles on the Werner School include: “10 Jahre Wernerschule” in *Deutsches Rotes Kreuz. Rettung und Hilfe. Zeitschrift des Deutschen Roten Kreuzes für die Arbeit der Männervereine und Sanitätskolonnen*, vol. 6, no. 6 (Berlin, 15 March 1937). Preußische Staatsbibliothek Berlin; “Tagungen und Lehrgänge. Werner-Schule des Deutschen Roten Kreuzes. Berlin-Lankwitz, Frobenstr.75. Abteilung III. Kurze Fortbildungs-und Wiederholungslehrgaenge fuer Schwestern.1934/1935,” *Blätter des Deutschen Roten Kreuzes* 1934, Preußische Staatsbibliothek Berlin Kq 8452/33; “Aller Anfang ist schwer,” *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, no. 1, (Berlin, January 1934): 35, Preußische Staatsbibliothek Berlin Kq 8457/21-1934; and “Bedeutende Tage in der Werner=Schule vom Roten Kreuz” by a sister from Abteilung 1 in *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, no. 4, (Berlin, April 1934): 46, Preußische Staatsbibliothek Berlin Kq 8457/21-1934

“Unsere Werner-Schule im Licht der Volksgemeinschaft. Ein Rückblick.”³⁷⁸ The article began by describing the importance of spreading the ideas of *Mein Kampf* throughout the community, and of training future Nazis in leadership schools. The Werner School, the author argued, is one such place where this is done. The motherhouses had been traditionally been the location that trained nurses, but the Werner School was intended to supplement the motherhouses so that they could properly instruct their member nurses on National Socialist ideology. The positioning of the Werner School as a place of creating new Nazi leaders also suggests that the motherhouses had *not* done enough to propagate National Socialism, and that they could not train ideologically-committed nurses well enough on their own. At this school, in the Reich’s capital, the new and future leaders of the motherhouses were supposed to learn more about how National Socialist ideology applied to the nursing profession and the importance of following the orders of Hitler. Here we can thus see the infusion of the *Führer* principle into the leading ranks of German Red Cross nursing.³⁷⁹ Moreover, Cross matrons also were reminded of the need to instruct nurses in following one’s duty, and to demonstrate self-sacrifice, self-discipline, and a sense of responsibility. By encouraging these nursing characteristics, the school thereby aimed to create loyal followers to the Party and, more importantly, to Hitler, and it encouraged a sense of commitment to the community of the German people.³⁸⁰

³⁷⁸ Schwester Gertrud Koehm(sp.), “Unsere Werner-Schule im Licht der Volksgemeinschaft. Ein Rückblick.” 17.

³⁷⁹ The *Führer* principle is the idea that Hitler had supreme authority in Germany, and that he did not exercise his power from the center of the state or Party administration, but that instead he intervened “from the outside,” “equally removed from Party and state organizations.” Broszat, *The Hitler State*, x, xii, 294-329.

³⁸⁰ Schwester Gertrud Koehm(sp.), “Unsere Werner-Schule im Licht der Volksgemeinschaft. Ein Rückblick,” 16-17.

In addition, the Werner School invited nurses from other organizations to attend and continue their education.³⁸¹ In doing so, different worldviews could be discussed, according to author Sister Gertrud. But this discussion no doubt argued that the National Socialist views were the ones to follow. One also wonders about the effectiveness of creating a unified outlook among nurses from different associations—how could nurses from religious sisterhoods always easily be in agreement with the National Socialist and Red Cross sisterhoods, from which the Catholic and Protestant nurses had always remained separate?³⁸² The directors of the Werner School aimed to overcome these differences and to give a solid philosophical world view to nurses. The school also emphasized the importance of nurses and superiors entering themselves into a community without any concessions, and to always have the educational status of the nursing community in mind. The author recognizes that all mother superiors had different experiences, but the training of the Werner School was supposed to create a sense of unity among the motherhouses.³⁸³ The goal of helping the “people’s community” was supposed to convince nurses from different associations and backgrounds overcome their differences.³⁸⁴ The main goal of the Werner school was thus supposed to teach all Red Cross nurses and their students that they should value the

³⁸¹ Ibid., 17.

³⁸² For a discussion of the history of Protestant sisterhoods in Germany during the Third Reich, see Liselotte Katscher’s works: *Krankenpflege und "Drittes Reich". Der Weg der Schwesternschaft des Evangelischen Diakonievereins 1933-1939* (1990); *Krankenpflege und Zweiter Weltkrieg: der Weg der Schwesternschaft des Evangelischen Diakonievereins, Herbst 1939-Ende 1944* (1992); and *Krankenpflege und das Jahr 1945: Der Zusammenbruch und seine Folgen am Beispiel der Schwesternschaft des Evangelischen Diakonievereins* (1993).

³⁸³ Research on the training of the National Socialist sisters, moreover, has shown that the fragmentation of nursing in Germany and the use of non NS-Sisters as instructors made it more difficult to enforce strict ideological conformity. See, for example, Schweikardt, “The National Socialist Sisterhood.”

³⁸⁴ Schwester Gertrud Koehm(sp.), “Unsere Werner-Schule im Licht der Volksgemeinschaft. Ein Rückblick,” 17

success of the whole above that of themselves or an individual. The instructors of the Werner School hoped that Red Cross nurses would embody the meaning of National Socialism, and a sense of national community.

Propaganda about the Werner School also signaled a change in the purpose of Red Cross nursing, for the school and nursing itself was presented as pioneers of the “new age”, or the Third Reich. Sister Gertrud stated that those who have attended the Werner School should bring its messages out to the “people’s community,” thereby expanding the circle of the school—i.e. nurses and matrons—into the community.³⁸⁵ Nurses were said to be pioneers in the sense that they were spreading a message of a new kind of time. There is therefore a suggestion here that nurses were also depicted as political actors in nursing publications—political in the sense that they were endowed with the power to change the character of the national community. Also significant is that Werner School graduates were endowed with political significance *in peacetime*, which nurses had never really possessed, anywhere. This article echoes Dr. Grawitz’s words at the opening of this chapter: “the nurse working at the bedside is also responsible for political work on the life of the nation.”³⁸⁶ The descriptions of the Werner School provide insight into what lessons nurses received during their ideological instruction, and how the directors of the school envisioned its nurses contributing Nazi society.

The monthly journal of the German Red Cross reported on the education and training that took place at the Werner School. The April 1939 issue describes a recent course taken by Red Cross matrons at the Werner School, hosted by the Reich

³⁸⁵ Ibid.

³⁸⁶ Gusti Gruber, “Berufseignung und Berufsauffassung,” 312.

Women's Leadership (*Reichsfrauenführung*).³⁸⁷ In past years, these gatherings focused on professional issues and topics related to the everyday practices of nursing. But this year's course was intended to focus exclusively on the philosophy of National Socialism. In particular, there was an explanation of the importance of the idea of "das ganzen Zusammenseins" or the "whole being together."³⁸⁸ There was thus emphasis on the nurses' –and all Germans'—relationships to the national community, valuing this community above any individual. Nurses heard lectures not about everyday work, but instead they listened to presentations about political, "racial hygiene" and social problems.

In these lectures, nurses were supposed to make the connection between their daily lives and larger emerging issues. For example, there was an emphasis on the importance of nurses' educating youth to take care of sick and needy comrades. Nurses were also to care for their surroundings, and their work place. In order for these things to happen, according to the article, intensive health leadership was required. This leadership—embodied by matrons—was needed to maintain the "normal" creativity of a people. But such health depended not just on leaders of care, the nurses learned, but also the economic situation of the Reich.³⁸⁹ The author wrote that far too often it is hard, with all the details of daily life, to make the connections between nursing and these larger issues. That is why it was supposed to be enjoyable and instructive for these matrons to hear in about "racial hygiene" and educational policy programs. They heard lectures on these topics from officials from the Race Policy Office, the leadership of the

³⁸⁷ Anonymous German Red Cross Mother Superior. "Schwesternlehrgang für Oberinnen," 176-177.

³⁸⁸ Ibid.

³⁸⁹ Ibid.

League of German Girls, and from the Ministry of Science, Education, and Culture. Gertrud Scholtz-Klink also attended one of the training days and interacted with the 61 course participants. She gave an overview of the development of the work of the Reich Women's Leadership and offered her opinion on the problems of the time.³⁹⁰

During this Red Cross gathering, matrons also received instruction on the economic situation of the country and ideas about how nurses could contribute to the state. They heard about the measures of the Four Year Plan and efforts to make up for shortages in manpower and space.³⁹¹ Nursing, public health, politics, economics and the theme of being responsible to the "people's community" were thus some of the main lessons nurses could learn at the Werner School. Pre-existing Red Cross work, which focused on peacetime humanitarian and civilian welfare, was altered to fit into the goals and ideals of the NS-regime.

Such lectures also offered nurses a different view of how the regime was taking care of its people by learning more about exactly who was included in the "people's community," signaling further changes in who was seen as deserving humanitarian aid. At the same meeting as mentioned above, matrons "followed with great interest" the achievements of the head of the Department of Boarder and Abroad Work (*Grenz-und Auslandsarbeit*). The activities of this department constituted an important part of the Reich Women's Leadership, with tasks closely following Hitler's foreign policy goals. According to his guidelines, the Reich Women's Leadership had tried to make contact with German women living on both sides of the border. These discussions also suggested that although Red Cross nurses were trained and envisioned by Red Cross

³⁹⁰ Ibid.

³⁹¹ Ibid.

leaders with the specifically task of helping soldiers, there was also the possibility of nurses also working for another purpose in Eastern Europe in the future, i.e. to care for with Germans, especially ethnic Germans, previously excluded from the German nation. German women's previous work abroad would have repercussions for nursing efforts during the war, when nurses directly participated in ethnic German resettlement programs.³⁹² Ideas about how a "proper" German should act were also presented in these discussions about the ethnic Germans. The faithfulness of the Germans abroad to their homeland and their "love" and "faith" in the Germans who aimed to help and save them from mental and physical distress was praised. Germans living *outside* of the Reich were thus depicted as "model Germans" whose national feeling, strength, and persistence should be modeled by Reich Germans.³⁹³ A lecture about German women's work in the East therefore taught matrons more about who belonged in the

³⁹² On September 23, 1939 nurses and nursing students from the NS-Sisterhood and the National Association of Independent Nurses (*Reichsbund*) were called up for "Aufgabengebieten, die von anderen Kräften erfüllt werden können." These nurses were sent eastwards. They were most likely sent there to care for ethnic Germans, based off of descriptions of their work and of their function as defined by the party. Nurses who cared for the ethnic Germans worked in the service of the Reich Commissariat for the Strengthening of Germandom (*Reichskommissar für die Festigung deutschen Volkstums*). Heinrich Himmler oversaw this program, which, beginning in the fall of 1939, moved ethnic Germans from their homes in eastern lands to German-controlled Poland and later, the Ukraine and the Reichskommissariat Ostland (Latvia, Lithuania, Estonia and Belarus). This operation displaced Poles and Jews from their homes; Jews were murdered, or sent off to ghettos, and later, to death camps. German Red Cross work for the Strengthening of Germandom began in 1939, shortly after the invasion of Poland, and German Red Cross nurses participated in this program. These were new areas of responsibility for nurses, but also seen as extensions of community nursing, for they were to help extend the realm of nursing of German civilians. Such nurses therefore specifically worked for Nazi political goals of bringing in "lost" Germans from the East. See Harvey, *Women in the Nazi East*, 78-93. For a more complete history of the Reich Commissariat for the Strengthening of Germandom, see Lumans, *Himmler's Auxiliaries*. Also see NS.-Oberschwester Ruth Duehne, "Zur Rückführung der Volksdeutschen aus Bessarabien und der Bukowina" & "Zur Rückführung der Volksdeutschen aus Bessarabien und der Bukowina. (Fortsetzung)." *Die Deutsche Schwester. Zeitschrift des Fachausschusses für Schwesternwesen in der Arbeitsgemeinschaft der freien Wohlfahrtspflege Deutschlands*, vol. 8, no. 9 (15 September 1940): 101-102 & vol. 8, no. 10 (October 1940): 119-120, Preußische Staatsbibliothek Berlin Je8020/17-8/9.1940. Chapter 4 provides an extended analysis of this topic.

³⁹³ The idealization of the ethnic Germans was also presented in wartime publications of *Die Deutsche Schwester* which also emphasized their thankfulness and hard work ethic. See NS.-Oberschwester Ruth Duehne, "Zur Rückführung der Volksdeutschen aus Bessarabien und der Bukowina" & "Zur Rückführung der Volksdeutschen aus Bessarabien und der Bukowina. (Fortsetzung)."

Volksgemeinschaft, who deserved Red Cross humanitarian aid, and about National Socialist foreign policy. Discussions about German women's work abroad also signaled to nurses that their work could provide the chance to travel to foreign lands, to actively help expand the "people's community," and to thereby contribute to National Socialist political goals.

The meetings and lectures offered at the Werner School of the German Red Cross thus offered nursing leaders and those new students who chose to attend an overview of the political issues of the Third Reich and an explanation of how nursing contributed to the regime's goals. Above all, attendants learned the importance of maintaining the health of their "people's community," and of the necessity of placing the needs of this community above their individual desires and creeds. These themes built onto pre-existing ideas communicated by doctors and nurses before 1933. The courses were also structured and advertised as a form of professional development, picking up on previous nursing professionalization discourses. The effort to make nursing organizations more uniform also echoes with historic efforts to regularize the profession. However, in the Werner School, pre-existing ideas of health and community were changed so that new groups of people were included or excluded from the community, and so that prevention was not just about providing enough milk for children, but also about removing the members of the population who were seen as threats to the welfare of the nation. In addition, the effort to streamline nursing was not to make it necessary more professional or uniform, but rather to make it easier for the NS-regime to alter and control. The Werner School thus represented an effort of *Gleichschaltung*, or an attempt to incorporate nursing leaders into the regime, with the

hopes that they would then bring the younger nurses in line with Nazi Party goals. However, since the Werner School targeted matrons rather than novice nurses, it is difficult to trace the extent to which the school's messages impacted many young nurses and nursing assistants in the pre-war period. At the same time, given Sister Haase's family history and commitment to the welfare of the local community, and given Sister Ochsenknecht's passion for healing the ill, it is not unreasonable to suppose that the focus on caring for a German "people's community" would be somewhat appealing to them.³⁹⁴ At the same time, as we will see in the next chapter, it would take the context of the war for the impact of racism to become clear in these and other nurses' daily actions.

Training and Regulations

The characteristics of the ideal German Red Cross nurse—feminine, professional, submissive, self-disciplined, self-sacrificing, focused on the needs of the "people's community"—were not only suggested through large gatherings of matrons or nursing publications. Red Cross nurses in the Third Reich completed increasingly formalized forms of training. The primary locations for all Red Cross nursing were the local motherhouses and affiliated nursing schools, hospitals, and clinics.

In every Red Cross motherhouse, nurses were supposed to be trained in the same way. However, because of variations in hospitals and the staff at those hospitals, as well as regional differences in what was emphasized in nursing training, there was no

³⁹⁴ DTA 1601—"Schwester Harmonica," and Ochsenknecht, *Als ob der Schnee alles zudeckte*, 1-49.

uniform standard for education that was *widely* adopted until 1938. The Nursing Law of 1938 represented the first time there was a nation-wide applicable and enforceable attempt to regulate the nursing profession in Germany.³⁹⁵ Its enactment raises questions about the extent to which nurses experienced a process of professionalization in the Third Reich.³⁹⁶ The last state-directed effort for regulation occurred in 1907, but this regulation was not uniformly adopted by nursing schools.³⁹⁷ On the surface level, the existence of a uniform standard for education could signal an advance of the nurses in terms of state recognition and regulation. In addition, the 1938 Law was significant enough to garnered attention from the American nursing community, with whom the German Red Cross nurses maintained contact.³⁹⁸ However, by tracing the changes in

³⁹⁵ BA-MA RH 12-23, 1041—“Gesetz zur Ordnung der Krankenpflege. Vom 28 September 1938.”

³⁹⁶ Indeed, the question of if and how specific fields experienced a process of professionalization has been researched by many historians. For example, historians have found that the Third Reich fostered further professionalization developments, especially in medicine, psychology, and psychotherapy. At the same time, in part because of the Nazi regime’s misogynistic attitudes, female professionals suffered and could not gain the professional respect they desired, especially in the field of social work. See, for example, Geoffrey Cocks, *Psychotherapy in the Third Reich: The Göring Institute*. Second Edition (New York & London: Transaction Publishers, 1997) and “Psychiatry, Society, and the State in Nazi Germany” (paper presented at Miami (Ohio) University, Feb. 24, 1989); Stephan Liebfried and Florian Tennstedt, “Health-Insurance Policy and *Berufsverbote* in the Nazi Takeover,” in Donald W. Light and Alexander Sculler, eds., *Political Values and Health Care: The German Experience* (Cambridge, Mass.: MIT Press, 1986), 127-84; Jarausch and Cocks, eds., *German Professions*; Konrad H. Jarausch, *The Unfree Professions: German Lawyers, Teachers, and Engineers, 1900-1950* (New York: Oxford University Press, 1990); Charles E. McClelland, *The German Experience of Professionalization: Modern Learned Professions and Their Organizations from the Early Nineteenth Century to the Hitler Era* (Cambridge: Cambridge University Press, 1991); Hans-Walter Schmuhl, “Kontinuität oder Diskontinuität? Zum epochalen Charakter der Psychiatrie im Nationalsozialismus,” in *Nach Hadamar. Zum Verhältnis von Psychiatrie und Gesellschaft im 20. Jahrhundert*, ed. Franz-Werner Kersting, Karl Teppe, and Bernd Walter (Schöningh: Paderborn, 1993), esp. 112-136; and Labonte-Roset, “Enter Modern Woman,” 269-272.

³⁹⁷ Steppe, “Krankenpflege bis 1933,” 35.

³⁹⁸ Kroeger, “Nursing in Germany,” 483-485. Recently, nursing historians have begun to uncover how the American nursing community reported on German nursing activities before and during the Second World War, and they have explained that the editors of *The American Journal of Nursing* downplayed the ideological conformity and crimes of German nurses in favor of pursuing professional solidarity. See Lagerwey, “The Third Reich in the Pages of the American Journal of Nursing, 1932—1950,” 59, and “The Third Reich, Nursing and the AJN,” *American Journal of Nursing*, vol. 109, no. 8 (Aug., 2009): 44-49.

nursing education requirements over time, one can see that while nursing made some advances, it also took many backward steps, especially during the war.

The 1938 Nursing Law had a number of stipulations. It limited the practice of nursing to licensed nurses who alone (with the exception of Catholic nurses) could claim the title of “Sister.” Applicants for nursing schools had to be at least 18 years old, have graduated from a primary school, pass a physical exam, and prove that they had completed at least one year work in an urban or rural household (with children) or a course in home economics. They also had to prove their “Aryan” ancestry, reflecting the implementation of the 1935 Nuremberg Laws into nursing schools. Trainees had to complete one and one half year course work, and then work one year supervised by a qualified nurse or doctor.

According to the Nursing Law of 1938, practical training took precedence over theoretical training. But theoretical training was not insignificant; it consisted of 200 hours instruction, 100 of which had to be taught by a physician. This education had to be completed during the first semester of nursing school. Topics included: professional “honor” and ethics; political philosophy, genetics, eugenics, and population theories; anatomy, physiology, and hygiene; pathology; nutrition in health and disease; the nursing arts, first aid, nursing of communicable and venereal disease, methods of disinfection, nursing of patients with nervous and mental disorders; public health nursing, with an emphasis on maternity and infant care; laws pertaining to nursing and public health; and social insurance and accident prevention laws. Nurses learned how to complete daily tasks, but also about the relationship between race and health, as

described by National Socialist ideology. In addition to this theoretical and practical work, trainees also had to participate in daily physical education activities.³⁹⁹

The 1938 Nursing Law also redefined the locations of nursing training. Hospitals, in and of themselves, could no longer be considered nursing schools. Instead, nursing schools had to be organized as separate institutions that were affiliated with at least one hospital. These hospitals could be run by the state, the German Red Cross, the National Socialist Welfare Bureau, or by other recognized welfare institutions. All public hospitals had to maintain schools of nursing. Each nursing school directed by a physician, who provided some of the theoretical instruction. The deputy director of each school was a graduate nurse (or licensed nurse), who supervised the trainees and who provided instruction in the nursing arts, or appointed another licensed nurse to do so.⁴⁰⁰

The 1938 Law also described the domains of nursing in Germany. Nurses were to care for persons with communicable diseases in their own homes and in medical institutions. They were to care for all other sick persons under medical supervision, and others who required health supervision (relating to personal hygiene). Nurses were also to assist in administering anesthesia, in operations, and in other medical procedures. Lastly, they could assist in electrical or other ray treatments (X-Ray), and in bacteriological, serological and histological examinations. A nursing license could be revoked if a nurse repeatedly acted in contradiction to any part of the nursing law or if she practiced medicine (i.e. taking on the role of a physician).⁴⁰¹

³⁹⁹ Gertrud Kroeger, "Nursing in Germany," and BA-MA RH 12-23, 1041— "Gesetz zur Ordnung der Krankenpflege"

⁴⁰⁰ Ibid.

⁴⁰¹ Ibid.

As time went on, and especially once the war began, nursing training time decreased, and the military and the German Red Cross recruited more young women. In the November 1941 issue of *The American Journal of Nursing*, Karin Huppertz, the chief of the German Nurses' Council in Berlin, provided information about preparation for war nursing.⁴⁰² According to Huppertz, in wartime Germany, nursing training was extended from adults to girls. "Practically" every German girl (according to the law) belonged to the League of German Girls (BDM), and as part of their membership, they were required to have twelve hours of practical and theoretical first-aid training.⁴⁰³ This was done for practical purposes, to prepare the girls for helping others during emergency situations. Another reason for this exposure was to prepare girls for future service as Red Cross nurses and nursing aides. In other words, cooperation with the BDM was fostered in part to create a potential reserve medical force that could be drawn on for service on the war front and home front.

The German Red Cross took on responsibility for BDM first aid training, as well as nursing aid training.⁴⁰⁴ With 40 hours theoretical training, participants could become nursing attendants. If these women and girls underwent 40 more hours of theoretical training and completed three months practical ward work under supervision of a qualified nurse, they could become Red Cross nursing aides. As such, they received

⁴⁰² See Karin Huppertz, "Preparation for Nursing in Germany," *The American Journal of Nursing*, vol. 41, no. 11 (Nov., 1941), 1276. The continued publication of articles by German nurses about German nursing activities in the *American Journal of Nursing* points to the continued interest among the members of international nursing community in nursing standards and the state of the profession in different countries.

⁴⁰³ For additional detail about the work between the DRK and the BDM, see BA NS 28, 70—Gesundheit Fürsorge-Zusammenarbeit zwischen Hitler-Jugend & DRK R.K.Ost Abt. I Jugend, Dr. Grawitz, Präsident des Deutschen Roten Kreuzes. Hitler Jugend. Berlin, 21 April. Der geschäftsführende Präsident des Deutschen Roten Kreuzes: gez. Dr. Grawitz; Der Reichsjugendführer der NSDAP: I.V. gez. Moeckel.

⁴⁰⁴ Huppertz, "Preparation for Nursing in Germany"

special certificates and they were allowed to work in civilian or military hospitals. If these aides wanted to become qualified nurses, that is, attain a general nursing diploma, they had to work for a full year in a military or civilian medical setting. Then, they could be allowed to complete a three month training period at a general hospital. In the process, the nurses would gain experience in nursing specialties they did not practice before. They would also attend 100-120 lectures on nursing subjects before taking a state exam. After passing the exam, they had to complete another year of practical work in a hospital before receiving their diploma. However, if a nursing aid had completed nine months practical work before deciding to attain her general nursing diploma, she could have that time credited towards her diploma's practical work.⁴⁰⁵

During the war therefore, training standards were cut short, signaling a reverse in the trend towards professionalization, and a move towards the use of less experienced female volunteers, as was also done in the First World War. In general, trainees had to complete at least six months practical and theoretical training in a general hospital before being allowed to sit for a state nursing exam. Red Cross work with the BDM was intended to quickly place more young women into the nursing profession, who could serve in air raid protection units in their hometowns, and in field hospitals abroad.⁴⁰⁶

Along with changes in more practical education requirements, there were also changes over time in ideological training standards, which became more demanding as the war continued and as practical training time decreased. These changes also represent a shift away from standardization to a focus on nurses' ideological reliability as a

⁴⁰⁵ Ibid.

⁴⁰⁶ Huppertz, "Preparation for Nursing in Germany." For a newer history of women who worked in air-raid protection units on the home front, see Nicole Kramer, *Volksgenossinnen an der Heimatfront: Mobilisierung, Verhalten, Erinnerung* (Munich: Vandenhoeck & Ruprecht, 2011).

priority. From January 1942, the ideological training of nursing education was taken over by the training office (*Schulungsamt*) of the NSDAP in an effort to create more conformity to National Socialist goals. The hours of ideological instruction were later increased to 40 hours.⁴⁰⁷ Educational standards for practical work also changed during the war years. At the beginning of 1942, two years of schooling for general nursing were required. However, the one year of supervised practical work following courses was waved. This was a departure from the 1938 Nursing Law. Then, in February 1943, the requirements changed again. Nurses who had completed 1.5 years of service in the medical corps were allowed to wave the final state nursing exam.⁴⁰⁸ In September 1944, new instructions for the enforcement of school work in war reduced some courses offerings and time requirements offered to nurses.⁴⁰⁹ For example, training for leading nurses was cut to a mere four days. Training time and exams were thus altered and shortened or eliminated during the war. This was because of the increased need for and the lack of available qualified nurses. These changes also echo, on a much larger scale, the pattern of Red Cross nursing during the First World War, because the regime relied on inexperienced volunteers rather than professional and well-qualified nurses. However, the positioning of ideological training as a priority was unique to the Third Reich.

There were thus complex standards for nurses of all stages, from young women and girls initially considering the profession to women who desired to make nursing their lifelong occupation. Most training requirements related to the specifics of what a

⁴⁰⁷ Steppe and Klich, "Zeittafel Krankenpflege 1933-1945," 28. The authors cite Anordnung A 1/42 of Leiter der Parteikanzlei

⁴⁰⁸ Steppe and Klich, "Zeittafel Krankenpflege 1933-1945," 29.

⁴⁰⁹ *Ibid.*, 32.

nurse must know and do. But the Party worked with the German Red Cross to increase nurses' knowledge of and commitment to Nazi doctrine. This suggests that although early attempts to regulate the nursing, as seen in the 1938 Nursing Law, did suggest a step forward in the professionalization nursing, these steps were retracted during the war as training standards eased and as ideology was further prioritized. However, as discussed above, the women who received the most of this form of education at the Werner School were those who supervised younger and less experienced nurses. It was hoped by the Nazi Party these mother superiors would then teach Nazi ideals and their relevance to nursing students. Most ideological training thus had a top-down approach. Therefore, how these ideas were then conveyed to nursing students is harder to determine, as are their reactions. Just because the matrons of Red Cross motherhouses participated in Nazi ideological training did not mean that all of their students learned the exact same thing in the classrooms and clinics. These younger women were the ones who interacted most with patients, not those women who received the most ideological training.

Conclusion

In the years leading up to the Second World War, the NS-regime and German Red Cross officials created a specific image of a Red Cross nurse suitable for service with the military. This nurse was supposed to be "feminine," physically fit, disciplined, committed to the people's community, qualified in all practical skills, and familiar with National Socialist ideology. In creating this ideal, propagandists, physicians, nurses, and

Party leaders drew on pre-existing nursing discourses and then adapted them to suit Nazi ideology and goals. They used familiar language but changed the meanings—a process recognized even at the time.⁴¹⁰ Speeches, meetings, and publications depicted nursing as the ideal profession for “Aryan” German women looking to contribute to society without compromising their femininity or taking too much social or financial risk. Red Cross and other nursing discourses from the time period also built on memories of the First World War and the nurses who served in the conflict as another source of motivation for more women to join the profession. Nursing was therefore conveyed to the German public as an exciting, and proper way for women to work and contribute to people’s community and the NS-regime. Nurses thus received the message that they were politically valuable to the regime. Women chose to become nurses for a variety of reasons, be it personal callings, family history, the possibility of adventure, the desire to help the community, or the prestige attached to the Red Cross nurse in past and contemporary publications. However, state attention to nursing was motivated by the regime’s goals to control German society and to convince “Aryan” Germans to support National Socialist goals. Nurses lost professional independence during this period. Moreover, German Red Cross and military officials would soon discover the results of their propaganda and training as nurses went to work in the field hospitals.

⁴¹⁰ Allen, *Feminism and Motherhood in Germany*, 236.

Chapter 3: “A Piece of Home on the Front”: German Red Cross Nurses’ Experiences in
the Field Hospitals

A hospital alone shows what war is.

--Erich Maria Remarque,
*All Quiet on the Western
Front*⁴¹¹

The Second World War began with Germany’s invasion of Poland on September 1, 1939. On September 28, Warsaw fell into German hands.⁴¹² The German invasion of Poland marked the beginning of the Nazi war of “racial annihilation.”⁴¹³ Poland experienced tremendous losses in this first month of war. 120,000 Polish soldiers were killed, with 700,000 taken captive by the Germans and another 300,000 by the Red Army, which invaded from the east. The Germans, both soldiers and members of the *Einsatzgruppen*, murdered approximately 50,000 Poles and 7,000 Jews during the invasion as an act of “political house-cleaning” to eliminate Polish leaders.⁴¹⁴ Poland, as an independent country, ceased to exist, and its people were subjected to exploitation and exterminatory racial and cultural policies.⁴¹⁵ Millions fell under German control: 8.9 million Poles, 603,000 Jews, and 600,000 ethnic Germans. In the western, German occupied territory, specific regions, such as West Prussia-Danzig and

⁴¹¹ Erich Maria Remarque, *All Quiet on the Western Front* (Random House Trade Paperback Edition, 2013), 194.

⁴¹² See Horst Rohde, “Pt. II. Hitler’s First Blitzkrieg and its Consequences for North-eastern Europe,” *Germany and the Second World War. Vol. II Germany’s Initial Conquests in Europe*, Militärgeschichtliches Forschungsamt, Freiburg im Breisgau, Germany, ed. and trans. Dean S. McMurray and Ewald Osers (New York: Clarendon Press; Oxford: Oxford University Press, 1991), 69-81, 99, 107-110, 114, 118, 122. According to Mark Mazower, almost 2 million German troops took part in this invasion. See *Hitler’s Empire*, 64.

⁴¹³ Mazower, *Hitler’s Empire*, 12.

⁴¹⁴ *Ibid.*, 78.

⁴¹⁵ Rohde, “Hitler’s First Blitzkrieg,” 124.

Poznan (Wartheland), were annexed to the Reich.⁴¹⁶ The remaining territory became part of the “General Government,” overseen by Nazi official Hans Frank. The Germans expelled Jews and Poles from the newly annexed territories and sent them to the “General Government,” where they faced forced labor and persecution.⁴¹⁷ Eastern Poland, meanwhile, was roughly divided between Ukrainian and Belorussian Soviet Republics.⁴¹⁸ In contrast, during the invasion of Poland, the German and Soviet forces experienced much less severe losses. The Red Army lost 700 men, and with 1,900 wounded. The Wehrmacht lost 11,000 soldiers, with 30,000 wounded.⁴¹⁹

German Red Cross nurses followed the Wehrmacht into Poland in order to care for soldiers who became ill or wounded in battle. Beginning with the invasion of Poland and ending with the final retreat in the shadow of the Red Army, hundreds of thousands of nurses went to the Eastern Front, where they performed the traditionally “feminine” activity of nursing within the context of war, destruction, and mass murder. According to wartime propaganda, German Red Cross nurses represented “a piece of home” in a foreign land and they provided German soldiers with “the right words to make us (soldiers) feel courageous once again.”⁴²⁰ While such propaganda emphasized nurses’

⁴¹⁶ Mazower, *Hitler’s Empire*, 72-73.

⁴¹⁷ Although, due to immense overcrowding in the “General Government,” Himmler temporarily suspended further deportations from the annexed territories, particularly the Warthegau, on March 11 1940. Lodz, in the Warthegau, had been the home to largest Jewish community in the territory. Hundreds of thousands of Jews then found themselves virtually imprisoned in the Lodz ghetto, which had been erected between February and April 1940. By July 1940, the ghetto housed more than 160,000 Jews. *Ibid.*, 87, 90.

⁴¹⁸ Subsequently the Red Army deported approximately 1.5 million Poles to the Soviet Union. Rohde, “Hitler’s First Blitzkrieg,” 131, 137, 139, 142-143.

⁴¹⁹ *Ibid.*, 124.

⁴²⁰ BA-MA RH 12-23, 855—Gert Sachs, “Schwestern und Frontsoldat,” *Deutsche Ukrainer Zeitung*, 13 January 1944, and E.M., “Dichtauf folgen sie der Truppe. Die Schwestern vom DRK, gute Kameradinnen in schwersten Stunden,” *Berlin Lokalanzeiger*, dated at the Army High Command (OKH) on 13 July 1943. Located in file “Arbeit des DRK.”

ability to support soldiers' morale, an examination of nurses' daily lives in the field hospitals reveals that they did this and more. The material and social conditions of the field hospitals and the larger context in which they operated fostered a specific perspective of the war and of nurses' position in the war effort with regard to Germans and foreigners; this perspective highlighted nurses' importance to the continuation of German war effort and the construction and support of Nazi ideology. More specifically, through their work, nurses contributed to the formation of a German *community on the front*. The process by which they created this community provides a case study of how "Aryan" Germans incorporated the idea of the "people's community" or *Volksgemeinschaft* into their own lives and how they manifested their own version of this community, based on personal circumstances.⁴²¹ This chapter demonstrates how nurses helped form this community on the front by providing an overview of the organization of German wartime military nursing and by analyzing nurses' daily lives in the field hospitals, with special attention to nurses' interactions and relationships with German soldiers and with German and foreign field hospital staff.

Organization and Composition of Nursing on the Eastern Front

Nursing on the Eastern Front constituted an essential part of German Red Cross wartime work and German women's wartime activity. In order to understand how and

⁴²¹ Here I draw from the model used by Michael Wildt, who focuses on the production of the *Volksgemeinschaft* by Germans. My analysis examines this production, but in a different time and context. Wildt, *Hitler's Volksgemeinschaft*, 5-8. The Introduction provides an extended discussion of the concept of the *Volksgemeinschaft* and its use in the project.

why this was the case, it is necessary to examine how wartime nursing was organized, how many women served as nurses, the composition of the nursing staff, and how nurses found themselves working in the field hospitals. Pre-1933 and Nazi-era laws had laid the groundwork for nursing in the Second World War. According to Article 10 of the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field of July 27, 1929, German Red Cross nurses had permission to work in the medical corps as *neutral* actors for the purposes of providing medical care to soldiers of *all* combatant nations, given that each soldier's country had signed the Convention. The German Red Cross Law of December 9, 1937 then authorized the German Red Cross and its nurses to begin training with the Wehrmacht in order to plan for future wartime cooperation; the law also stipulated that during a war, the military had the power to oversee the organization of Red Cross war-related nursing.⁴²² These laws prepared the way for the deployment of German Red Cross volunteers, men and women, for wartime medical service. The close cooperation between the German Red Cross nurses and the Wehrmacht signaled the growing militarization of the nurses' humanitarian work.

Over the course of the war, the number of nurses coming from all associations deployed in and outside of Germany grew enormously. In 1939, the German armed forces could command approximately 15,000 Red Cross Sisters and aides for wartime

⁴²² BA-MA RH 12-23, 1041—"Betr.: Satzung des Deutschen Roten Kreuzes vom 24. Dezember 1937" *Das Deutsche Rote Kreuz Verordnungsblatt* Berlin Jan 1938, Nr.3.; "Gesetz über das Deutsche Rote Kreuz vom 9. Dezember 1937," in *Frontschwester und Friedensengel: Kriegskrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002), 156.

service.⁴²³ In the fall of that year, approximately 300 Red Cross nurses followed German troops into Poland to work in mobile sanitary units. Each military hospital department depended on seven nurses.⁴²⁴ After the Polish defeat, some Red Cross nurses remained in the General Government, where they took care of Reich Germans and ethnic Germans. Others worked in reserve hospitals in the Warthegau or helped erect a Red Cross motherhouse and a nursing school in Posen.⁴²⁵

Only after the invasion of the Soviet Union in did the numbers of Red Cross nurses serving on the Eastern Front increase dramatically. In the early morning of June 22, 1941 the German Army invaded the Soviet Union, supported by Romanian forces. The German forces numbered more than three million men, and they faced a Soviet force of 2,900,000 soldiers. By the end of July, the Germans had captured Bialystok, Minsk, and Smolensk, killing thousands of Soviet soldiers and taking in many more as prisoners.⁴²⁶ With such a large fighting force in the East, the German Army required a much larger medical force compared to that of 1939. By the spring of 1945, nearly

⁴²³ See Achim Thom and Genadij Ivanovic Caregorodcen, eds., *Medizin unterm Hakenkreuz* (VEB Verlag Volk und Gesundheit 1989), 373, in *Frontschwester und Friedensengel: Kriegskrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002) 155-156. Also see Franz Koch, *Krankenpflege im Nationalsozialismus. Die Bedeutung der Krankenpflege für den nationalsozialistischen Vernichtungskrieg*, in Dr. med. Mabuse: *Zeitschrift im Gesundheitswesen* 10, (1985): 46, in *Frontschwester und Friedensengel: Kriegskrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002), 155-156.

⁴²⁴ Riesenberger, *Das Deutsche Rote Kreuz*, 316. Before the war, the German Red Cross had argued with the military that this distribution of nurses would prove inadequate, such arguments fell on deaf ears, resulting in a shortage of nurses to care for the German soldiers during the invasion of Poland.

⁴²⁵ *Ibid.*, 316-317.

⁴²⁶ Bartov, *Hitler's Army*, 14-15; and Ernst Klink, "I. The Conduct of Operations: I. The Army and Navy," in *Germany and the Second World War: Vol. IV The Attack on the Soviet Union*, ed. Militärgeschichtliches Forschungsamt, Freiburg im Breisgau, Germany, trans. Dean S. Murray, Ewald Osers, and Louise Willmot. (Oxford: Clarendon Press, Oxford University Press, 1998), 525-536.

400,000 German Red Cross nurses, nursing assistants, and aides had worked for the army, navy, and air force.⁴²⁷

Composition of the Nursing Staffs

The nursing staffs of the field hospitals on the Eastern Front had two defining characteristics: they included inexperienced and young German Red Cross nurses and nurses from other ethnic and national backgrounds. For example, among German Red Cross nurses, there was a predominance of women who had completed short training courses and who did not fulfill the requirements of the 1938 Nursing Law.⁴²⁸ Between 1939 and 1943, about 13,000 full nurses (*Vollschwwestern*) were deployed, in contrast to 343,009 auxiliaries and 57,563 assistants.⁴²⁹ These women provided medical care to increasing numbers of wounded and ill soldiers who belonged to an eastern armed forces numbering more than three million by mid-1943.⁴³⁰

One reason for the predominance of auxiliaries and assistants among field nursing staffs was the young age of German Red Cross nurses. State and military officials preferred women aged 18-35 years to serve in war-related industries.⁴³¹ Lists of

⁴²⁷ Hagemann, "Mobilizing Women for War," 1079-1082. Also see Maubach, *Die Stellung halten*, for a detailed study of female army auxiliaries.

⁴²⁸ BA-MA RH 12-23, 1041—"Gesetz zur Ordnung der Krankenpflege."

⁴²⁹ Riesenberger, *Das Deutsche Rote Kreuz*, 333.

⁴³⁰ See Karl-Heinz Frieser, "Die Schlacht im Kursker Bogen" in *Das Deutsche Reich und der Zweite Weltkrieg. Band 8. Die Ostfront 1943/44. Der Krieg im Osten und an den Nebenfronten*, Karl-Heinz Frieser, ed. (Munich: Deutsche Verlags-Anstalt, 2007), 84.

⁴³¹ To draw in those less than eager to help out, various emergency service ordinances, beginning in 1938, were erected, requiring Germans of both sexes to prepare for or "combat public emergencies." Such decrees mandated employment, preferably in but not limited to war-related industries, in times of national duress. Although there were exceptions and ways for women of a certain means to avoid service, such as having a middle-to-high level of social standing, these decrees were factors in mobilizing women

nurses from reserve hospitals and deployment orders reveal that most nurses were born after 1920. Service suggestion lists from a reserve hospital chief doctor in eastern Germany (Alt-Rehse) show that of 32 nursing assistants being recommended for further military service, three were born before 1900, three between 1900 and 1910, seven between 1910 and 1920, and 25 after 1920. Of these women seven were married, one was divorced, and the rest were single. The majority had also entered war service relatively late in the war. Only five nurses had been called up before 1942.⁴³²

Occasionally slightly older nurses also worked for the war effort. For example, Martha Lohman, born in 1905, finished her training in 1925. However, she did not continue working as a nurse afterwards. She did so only when ordered to do so by the army in January 1941. She then served on the Eastern Front for most of the war.⁴³³

Another kind of situation is presented through the experiences of Brigitte Penkert. Born in 1911, she served on the Eastern Front from 1941-1945 as a nursing assistant.⁴³⁴

The exceptions and contrasts to the cases of younger and older relatively inexperienced nurses are World War One veteran nurses. For example, Helene Mierisch worked in hospitals, primarily reserve hospitals full of wounded and ill soldiers, in

for Red Cross service. Hagemann, "Mobilizing Women for War," 1075-1077, and Panke-Kochinke and Schaidhammer-Plack, *Frontschwestern*, 161. During the war, nurses were retained by the German Red Cross after their service period ended. BA-MA RH 12-23, 1259— "Betr.: Betr.: Notdienstverpflichtung von DRK-Helfern, DRK-Schwesternhelferinnen und -Helferinnen." Oberkommando der Wehrmacht, Chef des Wehrmacht-Sanitätswesens, Nr.W 664/43 KFK/I, Berlin, 24 May 1943

⁴³² BA-MA RH 12-23, 1100—Vorschlagsliste 1 & Vorschlagsliste 2, Alt-Rehse, den 28.9.1944, signature from der Chefarzt Dr. Mueller, Oberfeldarzt. Located in file "Vorschlagsliste 1 and Vorschlagsliste 2." Similarly, a survey of deployment orders to hospitals in Poland for nursing assistants and auxiliaries shows that only one woman was born before 1910 (in 1892!), while seven were born between 1910 and 1920, and ten after 1920. See BA-MA RH 12-23, 1125—"Einsatz DRK-Frauen in Kriegslazaretten" for 24 individual deployment orders.

⁴³³ Georges and Benedict, "Nursing Gaze of the Eastern Front," 140.

⁴³⁴ Penkert, *Briefe einer Rotkreuzschwester von der Ostfront*, esp. 7-53, 250-261.

Heidelberg, Mannheim, and Speyer during the Second World War.⁴³⁵ She represents a trend in the deployment of war nurses, in which more experienced and older nurses were sometimes left in charge of hospitals within the *Alt-Reich*, where they could oversee less-qualified personnel and attempt to make up for the absence of male physicians. This kind of deployment ran contrary to pre-war plans of the Wehrmacht, which had intended for the more experienced nurses to serve in the army and to station less-experienced nurses in the hospitals in Germany.⁴³⁶ The age structure of Red Cross nurses could have implications for their work at the front, for generally, those women who came of age in the Third Reich, and thus were the most shaped by Nazi “racial” and political ideologies, were the ones who found themselves on the Eastern Front. Moreover, the youth of the majority of the nurses would mean that they need not have very much practical nursing experience.

The need for skilled medical staff on the Eastern Front also necessitated the easing of National Socialist racial laws and the cooperation among German and non-German nurses in the field hospitals. Before the war, a Red Cross nurse had to provide a certificate of her “Aryan” ancestry in order to begin her training.⁴³⁷ But in Poland in September 1939, there were not enough Red Cross full nurses to care for German soldiers. Polish nurses were forced to work in army-occupied hospitals, under the

⁴³⁵ Mierisch, *Ärzte, Schwestern und Soldaten*, 197, 341.

⁴³⁶ Riesenberger, *Das Deutsche Rote Kreuz*, 316.

⁴³⁷ BA-MA RH 12-23, 1041—“Gesetz zur Ordnung der Krankenpflege.”

direction of German nurses and doctors.⁴³⁸ After the invasion of the Soviet Union in June 1941, Russian nurses also worked alongside German Red Cross nurses.⁴³⁹

Changes in military regulations also allowed for nurses from a range of backgrounds to work in the field hospitals. For example, in addition to relying on labor sources (“volunteers” or conscripted) from occupied territories, the Commissioner of Voluntary Nursing, who oversaw nursing deployments, also approved *Mischlinge* of the 2nd Degree, or women with one Jewish grandparent, for training and military nursing from 1942. The Army High Command then revised the Army Service Regulation 182 in late November 1943, allowing for so-called “Germanic” nursing assistants to volunteer to work as nurses for the army.⁴⁴⁰ These nurses worked in hospitals inside Germany and in the occupied territories.⁴⁴¹ Nurses and doctors from the Swiss Red Cross also worked alongside German Red Cross nurses on the Eastern Front, especially in Smolensk, Russia, and in Finland.⁴⁴² Moreover, women from other nations such as France and

⁴³⁸ Riesenberger, *Das Deutsche Rote Kreuz*, 316.

⁴³⁹ See Ursula Scheibe, *Frontschwester im Zweiten Weltkrieg* (Typoscript, 1989), in *Frontschwester und Friedensengel: Kriegsrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002), 199. For example, in Nikolajew (Ukraine) in the January of 1944, Sister Malapert worked in medical corps unit with the *Luftwaffe*. There were five to seven German nurses per unit there, supplemented by more than 100 Russian workers, including an unspecified number of Russian women Malapert later wrote that the Russians were used everywhere, and that they also looked over the well-being of many individuals. See Karin v. Brockhausen Malapert, *Lebenslauf* (Typoskript, 1997). In connection with *Stift Heiligengrabe. Ein Erinnerungsbuch Teil III*, edited by former students, especially Nora Neese, b. Wedel (Salzgitter 1997), in *Frontschwester und Friedensengel: Kriegsrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002), 216.

⁴⁴⁰ *Mischlinge* of the 2nd Degree refers a category of “Jewish identity” created by the Nuremberg Laws of 1935. Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 161; Steppe and Klich, “Zeittafel Krankenpflege,” 28.

⁴⁴¹ BA-MA RH 12-23, 1259—“Betr.: Ausbildung von weiblichen, ausländischen Freiwilligen”, Oberkommando der Wehrmacht, Chef des Wehrmachts-Sanitätswesens, Tbg.Nr.6417/42 KFK/II Berlin, 10 February 1943; RH 12-23, 800—“Betr.: Ausländische Pflegekräfte.” Abschrift. Oberkommando des Heeres, Chef H. Ruest u. BdE, Nr. H.1711/44 AHA/S In Fr.K./I, Berlin, 22 September 1944.

⁴⁴² BA-MA RH 12-23, 874—“Die Schweizer Ärztemission.” Also see Elsi Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront. Schweizer Ärztemissionen im II. Weltkrieg-Teil 3-*

Ukraine could also apply to work as German Red Cross nurses in Waffen-SS field hospitals.⁴⁴³

The utilization of non-German nurses reflected a similar pattern in German military and occupation policies. For example, in German-occupied Poland, Germans and Poles worked together in different capacities, such as fire crews and workforce teams.⁴⁴⁴ After the invasion of the Soviet Union, Wehrmacht combat formations also increasingly used Russian prisoners of war in service and fighting units. The Wehrmacht referred to these men “volunteers” (“*Hilfswillige*” or “*Hiwis*”).⁴⁴⁵ Recent estimates reveal that approximately one million Russians served in foreign auxiliary troops, constituting “the largest contingent of foreign auxiliary troops on the German side.”⁴⁴⁶ In addition, just as non-German women could volunteer to work with the Waffen-SS, so could non-German men.⁴⁴⁷ Like the military, the German war machine

Smolensk, Kriegswinter 1941/41, ein Erlebnis Bericht, ed. Reinhold Busch (Berlin: Verlag Frank Wünsche, 2004); Ernst Gerber, *Im Dienst des Roten Kreuzes: Schweizer Ärztemission im II Weltkrieg-Teil 2-ein Tagebuch 1941/1942*, ed. Reinhold Busch (Berlin: Verlag Frank Wünsche, 2002); and Reinhold Busch, *Die Schweiz, die Nazis und die erste Ärztemission an die Ostfront. Schweizer Ärztemissionen im II Weltkrieg-Teil I-Robert Nicole, Bericht über die Schweizerische Ärztemission nach Finnland*, ed. Reinhold Busch (Berlin: Verlag Frank Wünsche, 2002).

⁴⁴³ BA NS 47, 59—“Betreff: A13-DRK Schwestern für die Waffen-SS”, “Betr.: Verwendung von Französischen als DRK-Schwestern in der Waffen-SS.” June 5, 1944; NS 47, 65—“Betr. “VH-Gesuch des SS.-Scha. Helmut Muecke, mit der Krankenschwester Raja Slutenko.” July 26, 1944. Some of these women also applied to marry SS officers they met in these hospitals.

⁴⁴⁴ Concerned about German racial purity, German administrators worked to distinguish between the Germans and the Poles. Sometimes they told Germans to wear distinct markings to avoid the mistreatment experienced by Poles. At other times, Poles had to wear a violet letter P on their clothing. Friendship between the two populations, no less than sexual relations, were strictly forbidden. A German’s punishment for violating such regulations could result in arrest and imprisonment in concentration camps. Polish violations could be punished more severely. Mazower, *Hitler’s Empire*, 94.

⁴⁴⁵ Bartov, *The Eastern Front*, 113-114. It is unclear how many “volunteers” worked out of their own free will (out of hatred for Stalin or fear of the German *Dulags*, or POW camps) or out of compulsion; desertion rates among them were particularly high. Bartov emphasizes that, “as far as we can tell, Russian ‘Hiwis’ were far from enthusiastic about their deployment by the Wehrmacht.”

⁴⁴⁶ Müller, *The Unknown Eastern Front*, 157.

⁴⁴⁷ By May 1945, 19 of the organization’s 38 divisions “were basically made up of foreigners, mostly from Eastern Europe.” Hungary, Yugoslavia, Romania and Poland “contributed more men to the Waffen-SS than western Europe.” In addition, Mazower characterizes the Wehrmacht by 1944 as “an enormous

also relied on foreign labor and cooperation. Foreign men—especially but not limited to Ukrainians—were conscripted by the Germans to be part of the Order Police (*Schutzmannschaft* or Schuma).⁴⁴⁸ At the same time, concentration camp inmates worked as slaves in the arms industry. By 1944, the German war economy completely depended on the labor of foreign workers, who constituted at least one-fifth of the total population working in the Reich that year.⁴⁴⁹ The military field hospitals' utilization of volunteers and prisoners from a wide range of ethnic and national backgrounds therefore reflected more general Nazi wartime labor policies and it would have implications for nurses' self-perception of their status in the East and their perception of National Socialist "racial" hierarchies.

Going to the Front

The Commissioner of Voluntary Nursing (*Freiwillige Krankenpflege*), who directed the military Department of Voluntary Nursing, oversaw the task of organizing nursing for the armed forces.⁴⁵⁰ The mobilization of nurses for war work within the

bureaucratically bloated army with no real claim to racial exclusivity, and its troops were increasingly either ethnic Germans from south-eastern Europe or other nationalities entirely." Mazower, *Hitler's Empire*, 456.

⁴⁴⁸ Berkhoff, *Harvest of Despair*, 42. The Schuma received their pay from the native administration, were exposed to Nazi anti-Semitic ideology, and aided in the collection and mass murder of Jews, particularly in the Reichskommissariat Ukraine.

⁴⁴⁹ Mazower, *Hitler's Empire*, 297-303, 308-315. Nazi Party member Fritz Sauckel was primarily responsible for bringing foreign laborers into Germany.

⁴⁵⁰ In other words, a woman could volunteer to become a member of the German Red Cross and part of a sisterhood, but subsequent service in the army was not voluntary. One should also note that the German Red Cross, from March 1938, also included the Red Cross sisterhoods of Austria, which also provided nurses to the military. Changes in the organization of soldiers' care during the war also complicated the distribution of Red Cross nurses, nursing assistants, and female auxiliaries. Between August 1941 and November 1944, Red Cross nurses and auxiliaries who worked *outside* of the field hospitals, in catering

Department of Voluntary Nursing followed an elaborate operation plan, with variations depending on time and location. After the war began, the army requested lists of suitable nurses from individual Red Cross motherhouses. When nurses were needed, the Commissioner or one of his representatives would notify the motherhouses in the appropriate military district.⁴⁵¹ The matrons would give the nurses supplies and food, and then the requested women would go to the local military hospital or military doctor to wait for further orders and more often than not to be transported to a distant location.⁴⁵² Leading Red Cross matrons such as *Generaloberin* Luise von Oertzen also worked together in order to coordinate service with the military.⁴⁵³ Red Cross nurses

units (*Verpflegungseinheiten*), soldier's casinos, and front collection stations, were reorganized into companies of support assistants or "*Betreuungshelferinnenschaften*." These women were no longer recruited by the Commissioner of Voluntary Nursing, but by a different section of the army focused on soldiers' care and welfare. This new division was under department General zbVIV. The effect of this change was that Red Cross nurses, with generally low levels of training, received orders from different departments of the military administration. This reorganization also suggests that there was an effort to separate "hard" medical tasks — the main one being nursing in a field hospital — with the "soft" tasks related to maintaining soldiers' morale, such as providing warm beds, good food, and entertainment. But nursing assistants were distributed to many different departments. They even completed tasks that had nothing to do with soldiers' morale or physical status, especially when these women worked in communication and other administrative and non-medical jobs. However, the creation of the "*Betreuungshelferinnenschaft*" did not mean that Red Cross nurses, especially full nurses, would be taken away from medical units. These more qualified women — and many nursing assistants — were kept within the Department of Voluntary Nursing. See Friederike Butta-Bieck, "'Ich war so stolz auf meine Uniform!' DRK-Schwester im Zweiten Weltkrieg," in *Im Dienst der Volksgesundheit. Frauen, Gesundheitswesen. Nationalsozialismus*, ed. Ingrid Arias (Vienna: Verlagshaus der Ärzte GmbH, 2006), 93-106; "Heeresdienstverordnung Nr. 182: Bestimmungen für die Freiwillige Krankenpflege bei der Wehrmacht im Kriege vom 1. Dezember 1940," in *Frontschwester und Friedensengel: Kriegskrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002), 159; *Fraueneinsatz im Kriege. Schwestern und Helferinnen im Gefolge der Wehrmacht. 1. Teil (Heer)*, ed. Personenstandsarchiv II des Landes Nordrhein-Westfalen (22c) Kornelimünster (1953), in *Frontschwester und Friedensengel: Kriegskrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke, and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002), 156; Riesenberger, *Das Deutsche Rote Kreuz*, 327; Hagemann, "Mobilizing Women for War," 1079-1082; and Maubach, *Die Stellung halten*.

⁴⁵¹ "Heeresdienstverordnung Nr. 182" in Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 159.

⁴⁵² Riesenberger, *Das Deutsche Rote Kreuz*, 316.

⁴⁵³ During the first years of the war, the matron of the DRK-Billrothschwesterenschaft (the primary Red Cross sisterhood in Vienna), Alba Alberti d'Enno, also reported to the Chief Matron of the German Red

took only essential belongings to the front: a backpack, utensils, a canteen and cup, a gas mask, bread bag, diary, service book, and perhaps a journal and photos.⁴⁵⁴ Once deployed, nurses received transfer assignments directly from a representative of the Department of Voluntary Nursing.⁴⁵⁵

Red Cross nurses did not usually become members of the Wehrmacht, and thus they had no official military status. However, there were other markers to highlight their work with the military. They wore distinctive uniforms with identification tags and large German Red Cross pins.⁴⁵⁶ They received a small salary for their work in the army, earning between 70 and 110 RM per month (28-44 USD according to the 1941 exchange rate).⁴⁵⁷ Nurses also faced stringent behavior regulations and were subject to military disciplinary measures.⁴⁵⁸ Indeed, during their deployment, nurses could be

Cross, Luise von Oertzen, the number of nurses ready for duty or already experienced with working in a military hospital, or who were ready to return to their service in the army. Alberti became a NSDAP member in March 1938. In her denazification interviews, she stated that she only joined the party because she wanted to maintain her position in the DRK hierarchy. Butta-Bieck, "Ich war so stolz auf meine Uniform!" 98.

⁴⁵⁴ Ochsenknecht, 'Als ob der Schnee alles zudeckte,' 53.

⁴⁵⁵ BA-MA RH 12-23, 4. The file contains a collection of over 20 orders for individual nurses, the majority of whom received marching orders to Lithuania.

⁴⁵⁶ Georges and Benedict, "Nursing Gaze of the Eastern Front," 140.

⁴⁵⁷ Butta-Bieck, "Ich war so stolz auf meine Uniform!" 101-102; Georges and Benedict, "Nursing Gaze of the Eastern Front," 140. BA-MA RH 55, 117—"Nachweisung der Vergütung der Schwestern und Schwesternhelferinnen im Reserve-Lazarette Walsrode für den Monat Maerz 1945" Walsrode, 15 March 1945; "Nachweisung der Vergütung der Schwestern und Schwesternhelferinnen im Reserve-Lazarette Walsrode für den Monat April 1945" Walsrode, 15 April 1945; "Nachweisung der Vergütung der Schwestern und Schwesternhelferinnen im Reserve-Lazarett Walsrode für den Monat Mai 1945" Walsrode, 15 May 1945. Nurses were paid according to scale and their position on the hierarchy of qualifications, experience, and years in service. Exchange value calculated via Lawrence H. Officer, "Exchange Rates," in *Historical Statistics of the United States, Millennial Edition*, edited by Susan B. Carter et al. New York: Cambridge University Press, 2002, accessed on May 4, 2015. <http://www.history.ucsb.edu/faculty/marcuse/projects/currency.htm>.

⁴⁵⁸ There were numerous military orders about putting nurses, nursing assistants, and technical assistants under military discipline regulations. BA-MA RH 12-23, 4—"Betrieff: Disziplinarstrafen bei Schwestern, Technischen Assistentinnen usw." Oberkommando der Wehrmacht, Chef des Wehrmacht-Sanitätswesens, Tgb.Nr. W 1909/43 KFK/II Berlin W 50, 6. September 1943. Also see BA-MA RH 55, 120—"Betr.: Unterstellung des Personals der Freiwilligen Krankranpflege der Wehrmachtteile und der Waffen-SS im Heimatkriegsgebeit under die Wehrmacht-Disziplinarstrafornung" Oberkommando der

dismissed from the Department of Voluntary Nursing for a number of reasons, based on either a failure to perform her duties or personal circumstances. There were two main categories for dismissal: behavioral and circumstantial. A nurse could be removed from military service because of her general failure to perform her duties,⁴⁵⁹ or she could request a discharge for the following reasons: disease, pregnancy, family circumstances, economic conditions, continuing vocational training, marriage, and because of the husband's injury in the war.⁴⁶⁰ Although there were a variety of reasons for which a nurse could apply to be dismissed from her service with the military, the process was complicated and it represented the integration of Red Cross nurses into the framework of military regulations and law. Considered more broadly, the cooperation between the German Red Cross and the military, with the common goal of making Red Cross nurses

Wehrmacht, Chef des Wehrmacht-Sanitätswesens. O.U., 3 December 1943; “Betr.: Unterstellung des Personals der Freiw.Krankenpflege unter die Wehrmacht-Disziplinarstraßordnung” Wehrkreisarzt VIII. Breslau 18, 19 February 1944; Betr.: Unterstellung des Personals der Freiw.Krankenpflege unter die Wehrmacht-Disziplinarstraßordnung” Wehrkreisarzt VIII. Breslau 18, 20 August 1944.

⁴⁵⁹ BA-MA RH 12-23, 1259—“Betrifft: Entlassung von Schwestern usw. (aus dem Ersatzheer).” Oberkommando der Wehrmacht, Chef des Wehrmachts-Sanitätswesens. Az./Tgb.Nr.871/42, Berlin, 19 December 1942. gez.: Wuerfler. For nurses working in the reserve army, an immediate termination, which could be issued when dealing with discipline problems, required the authorization of the chief doctor of the hospital and of the military district commander in the department of Voluntary Nursing. If approved for termination, the nurse would then be sent to the German Red Cross for a further evaluation of her behavior.

⁴⁶⁰ BA-MA RH 12-23, 1259—Note from the Head of the Army High Command, AHA/S Jn KFK/I Nr. 4003/42, Berlin, 16 July 1942, Im Auftrage: Gruendewald. Based on my examination of military documents, it appears that there was no uniform system for nurses' dismissal in place throughout the armed forces. This was because decisions depended on a nurse's own initiative to apply for discharge, and then required the approval of local chief doctors, and district commanders. But the Army High Command made efforts to streamline procedures by outlining what documents were required in each of the seven circumstantial reasons for leaving service. In cases of disease and pregnancy, nurses had to present medical certificates of their conditions. But doctors had the authority to decide which kinds of illnesses warranted dismissal. When considering dismissal based on family or economic conditions, the nurses' family's contributions to the war effort were considered, and economic hardship had to be proven with records from the police, the NSV, the local branch of the NSDAP, the local farming association, or the labor office. BA-MA RH 12-23, 1259—Betr.: Auswertung der Anfragen der Wehrkreiskommandos IVb Fr.K. anlässlich der Gruppenleiter-Tagung (am 11./12.3.1943), die von allgemeinen Interesse sind.” Oberkommando der Wehrmacht, Chef des Wehrmachts-Sanitätswesens, Tgb.Nr. W 119/43 K F K/II, Berlin, 10 (?) April 1943. By Napp.

available for war work, clearly demonstrates how “Aryan” German women were mobilized and incorporated into the German war machinery and how German Red Cross nurses, in particular, lived increasingly militarized lives.

In order to more fully understand how German Red Cross nurses contributed to the war effort, one must look at their personal experiences, beginning with their initial deployment. In some cases, these women could volunteer to work directly for the military or to transfer to a location closer to the battle zone. For example, in the winter of 1940, while she was working in a reserve hospital near Arnstadt, Sister Ingeborg Ochsenknecht learned of an opportunity to work in a military medical unit in Poland. She volunteered to go, along with a friend and colleague, Sister Imme. They were eager to go: “We were thrilled, we wished that we had marched off yesterday rather than today.” On June 6 1941, they began traveling to Cracow.⁴⁶¹ But more often Red Cross nurses did not begin as volunteers. Instead, they received orders up for service, as in the case of Sister Martha Lohman, who was requested by the army (via her motherhouse) in January 1941.⁴⁶² Sister Susi Gerloff received her orders to go to Warsaw more than a year later. Unlike Lohman, she previously worked in a hospital inside Germany, and she was excited to begin her trip to the East so that she could help soldiers there. Gerloff remembered the period before her deployment as an important time, with much to take care of, but also filled with excitement.⁴⁶³ Sister Erika Summ received marching orders to go East, in her case to Shitomir (Zhytomyr, Ukraine⁴⁶⁴), in the fall of 1942. Her

⁴⁶¹ Ochsenknecht, ‘*Als ob der Schnee alles zudeckte*,’ 1-49 (esp. 18, 29, 39, 48-53).

⁴⁶² Georges and Benedict, “Nursing Gaze on the Eastern Front,” 140.

⁴⁶³ Gerloff, *Kriegsschwwestern. Erlebnisberichte.*, 29.

⁴⁶⁴ Zhytomyr was one of the larger oblasts in what made up the Reichskommissariat Ukraine, which was established in June 1941 and lasted until March 1944. In the fall of 1942, the Reichskommissariat

recollections differed from those of Gerloff or Ochsenknecht, for instead of recalling enthusiasm, she depicted her departure to the East as an experience of fear and uncertainty: “I was on the way to war, on the way to a country that I did not know. In this country I did not understand the language and no one could understand my language.”⁴⁶⁵ These women’s experiences, although containing different attitudes towards their future work, mirrored the common process of the coordination between the Department of Voluntary Nursing and the German Red Cross motherhouses.

At their new military posts, whether field hospitals or reserve hospitals, Red Cross nurses were supposed to be supervised by military matrons. This arrangement was intended to mirror that of nursing hierarchies inside German Red Cross motherhouses. Military matrons were usually very experienced nurses who worked as subordinates to army doctors and who consulted with the doctors in all matters related to the nurses, such as staffing requirements, work distribution, management, transfers, and accommodations. The matron was also helped reinforce strict behavior regulations such as avoiding bars, alcohol, and evening visits by men other than their husbands. In addition, the matron was supposed to monitor the health of sick and overworked nurses, and to provide a peaceful communal life for nurses during their rest periods.⁴⁶⁶ The presence of the matron could also provide the illusion of order and safety for nurses in the field hospitals and for their families, who remained on the home front, thereby

Ukraine was the largest German “colony” in the East. And as of January 1, 1943 16,910,008 people lived there. In Zhytomyr, located in the center of Ukraine, Nazi leaders desired to build a future “Aryan stronghold consisting of German agricultural colonies, SS-estates, and defense fortifications.” This district contained 25,000 square miles and a population of almost three million. Lower, *Nazi Empire-Building*, 3; Berkhoff, *Harvest of Despair*, 2, 17, 37.

⁴⁶⁵ Summ, *Schäfers Tochter*, 117.

⁴⁶⁶ See BA-MA RH 12-23, 4—“Richtlinien für die Oberschwester in den Reserve- und Reserve-Kur-Lazaretten” Oberkommando der Wehrmacht Chef des Wehrmacht-Sanitätswesens, Berlin, 5 February 1943.

providing further evidence to nurses and the general German public that war nursing was an admirable and socially acceptable task for “Aryan” German women.⁴⁶⁷

Once in the field, Red Cross nurses worked alongside the medical service corps. They served primarily in field and reserve hospitals, but also on hospital trains and ships.⁴⁶⁸ However, the field hospital (or motorized field hospital) served as the main site for surgical and medical treatment. Such hospitals were ideally made up of a chief doctor, five medical officers, four officials, and 66 medical and transportation personnel, as well as a small number (often fewer than ten) Red Cross nurses. In theory, field hospitals were located at least 20 to 25 km behind the front, usually outside of the combat zone and the range of most weapons. Such hospitals were often set up in existing hospitals, schools, large buildings, or even large tents. In the field hospitals, specialist doctors commanded all of the medical facilities and, in general, had a supply of 200-1000 beds. However, front hospitals in the East, like the ones in which many Red Cross nurses served, had capacities of 4,000-6,000 beds.⁴⁶⁹ Mobile field hospitals followed troops as they advanced, and as the hospitals relocated, they transferred their

⁴⁶⁷ BA-MA RH 12-23, 855—“Die Feldoberin, Beraterin und Betreuerin der DRK.-Schwestern” *Völkischer Beobachter*, Berlin, 9 July 1944; and Butta-Bieck, “Ich war so stolz auf meine Uniform!” 101-102.

⁴⁶⁸ Bucher, *The German Army Medical Corps*, 9-10, 14, 15, 19. The chain of care, from the front to inside Germany, generally went as follows: there was quick treatment at the bandaging stations (first the troop bandaging station, close to the front, then further behind the front at the main bandaging station), then transport behind the front to in field hospitals, then transfer to army hospitals, and, finally, to reserve hospitals.

⁴⁶⁹ Buchner, *The German Army Medical Corps*, 10. Each field hospital (theoretically speaking as combat conditions sometimes made guidelines impossible to meet) contained a reception area, a bandaging room, operating rooms, x-ray rooms, a pharmacy, treatment and care rooms, a dental car area, a kitchen, a supply room, and a morgue. In addition, each hospital likely included delousing stations, to help prevent typhus, and temporary isolation stations, to contain outbreaks of diseases. See Hubert Fischer, *Die Notchirurgie zwischen Truppenverbandsplatz und Feldlazarett*, in: *Sanitätswesen im Zweiten Weltkrieg*, ed. Ekkehardt Guth (Bonn: Herford, 1990), 66. In *Frontschwester und Friedensengel: Kriegskrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke, and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002), 168-169.

wounded to army hospitals further behind the front.⁴⁷⁰ An examination of German Red Cross nurses experiences in these hospitals can provide a deeper understanding of the position of women in Nazi Germany, their personal ways of understanding their contributions to the war, and their influence in creating a community on the front.

Daily Life in the Field Hospitals

Nursing in a field hospital on the Eastern Front constituted a war experience unlike those of any other “Aryan” German women. Red Cross nurses worked under difficult material circumstances in order to care for German soldiers, who, if healed, would return to the battlefield. These nurses were thus *directly* connected to the processes of waging war, much more so than women who lived and worked inside of Germany and in a different way compared those women who lived and worked on the Eastern Front as settlement workers, secretaries or wives.⁴⁷¹ While stationed on the Eastern Front, nurses had various reactions their work. Some gained much self-confidence and satisfaction and they came to identify with a specific field hospital community. Their experiences in the field hospital thus complicate the historical understanding of the role of women in the Third Reich, for nurses’ actions, as caretakers and members of a society founded upon humanitarian values, proved vital for the continuation of the Second World War and the perpetuation of Nazi “racial” and political hierarchies.

⁴⁷⁰ Buchner, *The German Army Medical Corps*, 17-19. However, in times of intense fighting, the mobile field hospitals were dissembled, and merely replaced by main bandaging stations.

⁴⁷¹ For works on these other female roles, see Harvey, *Women and the Nazi East*; Lower, *Hitler’s Furies*; Maubach, *Die Stellung halten*; and Schwarz, *Eine Frau an seiner Seite*.

The working conditions of the field hospitals greatly affected nurses' daily life and personal understanding of their contributions to the war. Factors such as long shifts, high patient loads, inadequate supplies, and illness all influenced nurses' ability to do their work. In the field hospitals, a nurse could work from dawn until midnight, or even continuously for several days. For example, during the invasion of Poland in 1939, nurses worked very long shifts due to the significant number of German casualties (30,000 wounded⁴⁷²) and the relatively small number of deployed nurses.⁴⁷³ After the June 1941 invasion of the Soviet Union, the number of wounded and dying soldiers increased significantly, and nurses' working conditions drastically altered. By March 1942, for example, at least one-third of the front-line troops on the Eastern Front had been wounded or lost.⁴⁷⁴ Nurses tried to care for these German soldiers. Notably, by that time, more than two million Soviet soldiers had died of starvation in German POW camps. Another 100,000 had been shot by the Germans.⁴⁷⁵

To gain an understanding of nurses' daily lives in the field hospitals, it is helpful to look into how a particular hospital on the Eastern Front functioned. Take the case of a *Luftwaffe* motorized field hospital located in Ukraine. The Wehrmacht invaded the Soviet territory of Ukraine in on June 22, 1941. During the occupation, which lasted until 1944, 6.8 million people were killed, including 600,000 Jews. While the *Einsatzgruppen* worked to eradicate remnants of Ukrainian nationalism and Jews living in Ukraine, the German military fought partisan movements in the western part of the

⁴⁷² Rohde, "Hitler's First Blitzkrieg," 124.

⁴⁷³ Riesenberger, *Das Deutsche Rote Kreuz*, 317.

⁴⁷⁴ Mazower, *Hitler's Empire*, 139.

⁴⁷⁵ *Ibid.*

territory and helped to maintain German control.⁴⁷⁶ Red Cross nurses aided in this work by providing medical care to German soldiers.

As was typical in field hospitals on the Eastern Front, this air force hospital employed only a few nurses who took care of hundreds of German soldiers. *Lw. San.-Bereitschaft* (motv) 7/IV employed six Red Cross nurses and oversaw the treatment of patients from summer 1941 and through early winter of 1942.⁴⁷⁷ This field hospital unit took over the work of the *Lw-Lazarett Nikolajew* (in the southern Ukraine) on September 27, 1941. The hospital was planned for winter use, but because the previous medical unit had taken with them everything they had used in the hospital, the next one was forced to bring in more equipment and living items.⁴⁷⁸ Amidst the refurbishing of the hospital, the medical staff cared for large numbers of casualties. All available beds — 207 — were occupied. In addition, medical staff helped transport patients to three nearby airports.⁴⁷⁹ In total, from June 8 to November 30, 1941 the unit *Lw.San.-Bereitschaft* (mot) 7/IV handled 3,483 wounded and sick and transported 10,349 by land and 6,521 by air.⁴⁸⁰ Over the course of the war, that is, at least until February 1942, two

⁴⁷⁶ On July 16, 1941 Hitler appointed Erich Koch as the director of the *Reichskommissariat Ukraine* (the German civil administration, part of the Reich Ministry for the Occupied Eastern Territories). Between summer 1941 and autumn 1943, Germans and collaborators murdered 180,000 Jews in the Zhytomyr region. On September 29 and 30, 1941, Einsatzgruppe HQ, two commandos of police regiment South, and Sonderkommando 4a killed murdered 33,771 Jews at Babi-Yar, outside Kiev, Ukraine. Fritzsche, *Life and Death in the Third Reich*, 197; Bohdan Krawchenko, “Soviet Ukraine under Nazi Occupation, 1941-4,” in *Ukraine during World War II: History and its Aftermath. A Symposium*, ed. Yury Boshyk (University of Alberta, Edmonton: Canadian Institute of Ukrainian Studies, 1986), 15-57; Berkhoff, *Harvest of Despair*, esp. 35-88; and Lower, *Nazi Empire-Building*, esp. 1, 69-97.

⁴⁷⁷ BA-MA RL 26, 27— “Betr.: Bericht über den Einsatz in Nikolajew vom 27.9.-30.11.1941”, Anlage 1, *Lw.San.-Bereitschaft* (mot) 7/IV, O.U., den 10.Dezember 1941, Feldpostnummer: L 39221, Luftgaupostamt: Wien. Located in file “Kriegstagebuch Nr. 6 der San.-Bereitschaft (mot.) 7/IV Feldpost Nr.39221, 17.11.1-41-23.2.42.”

⁴⁷⁸ BA-MA RL 26, 27— “Betr.: Bericht über den Einsatz”

⁴⁷⁹ *Ibid.* In general, transportation was difficultly procured, and hospital trains were only sporadically available.

⁴⁸⁰ *Ibid.*

of the full nurses were replaced by nursing aides, who later became “successful” assistant nurses. In addition, there was a kitchen nurse and three other nurses who worked in the hospital service in various, unnamed capacities. The deployment of nursing assistants in the place of full nurses mirrored the general trend in war nursing of ordering nursing assistants to the field hospitals.⁴⁸¹ As of January 31, 1942 the nurses and nursing assistants in this particular hospital treated 3,866 wounded and sick soldiers.⁴⁸²

In addition to a high patient-nurse ratio in this air force hospital, nurses also faced unfavorable material working conditions. According to the chief doctor of the unit, the nurses faced a “significant workload” because they had to cope with a rapid changing of patients and additional difficulties that came with the absence of lighting and water, dirt, bugs, and a lack of equipment and clean linens.⁴⁸³ Such conditions mirrored those of German soldiers who experienced a process “demodernization” on the front.⁴⁸⁴ For as the Germans moved further and further into the Soviet Union, the length of the front almost doubled and securing food, medical goods, supplies became increasingly difficult, with much dependence on horse-drawn wagons. In other words, “the disappearance of the machine forced the individual soldier into living conditions of the utmost primitiveness.”⁴⁸⁵

⁴⁸¹ Riesenberger, *Das Deutsche Rote Kreuz*, 333.

⁴⁸² BA-MA RL 26, 27— “Tätigkeitsbericht über den Osteinsatz der DRK-Schwester der Bereitschaft” Anlage 3, 10.2.1942, Lw. San.-Bereitschaft (motv) 7/IV, O.U., den 10. Februar 1942 Feldpost.Nr.: L 39221/; Wien. Kriegstagebuch Nr. 6 der San.-Bereitschaft (mot.) 7/IV Feldpost Nr.39221, 17.11.1-41-23.2.42 Sanitätseinheiten und -einrichtungen der Luftwaffe 1939-1945

⁴⁸³ BA-MA RL 26, 27— “Tätigkeitsbericht über den Osteinsatz der DRK-Schwester der Bereitschaft”

⁴⁸⁴ Bartov, *Hitler’s Army*, 16-17.

⁴⁸⁵ *Ibid.* While Bartov makes a connection between the conditions on the Eastern Front, the encounter with the Red Army, and the “barbarization of warfare,” more recently Christoph Rass has challenged this argument by claiming that troops (at least in his study) were able to maintain relative cohesion, and that

Nurses deployed in other parts of the Eastern Front described similar experiences. For example, on June 28, 1941, Sister Edith Haase, a Red Cross nurse from Arnstadt, wrote the following about the working conditions in the field hospital in Cracow, where she worked as a nurse and a stenographer, “48 hours service are behind us. We could still take (on) 100 more wounded. A swirl of people, blood, sweat and stench. I constantly write and bandage. The fleas jump to us from the old bandages. The injuries are horrific. A soldier was burned black. It was said that the Russians had shot (him) with gas. Now I experience what a transit hospital is.”⁴⁸⁶

Sister Brigitte Penkert echoed these statements in her October 1942 letter to her family when she described the work in a field hospital in Kursk⁴⁸⁷ as, “difficult for the sensitive heart of a woman, but it always does one good to know that the whole world does not look like it does here... It is namely something else, for example, to nurse amputees, now 4, 8 or 10 times a day, all by oneself. One splashes about really only in blood and pus, shredded flesh and splintered bones. After a few hours the smell in the

the Wehrmacht’s occupation policies resulted from a combination of factors, including but not limited to the brutal conditions of the war and the need for labor. See Christoph Rass, “*Menschenmaterial*”: *Deutsche Soldaten an der Ostfront: Innenansichten einer Infanteriedivision 1939-1945* (Paderborn: Ferdinand Schöningh Verlag, 2003).

⁴⁸⁶ DTA 1601— “Schwester Harmonica,” 28 June 1941, 13. The comment about the gas harkens back to the use of gas during the First World War. Nurses would have been aware of this through Hitler, who was blinded by gas in the First World War, which he wrote about in *Mein Kampf*. Approximately 3,000 German soldiers died because of the use of poison gas as a new weapon. See Whalen, *Bitter wounds*, 42.

⁴⁸⁷ Less than a year later, this city and surrounding region witnessed the Battle of Kursk (German code-named “Operation Citadel”), the largest land and tank battle of the Second World War. Beginning on July 5 and lasting through the summer of 1943, more than 4 million Soviet and German soldiers with 13,000 tanks fought for control of Russian ground. Losses were enormous on both sides, but the Red Army eventually succeeded in defeating the Wehrmacht. On the first day of the battle, 1,063 German soldiers died, with another 5,921 wounded and 325 missing. The Wehrmacht lost (including wounded or missing) 54,182 men over the next ten days, with estimated Red army losses of 319,000. Frieser, “Die Schlacht im Kursker Bogen,” 83, 107-108, 120, 146-172.

room is indescribable."⁴⁸⁸ At the time, Sister Penkert's field hospital provided care for primarily severely-wounded soldiers, numbering between 800 and 100, without one man who would walk or help himself.

A German Red Cross nurse from Austria, Elizabeth M., described a similar situation in her field hospital:

Weekly working time was 72 hours, only one Sunday per month free... Then came the train with German soldiers. Seriously wounded. The fellows had naturally screamed, screamed! We worked day and night. I was 24, 25. A leg had to be amputated... I held the leg, the bugs already climbed out of the gaps... And what we had were such terrible methods. I had, for example, blood type O. I did not have much blood left! But how often was blood type O needed! Who has type O? Oh come, fast, fast! ... Looking back I think that we had at the time we had uncanny powers, none of us ever lost our nerves, neither doctors nor nurses.⁴⁸⁹

One of the most significant problems of Red Cross nurses was the prevalence of non-wound related illnesses, especially those caused by lice, dirty water, and poor living conditions on the front. Soldiers suffered from respiratory diseases, skin infections, bladder inflammation, typhus, and spotted fever.⁴⁹⁰ Thus, the fear of epidemics, especially of typhus, was constantly on nurses' minds. Louse-borne typhus (epidemic typhus) spread through lice-infested clothing and bedding. In addition, soldiers brought lice into the hospitals from the front and surrounding countryside, where mud, swamps, and forests were common, and washing was not. In the field hospitals, nurses attempted to keep each other, the soldiers, bedding, and the barracks

⁴⁸⁸ Penkert, Letter 26, 6 October 1942, 102-103.

⁴⁸⁹ Interview with Elizabeth M. who was born in 1920. In Margarete Doerr, *"Wer die Zeit nicht miterlebt hat . . ."* *Frauenerfahrungen im Zweiten Weltkrieg und in den Jahren danach. Band 2: Kriegsalltag.* (Frankfurt/New York: Campus Verlag, 1998), 90-91. Surname hidden for privacy.

⁴⁹⁰ Bartov, *Hitler's Army*, 19, 24. By 1942, spotted fever had killed at least 36,434 soldiers, and by the spring of the same year, almost half a million troops of the *Ostheer* succumbed to illness and frostbite.

clean. Patients with typhus were separated into isolation wards, where some nurses also worked, or when sick, rested. Sister Ochsenknecht recalled that when she was in Tschenstochau (Częstochowa, Poland), the golden rule of the time was “No louse, no typhus” and that she and the other nurses spent much time cleaning and removing lice. She wrote that there was lice everywhere on the Eastern Front and that “Before our mission ended, every single sister became acquainted with head lice and other vermin.”⁴⁹¹ Sister Susi Gerloff recalled that “Life on the typhus station, the critically-ill ward, demands our full commitment.”⁴⁹² Sister Brigitte Penkert wrote to her family that it was difficult to provide proper care to typhus patients because the disease brought on symptoms such as dizziness, restlessness and confusion.⁴⁹³ Extensive time spent caring for the ill reinforced a specific perception of the duty of a Red Cross nurse that was based the idea of alleviating German suffering and caring for a specifically German community with particular needs.

This focus on German suffering also appeared when Red Cross nurses themselves became infected with diseases. Sister Erika Summ noted that one of her colleagues, Sister Martha Weller, died from epidemic typhus in Shitomir (Zhytomyr, Ukraine).⁴⁹⁴ Sister Susi Gerloff fell sick with paratyphoid. She was sent to recover in a town called Skolimov, where other medical staff in Poland also traveled to when ill. After recovering, she went to work in a hospital in Warsaw. However, Gerloff was still not well, so she traveled to Germany, where she stayed for four months.⁴⁹⁵ Sister

⁴⁹¹ Ochsenknecht, *‘Als ob der Schnee alles zudeckte,’* 64, 73.

⁴⁹² Gerloff, *Kriegsschwestern*, 57.

⁴⁹³ Penkert, Letter 47, 10 March 1943, 141.

⁴⁹⁴ Summ, *Schäfers Tochter*, 140.

⁴⁹⁵ Gerloff, *Kriegsschwestern*, 99-101, 103, 120-122.

Brigitte Penkert also knew nurses who fell ill. While in Kiev in February 1943, she wrote to her parents about transporting two nurses who were sick with diphtheria, and another who probably was infected by riding with the ill in the close confines of a cargo truck (filled with 24 nurses and two men).⁴⁹⁶ One of the older women with whom Penkert worked, Sister Agnes, later fell ill with typhus. Just days later, another seven sisters in Penkert's unit were ill, three of whom had worked with her in the infection department.⁴⁹⁷ Penkert had to receive immunizations, which was common for military nurses,⁴⁹⁸ on more than one occasion.⁴⁹⁹ In addition to typhus and paratyphoid, Red Cross nurses on the Eastern Front coped with outbreaks of pneumonia and scarlet fever.⁵⁰⁰

Nursing on the Eastern Front can therefore be characterized by caring for patients suffering from epidemics, illnesses, and wounds in understaffed hospitals. For these women, to nurse meant to provide medical care to soldiers who were ill. The working conditions in the field hospitals also convinced these nurses of the backwardness of their enemies and of Eastern Europe more broadly, where they believed that medical care and proper facilities were lacking. For example, on November 26, 1941 Sister Haase wrote to her parents, "Everything is so primitive and complicates our work. Especially when there are heavy casualties."⁵⁰¹ Such experiences

⁴⁹⁶ Penkert, Letter 43, Kiev, 8 February 1943, 135.

⁴⁹⁷ Penkert, Letter 74, 20 December 1943, 176.

⁴⁹⁸ See, for example, BA-MA RH 55, 120—"Betr.: Diphtherie-Schutzimpfung des Personals der Freiw.Kr.Pflege." Sanitäts-Abteilung Liegnitz.. 23 November 1944.

⁴⁹⁹ Although these injections were intended to prevent illness, Penkert felt ill after receiving them. Penkert, Letter 73, 16 December 1943, 175; Letter 95, Brest-L., 27 April 1944, 209.

⁵⁰⁰ DTA 1601—"Schwester Harmonica," 14 February 1942, 21; Penkert, Letter 34, 1 December 1942, 119; Ochsenknecht, *Als ob der Schnee alles zudeckte*, 116, 201; Summ, *Schäfers Tochter*, 135; Gerloff, *Kriegsschwester*, 57

⁵⁰¹ DTA 1601—"Schwester Harmonica," 26 November 1941, 15.

and the language used to describe them reinforced “racial” distinctions articulated by Nazi ideology in Red Cross publications and nursing publications.⁵⁰² Thus, Red Cross sisters' daily confrontation with German suffering in the field hospitals impacted their understanding of the war, their duties, and their ideas about the “East.”

Nurses' vivid descriptions of what it was like to work in a field hospital on the Eastern Front are important for several reasons. First, they reveal how nurses contributed to the war effort and how the war impacted these women on a day-to-day basis. It is necessary to reconstruct these details in order to more fully understand the position and significance of Red Cross nurses in the Third Reich during the Second World War.⁵⁰³ Red Cross nurses' first-person experience with the war contrasted with that of women who lived in the home front. These women actively worked with the regime to further the war effort and they did so not far from the battle lines. Moreover, because of the nature of their work and their closeness to German soldiers, nurses supported the war effort in a far different way compared to the wives of SS-officers, secretaries, or even female auxiliary officers, who lived in different kinds of social worlds on the Eastern Front.⁵⁰⁴ Second, these nurses continued to work despite of, or even perhaps because, these experiences with wounded and dying soldiers and their personal illnesses. Nurses saw it as their task to alleviate *German* suffering, and they

⁵⁰² See Chapter 2 for an extended discussion of the infusion of Nazi ideology into Red Cross and nursing publications. The emphasis on primitive working conditions is also emphasized in German newspaper articles like “Dichtauf folgen sie der Truppe. Die Schwestern vom DRK, gute Kameradinnen in schwersten Stunden”, in BA-MA RH 12-23, 855. The same themes also appear in *Schwesternbriefe von allen Fronten*. (Berlin: Verlag des Deutschen Roten Kreuzes, ca.1940-1941). DRK Präsidium Berlin Archiv/Bibliothek K_00379.

⁵⁰³ Other historians, notably Wendy Lower, also devote attention to the significance of Red Cross nurses on the Eastern Front, but they do not offer a close analysis of the nurses' daily lives and working conditions.

⁵⁰⁴ Here I refer to the studies by Gudrun Schwarz, Wendy Lower, and Franka Maubach.

thereby revealed how the original Red Cross humanitarian aims of helping *all* soldiers, and the subsequent Red Cross focus on civilian public health, had become circumscribed and altered by Nazi ideology. Likewise, nurses' focus on saving soldiers' lives gave credence to the idea that the German "people's community"—in this case, in the tangible form of the field hospital—was indeed being threatened.⁵⁰⁵ Third, nurses' commitment to the soldiers and their ability to overcome the difficulties of the work brought an increased sense of self-worth for some nurses. For example, according to Sister Elizabeth, she and the doctors and the other nurses never lost their control over their nerves. Sister Haase echoed similar themes in a letter to her parents from November 26, 1941, explaining, "I have to change stations. 'Good thing I did not lose my sense of humor. Together we make our fun.'"⁵⁰⁶ In other words, despite the harsh working conditions, she and the other nurses had been able to make the best of things.

A similar pattern of juxtaposing unfavorable working conditions with a sense of accomplishment or self-worth appears in the experiences of other Red Cross nurses. For example, in Kursk (still months before the famous tank battle), Sister Penkert's "sensitive heart" withstood the terrible hospital conditions and she was "really grateful for the ability to overcome any feeling of disgust, i.e. to be able to do so. Because with such foolishness [of not being able to overcome disgust] a surgical nurse would not go far here."⁵⁰⁷ Penkert worked in a hospital for the severely-wounded that could hold between 800 and 1000 beds. She was one of twenty nurses. But Penkert wrote that on

⁵⁰⁵ Fritzsche, *Life and Death in the Third Reich*, 40. Fritzsche argues that from the perspective of the Nazis, the "people's community was endangered and implicitly violent" and "in a state of permanent emergency."

⁵⁰⁶ DTA 1601—"Schwester Harmonica," 26 November 1941, 15.

⁵⁰⁷ Penkert, Letter 26, 6 October 1942, 102-103.

average, one nurse was always sick, and another one or two were always on leave, meaning that only 17-18 nurses were ever working in the hospital at one time.⁵⁰⁸ According to Penkert, when the nurses hourly saw what the fighting troops endured, they tried to balance out the situation, so to speak, by pretending to be calm and happy, as if they were in paradise. When the soldiers arrived at the hospital, saw the circumstances in which nurses worked, and asked them how they, the sisters, held up, the women replied “for the same reasons that make you do that [fight], we are doing our duty.”⁵⁰⁹ Penkert thus depicted her important sense of self-worth based on her unwavering dedication to the war and on her ability to overcome the difficult working conditions.

Red Cross nurses Penkert, Haase, and Ochsenknecht thus conveyed a feeling of pride and accomplishment for their contributions to the war. These nurses’ self-depictions mirror those of Viennese Sister Herta K, who worked in a field hospital in Smolensk (Russia) with twelve other volunteers after attending a German Red Cross assistant nurse course in Vienna in January 1943. She worked in a station specializing in treating patients with injuries caused by mine explosions. In an interview, she later reported that she and the other nurses were young and not prepared for what they saw. However, she explained, “At work, we were able to do everything, injections, change bandages, and [we] bore plenty responsibility. We worked night service completely alone, and that lasted for fourteen days non-stop.”⁵¹⁰

⁵⁰⁸ Penkert, Letter 29, Kursk, 23 October 1942, 109-113. Penkert conveyed to her parents that she could get used to this situation, but that the number of nurses was not enough.

⁵⁰⁹ Ibid.

⁵¹⁰ Interview with Herta H., in “Selbstzeugnis der Herta K” in “Dokumentation lebensgeschichtlicher Aufzeichnungen”, 34, 39, in Butta-Bieck, “Ich war so stolz auf meine Uniform!” 107-108. Herta was

Nurses who wrote about their experiences during the war or who shared them later thus demonstrated to others and to themselves how the war provided them the opportunity to prove themselves as capable and dutiful, and in doing so, they could gain a sense of self-worth or self-confidence. Thus, in the case of some Red Cross nurses, Nazism could offer them a fulfilling place in wartime society. The idea that nurses could provide a valuable service to their country, as counterparts to soldiers, was present in pre-war (and pre-1933) nursing texts and Red Cross propaganda.⁵¹¹ For example, contemporary German Red Cross historian Felix Grüneisen argued that nurses were required “to have no less courage and self-denial than are front-line soldiers.”⁵¹² But this sense of self-worth describe by nurses goes beyond comparisons between nurses and soldiers, because nurses described themselves as acting independently. This is a different form of self-perception, which mirrors nurses’ memoirs from the First World War (which Red Cross nurses were also exposed to) more than contemporary publications.⁵¹³

born in 1922 and participated in Nazi service programs from 1938, when she enrolled in the Hitler Youth *Landdienst*. Her mother had joined the NSDAP in the hopes of improving the material circumstances of the impoverished family. Surname hidden for privacy.

⁵¹¹ See Hutchinson, *Champions of Charity*, esp. 256, 352; Reverby, *Ordered to Care*; 51-54. Reverby also cites Dock, “The Relation of Training Schools to Hospitals,” 16; Soine, “From nursing sisters to a sisterhood of nurses,” 179, 211-244; *Das Deutsche Rote Kreuz* (September 1941), cover picture. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald. Also see Anonymous, “Auszeichnung verdienter Schwestern,” *Das Deutsche Rote Kreuz*, vol. 3 (Potsdam: February 1939): 76; *Das Deutsche Rote Kreuz und seine Schwestern*; Gruber, “Berufseignung und Berufsauffassung,” 310.

⁵¹² Grüneisen, *Das Deutsche Rote Kreuz in Vergangenheit und Gegenwart*, 212-213.

⁵¹³ Russner, *Als Schwester im Weltkriege. Feldpostbriefe und Tagebuchblätter*. (Leipzig: Verlag Breitkopf & Haertel). Reviewed by Bt., in *Deutsches Rotes Kreuz. Rettung und Hilfe. Zeitschrift des Deutschen Roten Kreuzes für die Arbeit der Männervereine und Sanitätskolonnen*, vol. 6, no.2 (Berlin, 15 January 1937).

These German Red Cross nurses women depicted themselves heroically. While such accounts may or may not reflect the complete historical truth,⁵¹⁴ what is clear is that war nursing provided German women a way to talk about themselves in a flattering way and to convey to other people that they had grown as independent and capable individuals. But not all German Red Cross nurses shared this increased sense of self-worth, nor could all nurses withstand the pressures of the war. For example, there are records of nurses having psychological breakdowns during the war.⁵¹⁵ Sister Penkert, for example, worried about another nurse who seemed mentally unstable after learning about the death of a brother.⁵¹⁶ Sister Haase, who had been proud of her ability to have some fun despite the situation, later admitted, “Somehow my nerves must have suffered through the war.”⁵¹⁷ Sister Ochsenknecht found it difficult to sleep calmly at night.⁵¹⁸ Other nurses committed suicide.⁵¹⁹ Contemporary propaganda is silent on this topic.

Indeed, when taking into account doctors’, supervisors’, and nurses’ reports of the situation of nursing on the Eastern Front, it becomes clear that many nurses were learning “on-the-job”, that their skills often proved inadequate, and that those nurses who did have or gain the necessary skills became increasingly frustrated with the

⁵¹⁴ I refer here to Joan W. Scott, “The Evidence of Experience,” 779-780. What one says one experiences cannot necessarily be accepted as truth in and of itself, but a historian can learn about the importance of experiences and about individuals, but examining individual descriptions of what they said or did.

⁵¹⁵ See BA-MA RH 55, 118—“Betr.: Schwester Minna Grunwald” Res.-Laz.XV Breslau, 1 February 1945, z.Zt. Chemnitz 9, Wehrkreisarzt VIII; “Dienstleistungszeugnis” Res.Laz. XV Breslau, z.Zt. Chemnitz 9, 1 February 1945. Sister Grunwald experienced depression and physical exhaustion. Her age (58) no doubt contributed to her condition. Located in file —“Res.Laz.XV f.B. Breslau-105 Vojens/Dän. Schwestern-Angelegenheiten. 1945.”

⁵¹⁶ Penkert, Letter 29, Kursk, 23 November 1942, 111.

⁵¹⁷ DTA 1601—“Schwester Harmonica,” 66.

⁵¹⁸ Ochsenknecht, *‘Als ob der Schnee alles zudeckte’*, 87.

⁵¹⁹ See Daniela Duesterberg, “Pfleger im Zweiten Weltkrieg,” in *Krankenpflege im Nationalsozialismus*, ed. Hilde Steppe, (Frankfurt am Main: Mabuse-Verlag, 2001), 129. The Department of Voluntary Nursing even had a process for reporting and investigating suicide attempts. See BA-MA RH 12-23, 4—Betr.: “Selbstmordversuche bei Einsatzkräften der Freiwilligen Krankenpflege.” Chef des Wehrmacht-Sanitätswesens. Tbg.Nr. 231/43 KFK/1, 13 February 1943.

military medical administration. One major reason why many Red Cross nurses did not contain skills necessary to fulfill their duties on the Eastern Front was because most of these women were not in fact “full” nurses. Instead, they were often nursing assistants or nurses’ aides. For example, Sister Penkert had not yet passed her nursing exams when the Department of Voluntary Nursing deployed her to Poland. Instead, her education continued into the field hospitals. In one of her letters to her family from Lowicz (central Poland), in March 1942, she wrote “It is a good school that I am going through!”⁵²⁰ In Kursk in October 1942, she further explained, “Even the best theoretical knowledge is not a full substitute for years of experience. The first O.P. Nurse, head nurse at the same time for this house, next to where I work, has for ten years been in this field. In my experience, I am a 'waste of space' next to her.”⁵²¹ Later in the war, after a forced retreat from Kursk, Penkert again described her experiences as a form of schooling and learning “on-the-go.” She wrote that “When today I think back on my time in Lowicz, I must say that it was a good school, but only a pre-school.” What she had done and endured there was only a “fraction” of what she did in Russia.⁵²²

Sister Penkert represents just one of many Red Cross nurses who did not have enough practical experience to work in a field hospital upon their initial deployment. Indeed, reports from the High Military Command and the Department of Voluntary Nursing are rife with commentary and descriptions of nurses’ lack of necessary training. The military thus continued to push nursing assistants and auxiliaries to become more skilled in nursing tasks as the war went on. Even as training time decreased (before the

⁵²⁰ Penkert, Letter 20, Lowicz, 19 March 1942, 96.

⁵²¹ Penkert, Letter 26, 6 October 42, 103.

⁵²² Penkert, Letter 47, 10 March 1943, 139.

war, “full nurses” received up to three years training,⁵²³ compared to eight and twelve week wartime courses), there were many courses offered. Training guidelines from the military command in July 1943 stipulated that every military district should have training hospitals in which Red Cross nursing assistants were to be trained as helpers in various medical tasks.⁵²⁴ The same month, a new Red Cross nursing school opened in Kiev.⁵²⁵ Training areas were to include physical therapy, dietetics, laboratory work, x-ray operation service, physical methods of treatment, surgical nursing, and work as a nurse supervisor or nursing assistant.⁵²⁶ Courses were to be offered in inside Germany, and also in places such as Cracow, Lublin, and Reichshof.⁵²⁷

All of these efforts did not lead to better nursing staffs. In August 1944, military doctors argued that nursing assistants had knowledge limited to one station, and that many were unable to cover the most basic nursing tasks, such as preparing for injections and enema procedures.⁵²⁸ According to wartime reports, the cause of nurses’ unpreparedness was placed at the fault of hospital superiors, be they the station nurses, head nurses, or chief doctors. These health care workers were accused of keeping qualified and hard-working nursing assistants to themselves and their own department, and therefore limiting the young women’s ability to learn all the necessary nursing

⁵²³ Kroeger, “Nursing in Germany,” 483-485 and BA-MA RH 12-23, 1041, “Gesetz zur Ordnung der Krankenpflege.” Chapter 2 discusses pre-war nursing training in detail.

⁵²⁴ BA-MA RH 12-23, 1040—Berlin, 22.Juli 1943, “Betrifft: Aus-und Fortbildung des Personals der Freiwilligen Krankenpflege”

⁵²⁵ Riesenberger, *Das Deutsche Rote Kreuz*, 323.

⁵²⁶ BA-MA RH 12-23, 1040—Berlin, 22.Juli 1943, “Betrifft: Aus-und Fortbildung des Personals der Freiwilligen Krankenpflege”

⁵²⁷ BA-MA RH 12-23, 1040—Krakau, 6.4.44, “Betr.: Aus-und Fortbildung des Personals der Fr.K.”; Reichshof, 31.März. 1944, “Betr.: Aus-und Fortbildung des Personals der Fr.K.”; Lublin, 30.März 1944, Betr.: Aus-und Fortbildung des Personals der Fr.K.”

⁵²⁸ BA-MA RH 12-23, 1040—Berlin, 29.August 1944, “Betr.: Ausbildung von DRK-Helferinnen zu Schwesternhelferinnen”; Attachment to letter: “Betr.: Ausbildung von DRK-Helferinnen zu Schwesternhelferinnen.”

tasks. In other words, they were said to have put their personal status and needs above those of the common good—the exact opposite of what the Nazi ideology and Red Cross training rhetoric dictated.⁵²⁹ The military medical command sent out a new set of training guidelines in August 1944 in order “to remedy this deplorable state of affairs.” New guidelines set out a twelve week training program for nursing auxiliaries so that they would become nursing assistants with all-around practical nursing knowledge.⁵³⁰

Although some nurses personally recorded feelings of accomplishment and self-confidence gained through their experiences of working in the field hospitals, it is clear that many nurses did not have the adequate skills or the ability to complete their duties. The military medical administration encountered the problems of nurses’ lack of training and doctors tried to solve this problem, albeit with limited success. Moreover, when there were nurses available for deployment, they were not necessarily distributed efficiently. For example, as of August 25, 1943 the military districts had reported to the Commissar of Voluntary Nursing, via the German Red Cross, that there were extra German Red Cross nursing assistants and auxiliaries in eleven military districts.⁵³¹ More than 25 war hospitals requested additional nursing assistants and auxiliaries to work in these tasks in order to free up men to serve at the front.⁵³² However, the office of the

⁵²⁹ Ibid. This theme is discussed in detail in Chapter 2.

⁵³⁰ Ibid.

⁵³¹ BA-MA RH 12-23, 1125—“Betr.: Zahlenmässige Aufstellung einsatzbereiter DRK Schwesternhelferinnen und Helferinnen nach dem Stand vom 25.8.1943.” DRK-Präsidium, I/2 vTr K 21, Potsdam-Babelsberg, 8 September 1943. From the Chef des Führungsamtes, Dr. Berning, DRK-Generalhauptführer to the Kommissar der Freiwilligen Krankenpflege. At this time, 653 nursing assistants and 525 auxiliaries were released from the employment office, and they were made ready for deployment elsewhere.

⁵³² BA-MA RH 12-23, 1125—“Betr.: Einsatz von DRK-Schwernhelferinnen und-Helferinnen in Kriegslazaretten. Bezug: O.K.H. S In Tbg.Nr. H.2554/43 KFK/II vom 13.7.1943; H.2603/43 KFK/II vom 22.7.1943; H.2604/43 KFK/II vom 22.7.1943; H.2616/43 KFK/II vom 26.7.1943.” Oberkommando des Heeres, Chef des Heeresrüstung u. Befehlshaber des Ersatzheeres Tbg.Nr. 2784/43 AHA/S in Fr.K./II,

commander of the reserve army also had to remind military district commanders that Red Cross nursing assistants were to be used for nursing and not writing – i.e. secretarial — tasks.⁵³³ Such a reminder implicitly suggests that, in the past, these women had taken on non-nursing duties.⁵³⁴

The Department of the Voluntary Nursing therefore faced the tasks of eliminating understaffing and of sending nurses to positions where they could make use of their skills. The efforts of to rectify these problems speak to the gap between some nurses' heroic self-depictions and other nurses' inability to fulfill their duties. This gap is expressed most clearly by Sister Penkert. After retreating from Kursk, Penkert, who had used the field hospitals as a form of continuing education, wrote that the organization of the temporary hospitals (especially regarding the chronic understaffing of skilled nurses) she worked at was simply lacking.⁵³⁵ Six months later, when she was stationed in Brest-Litovsk, Penkert saw no improvement in the general hospital administration. In a letter to her family, from March 1944, she openly criticized the

Berlin 10.9.1943. An das Wehrkreiskommando VI IVb Fr.K.; “Betr.: Einsatz von DRK-Schwesternhelferinnen und-Helferinnen in Kriegslazaretten.” Oberkommando des Heeres, Chef des Heeresrüstung u. Befehlshaber des Ersatzheeres, Tgb.Nr. 2781/43 AHA/S in Fr.K./II, Berlin, 10.9.1943; “Betr.: Einsatz von DRK-Schwesternhelferinnen und-Helferinnen in Kriegslazaretten.” Oberkommando des Heeres, Chef des Heeresrüstung u. Befehlshaber des Ersatzheeres, Tgb.Nr. 2782/43 AHA/S in Fr.K./II, Berlin, 10.9.1943; “Betr.: Einsatz von DRK-SHnn in Kriegslazaretten. Bezug: Verfg.v.10.9.H.2786/43 AHA/S/In/KFK II.” Wehrkreisarzt VII, Az. 50m12.Pers-III (4), München, 14.Sept.1943, An Heeressanitätsinspektion Abt.III FrK Berlin; “Betr.: Einsatz von DRK-Schw.Helf.bezw.Helf. In Kriegslazaretten. Bez.: Dort.Verg. v.10.9.1943 Tbg.Nr.H. 2788/43 AHA/S In Fr.K. II.” An das Oberkommando des Heeres, Chef der Heeresrüstung und Befehlshaber des Ersatzheeres,

Berlin. Nursing assistants and auxiliaries were needed in war hospitals for the following wards: laboratories, surgery, x-ray, apothecary & pharmacy, kitchen, diet (nutrition), nursing, and typing.

⁵³³ BA-MA RH 12-23, 1125—“Bezug: Dort.Schreiben vom 14.9.1943-Az.: 50m 12.Pers.-III(4)-. Betr.: Einsatz von DRK-Schwesternhelferinnen in Krgs.-Lazaretten.” Oberkommando des Heeres, Chef der Heeresrüstung und Befehlshaber des Ersatzheeres Nr. H 2786/43 AHA/S Jn/Fr.K./II, Berlin, 20.9.1943, Dem Wehrkreiskommando VII (IV bFr.K.)

⁵³⁴ Sister Haase's status as a nurse and stenographer confirms that such practices did occur. DTA 1601—“Schwester Harmonica”

⁵³⁵ Penkert, Letter 67, 4 September 1943, 169-170.

uneven distribution of nurses there and explained that she was not going to receive support from another two nurses, as she had expected. In an excited state, she wrote “I’m beginning to see red when I think about the sister expenditure in the home hospitals. My inner state is currently so unpleasant that I am not ashamed of this sentence.”⁵³⁶ Penkert’s sense that she knew better than her superiors about how to best distribute nurses (and therefore care for soldiers) suggests that with her newfound knowledge, she also gained the self-confidence to question and criticize the decisions made by those who worked for the Department of Voluntary Nursing. Her criticisms hint toward the ways social and gender hierarchies could be modified in the field hospitals as a result of nurses’ personal experiences, especially those hierarchies influenced by traditional ideas about female passivity and nurses’ submissiveness to authority figures.⁵³⁷

Nurses and Soldiers: Mothers, Sisters, Lovers, Friends, & Confidants

German Red Cross nurses’ perception of their roles and the war depended very much on their relationships to German soldiers. In forming these relationships, nurses often took on the roles of mother, sister, lover, friend, or confidant. Such relationships fostered a sense of a German community in the field hospitals, characterized both by gender and exclusivity. In their interactions with German soldiers, nurses also demonstrated their agency and self-confidence as individuals trying to shape their lives on the Eastern Front. An analysis of nurses’ and soldiers interactions can thus deepen

⁵³⁶ Penkert, Letter 86, Brest.-Litovsk., 7 March 1944, 197

⁵³⁷ As discussed in Chapter 2.

the historical understanding of how German women, through their experiences, actively contributed to the formation of a German community on the Eastern Front.

While treating German soldiers, Red Cross nurses saw themselves as having a range of identities which went beyond the title of “Red Cross Sister.” Most of these identities were gendered. For example, nurses often saw themselves as mothers of their soldier patients. On November 24, 1941 Sister Edith Haase wrote: “My patients are very sweet. I am the mother for them! At 19 years [myself]! Some are like babies . . . They have such complicated wounds, that they need my special care.”⁵³⁸ In the last years of the war, while retreating from the Eastern Front, Sister Martha Lohman conveyed these same themes when she worried not just about the soldiers and their pain, but also about their parents, who did not know about their son's injuries.⁵³⁹

Likewise, soldiers could also perceive nurses as motherly figures. For example, after returning home, one soldier sent Sister Haase a poem praising Haase and her motherly nature.⁵⁴⁰ The perception of nurses as mothers, from the point of view of nurses and soldiers, mirrors pre-war publications by the German Red Cross, which depicted Red Cross nurses as providing “maternal care” of the “German sister”⁵⁴¹ and as “mothers” of soldiers on the battlefield.⁵⁴² It is impossible to say exactly to what extent propaganda influenced how nurses and soldiers viewed each other on the battlefield, but it is clear that nurses drew on the same discourse, which had a long tradition that was modified in

⁵³⁸ DTA 1601—“Schwester Harmonica,” 24 November 1941, 15.

⁵³⁹ Georges and Benedict, “Nursing Gaze on the Eastern Front,” 148-149.

⁵⁴⁰ DTA 1601—“Schwester Harmonica,” 24 November 1941, 15

⁵⁴¹ *Das Deutsche Rote Kreuz und seine Schwestern*, 9-14, 23-24.

⁵⁴² Grüneisen, *Das Deutsche Rote Kreuz in Vergangenheit und Gegenwart*, 211-214. Also see “Mütterlichkeit,” *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, 49.

the Third Reich,⁵⁴³ in order to describe their relationship to the German soldier which they formed in the field hospital.

Other nurses saw themselves as sisters to the soldiers. To be a sister in this sense can refer not only to the common title of a Red Cross nurse, but also to a sense of family between the nurses and the soldiers. For example, Sister Penkert was even sent to the war front, she began to feel special connections with her soldiers. She made nursing the main focus of her life, in contrast to what she felt was only a fragment of other (nurses') lives. While stationed in a reserve hospital in Düsseldorf, Penkert cared for officers whom she called "my men." Of her work with the soldiers, she wrote, "What I have given them in the last months in many difficult hours of endless patience, of love of people, of camaraderie, of inner and outside [physical] help, the soldiers give this back to me a hundred times today. How could I not be happy if I have proof now that I was and am, from head to toe, a true sister of my soldiers."⁵⁴⁴

Sister Erika Summ likewise recalled forming sisterly connections with soldiers. For example, when she was stationed in Ukraine, she and the other nurses in the field hospitals tried to create a family atmosphere for a Christmastime celebration. She and a few other nurses decorated colorful plates and wrapped gifts for their patients. Another nurse set up a large room with fir trees, candles, baked goods, and for each patient, a bottle of red wine. Together, the nurses and patients sang Christmas carols and felt as if they were one "big family." However, despite these feeling of being together, she wrote that everyone was still thinking about their homes. The family on the front could not

⁵⁴³ Reverby, *Ordered to Care*, 73, 75 and Bianca Schönberger, "Motherly Heroines," 87-113.

⁵⁴⁴ Penkert, Letter 10, Düsseldorf, 12 December 1940, 80.

override importance of the family at home.⁵⁴⁵ But the sense of family, between nursing “sisters” and their soldiers demonstrates how in the field hospitals, a community could be formed, based on the professional and social interactions between these men and women. Summ’s Christmastime experience with the soldiers almost directly parallels wartime Red Cross publications. For example, on the cover of the December 1941 issue, there is a page-length photo of a young nurse standing with two bed-ridden soldiers. All three are smiling and looking towards a Christmas tree, of which shadow appears in the background.⁵⁴⁶ The nurse appears as a happy mother looking after her joyful sons, although she could perhaps be interpreted as a sister. The focus on the family on the front was thus not something recognized only by nurses there and these women could draw on propaganda *and* their own work in the field hospitals to describe their experiences. In doing so they reinforced a specific way of understanding the community and gender order in the front field hospitals.

This community in the front field hospitals also was constituted in ways *not* described by propaganda, for nurses could also relationships with soldiers based on their sexuality. For some soldiers viewed nurses as desirable women, and nurses sometimes adopted such an identity, further highlighting the importance of gender in the front field hospital community. The experience of Sister Ochsenknecht is particularly revealing in this respect. For example, her first “war love” was Jochen, whom she met when he was a patient. She knew that nurses and patients were forbidden to have private relationships, so she tried to keep her friendship and courtship with Jochen a secret.⁵⁴⁷

⁵⁴⁵ Summ, *Schäfers Tochter*, cited in Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 206.

⁵⁴⁶ *Das Deutsche Rote Kreuz*, vol. 5 (Potsdam: December 1941): cover picture.

⁵⁴⁷ Ochsenknecht, ‘*Als ob der Schnee alles zudeckte*,’ 44, 51, 71, 94.

Ochsenknecht recalled having rather honest conversations with Jochen, later writing that “We asked ourselves where fate would lead us, but did not speak of death, but we were pretty serious with each other. To serious, I think in hindsight.”⁵⁴⁸ While Jochen was away, Ochsenknecht also spent her off-duty time winking at soldiers, and she purposely flirted with her patients to make them feel better. Later in the war, she moved on from Jochen to form another serious relationship with a soldier named Heinz. Ochsenknecht recalled how she and Heinz spent time talking about whether it was better to be a man or a woman in the army. Heinz concluded that men were the unlucky ones, for they knew when they would be sent east before the nurses did and knew what they would face there. This conversation is significant because it demonstrates how those on the front came to recognize the presence of German women as something almost “normal.” In other words, Heinz and Sister Ochsenknecht did not argue about whether women *should* be serving with the army, but instead, *whose army post* was better, male or female. The distinctions between male and female spheres of life began to fade away on the front, significantly differing Red Cross nurses’ experiences from those German women who remained inside Germany and from those German women who did not work as closely with the military on the Eastern Front. But gendered identities remained important and it is clear that Red Cross nurses did had ongoing personal relationships with German soldiers. For example, Ochsenknecht kept in touch with Heinz throughout the war and before it ended they became engaged.⁵⁴⁹

Nurses’ personal romantic relationships with soldiers occurred within the context of the war and brutal persecution. Sometimes the two kinds of experiences

⁵⁴⁸ Ibid., 51.

⁵⁴⁹ Ibid., 167, 179, 180, 184, 210.

became intertwined. For example, while stationed in Cracow, Sister Ochsenknecht and her friend Sister Imme flirted with soldiers guarding the gates of the Jewish ghetto. They teased the soldiers with the possibilities of kisses in order to gain entrance. Here, eerily, nurses used their sexuality to have the opportunity to observe the suffering of Jews.⁵⁵⁰ The act of observing the Jews in the ghettos was not unique to Red Cross nurses. The Warsaw Ghetto, the largest ghetto in occupied Poland, also “became an attraction for Germans passing through the city”; spectators included “officers, often civilian German officials in the General-Government administration, functionaries in uniform, members of the labor service, railway service workers, Red Cross nurses.”⁵⁵¹ In this case, these two nurses used their sexuality to gain an opportunity to do something that was forbidden. But their actions also represent how nurses used their own agency to then have the chance to, in effect, act out the part of a conqueror as they explored the ghetto. This does not make Sister Ochsenknecht and Sister Imme perpetrators in the strict sense of the word. However, Sister Ochsenknecht’s recollections convey that Red Cross nurses did take a direct action that contributed to the reinforcing of the wartime distinction between Jews and Germans because they treated the Jews as objects to be seen. Both nurses took on the roles of “racial comrades” by accepting the “inferior status” of the Jews. In this way, their actions mirror those of other Germans, for as Peter Fritzsche succinctly explains, the use of National Socialist vocabulary and the acceptance of the exclusion of “asocials”, the genetically “unfit” and Jews made “citizens into accomplices.”⁵⁵² Granted, these

⁵⁵⁰ Ibid., 80, 83-93. Chapter 4 will cover nurses' knowledge of and attitudes towards the Holocaust.

⁵⁵¹ Mazower, *Hitler's Empire*, 95.

⁵⁵² Fritzsche, *Life and Death in the Third Reich*, 86-119.

women, on their own, could likely have done little to change the situation of the Jews in the ghetto, but by taking on the role of observers, as women distinct from the Jewish ghetto inmates, these nurses revealed how Nazi racism could be manifested in reality through social interactions in occupied Poland.

Moreover, the way Sister Ochsenknecht tells the story about the visit to the ghetto, with the juxtaposition of a “normal” flirtation between young adults and distorted system of “racial” hierarchies and persecution, reveals how for some nurses, the most brutal aspects of the war had in fact become “normalized.” In other words, by writing about an experience flirting and ghettos within the same context, Sister Ochsenknecht illustrated how, as a young nurse, she could participate in actions typical of young men and women, but in a particularly unusual situation; reality had become distorted.⁵⁵³ Her actions also demonstrate the internalization of Nazi ideology, which Ochsenknecht was exposed to through her friends, BDM events, and nursing training.⁵⁵⁴ Nurses’ and soldiers’ interactions therefore fostered the creation of a gendered, but “racially” exclusive German community—a “people’s community”—on the front. Nurses and soldiers together demonstrated how “the production of the

⁵⁵³ Likewise, Bartov notes that soldiers’ letters from the Eastern Front illustrated the “distortion of reality among the troops” in two main areas. First, they reflected the “dehumanization and demonization of the enemy on political and racial grounds with particular reference to the Jews as the lowest expression of human depravity”. Second, the letters reflected the “deification of Hitler as the only hope for Germany’s salvation.” Similarly, the letters attributed the atrocities committed by the Wehrmacht and the SS to the enemy’s “malicious character” rather than the Nazis’ murderous policies and laws. Correspondence from the front consistently revealed an inversion of reality. *Hitler’s Army*, 152-153.

⁵⁵⁴ Ochsenknecht, *Als ob der Schnee alles zudeckte*, 26, 215-220. Nazism most certainly did impact nurse certification procedures and training programs, with the 1938 Nursing Law in particular. This law set a uniform standard of nursing training for all of Germany, and it included instruction about Nazi “racial hygiene” and worldviews. See BA-MA RH 12-23, 1041—“Gesetz zur Ordnung der Krankenpflege.”

Volksgemeinschaft was a matter for the ‘Volk’⁵⁵⁵ not only within Germany, but in occupied territories as well.

Nurses’ non-romantic social interactions with German soldiers reveal a similar set of patterns. For example, throughout the war, Sister Ochsenknecht socialized with other soldiers and officers. In Stalino (Donetsk, Ukraine) in May 1942, she visited with high level officers in a casino. The Wehrmacht erected such casinos to allow soldiers to recuperate from the battlefield and to re-establish a sense of normality on the front.⁵⁵⁶ Sister Ochsenknecht also went swimming with one of the doctors in her unit.⁵⁵⁷ Her reflection on this period of the war is silent regarding the larger situation in occupied Ukraine, whose native population was subjected to famine, resettlement, and murder.⁵⁵⁸ Instead, she focused on her relationships with German men and the community that they formed with each other.

Likewise, Sister Haase frequently spent any free time she had with her patients and officers. For example, after working all day in a hospital in Poland in April 1942, she was invited by an adjutant to a theater performance. She accompanied him, along with the commander, his adjutants, a medical officer and a paymaster. When writing

⁵⁵⁵ Wildt, *Hitler’s Volksgemeinschaft*, 38.

⁵⁵⁶ It is highly possible that this “casino” was in fact located in a *Soldatenheim*, a wartime institution designed to provide “spiritual care” for German troops. Such homes offered entertainment, good food, clean beds, and regular friendly (but not solitary) interactions with the German Red Cross aids who worked there. The Wehrmacht arranged for these homes to be opened from December 1939. By 1942, there were more than 600 soldier homes in operation, staffed by approximately 2,000 German Red Cross supervisors and female aids. Riesenberger, *Das Deutsche Rote Kreuz*, 327-328.

⁵⁵⁷ Ochsenknecht, ‘*Als ob der Schnee alles zudeckte*,’ 224-225. She was also well aware that soldiers visited prostitutes and that there was a high rate of STD transmission among them.

⁵⁵⁸ As part of Himmler’s program to resettle ethnic Germans into the Reichskommissariat Ukraine, non-Germans, including Jews, were forcibly removed from their homes. There were approximately 1,533,000 Jews in the former Soviet Ukraine, most of whom were killed in massacres, notably in Babi Yar (Sept. 29, 1941) and Dnipropetrovsk (Oct. 13 & 14, 1941). In 1942 and 1943, 350,000 Jews were murdered. An unspecified number of Roma were also killed. In addition, the Wehrmacht executed thousands of “partisans” and accomplices. Berkhoff, *Harvest of Despair*, 49-69.

about this experience, she said:

There was a varied program. At the end, the announcer as usual said his thanks and goodbye to the lady and the gentlemen. I looked around, but I was the only woman among the men! The many soldiers in the audience also noted this and suddenly they all began to applaud. They craned their heads to see what "lady" sits next to the commander. At that time, our commander was as old as my grandfather! Incidentally, the family of the commander and my family had known each other a long time.⁵⁵⁹

On the following Sunday, April 5, Haase and the other Red Cross sisters celebrated Easter with the doctors and officers in the local casino. During Haase's evening at the casino, she and the men enjoyed musical entertainment, including Haase playing her accordion.⁵⁶⁰ Haase therefore socialized with other Red Cross nurses, doctors, medical officers, and soldiers up to the rank of general. Through her visits with the soldiers, she actively contributed to aiding the men in their "spiritual" recovery from the front.⁵⁶¹ In her reflections on the war, she describes these social outings as times of pleasure, and her remarks about the food contrast with the otherwise unflattering commentary on the daily working and living conditions in Nazi-occupied Poland. She has hardly anything to say about the larger situation of the war, especially regarding the fact that over the past three years, Poland had become a "laboratory" for Nazi experiments in racial imperialism",⁵⁶² or what she learned about the war from these men who had seen the

⁵⁵⁹ DTA 1601—"Schwester Harmonica," 2 April 1942, 23. The singular "lady" is used in the original German. The choice emphasizes that Haase was the only woman at the gathering, which was noted by those around her.

⁵⁶⁰ DTA 1601—"Schwester Harmonica," 5 April 1942, 23-24.

⁵⁶¹ Similarly, she and the same group of women celebrated Pentecost with the local adjutants, medical officers, and an army general. DTA 1601—"Schwester Harmonica," 28 May 1942, 25.

⁵⁶² According to Christopher Browning, Poland was "destined to become a 'laboratory for Nazi experiments in racial imperialism, an area where they tried to turn into reality ideological slogans such as *Lebensraum* (living space), *Volkstumskampf* (ethnic or racial struggle), *Flurbereinigung* (a basic or comprehensive cleansing) and *Endlösung der Judenfrage* (Final Solution to the Jewish Question)." *Origins of the Final Solution*, 14. But also see esp. 244-423 for a discussion of the "onset of the

battlefront. For her, these men represented a community which was as close to home as she could get.

Similarly, Sister Penkert found herself in a community consisting of nurses, soldiers, officers, and doctors. She socialized with these men at both formal and informal gatherings.⁵⁶³ On Christmas Eve 1943, the Red Cross nurses, medical officers, and male hospital staff joined together in a Christmas Party. The attendees also listened to a speech by Goebbels. In addition, for this gathering, the chief ordered all of the nurses to wear white blouses. Penkert makes a point of this in her letters—as though emphasizing that on this night, the women were to appear as such, in contrast to the field hospitals, where work took priority over everything else, including one's appearance.⁵⁶⁴ However, nurses and doctors also socialized more regularly by having tea and dinner together, by drinking at the casino, and even by taking rides in planes to observe the war from the air.⁵⁶⁵

Holocaust” that occurred with the invasion of the Soviet Union in June 1941, especially regarding the construction and utilization of the death camps at Chelmo, Belzec, Birkenau, and Belzec.

⁵⁶³ Even before she traveled to the front, she received a Christmas gift from her chief doctor in Düsseldorf. Each nurse received a “top-notch” bottle of wine from this doctor. Penkert, Letter 11, Düsseldorf, 6 January 1941, 82.

⁵⁶⁴ *Ibid.*, Letter 78, 29 December 1943, 184-185. The holiday season continued in the few days with coffee and visits to the casino with many guests, and, according to Penkert, was a rare occasion when everyone in the area could meet.

⁵⁶⁵ *Ibid.*, Letter 51, 28 March 1943, 147; Letter 94, Brest-L., 21 April 1944, 208. The social world of nurses and German men could also prove beneficial for nurses. For example, in August 1944, Sister Penkert received notice that her assigned field hospital was going to move away. In this kind of situation, a nurse could receive her new orders from her head nurse, from the office of the Commissioner of Voluntary Nursing, or from her motherhouse. But Penkert was not just any nurse. For a reason that is not entirely clear, the Surgeon General paid her a visit to discuss how she would be used in the future. She remarked that a visit such as this was really not heard of but that she was thankful for his “chivalrous attentions” to her. He ordered her to work in the Ear, Nose & Throat department with her chief doctor in the same town, Żyrardów (near Warsaw), but in a different hospital. Here the special attention bestowed upon Penkert prevented her transfer to a more distant location. Penkert was actually frustrated by this arrangement. She wrote that her new work site had the familiar “terribly primitive” conditions in terms of materiel and instruments. She could not obtain E-N-T supplies which were store elsewhere. Part of the reason for this was that she was transferred to a different department, from the Kriegslazarett (war

The existence of this shared social world demonstrates how although nurses' presence in the Wehrmacht still surprised some people, it also became an increasingly common aspect of German life on the Eastern Front. In addition, the social world created by nurses and German men on the Eastern Front helped to create a community of the front field hospital. Within this community, Germans attempted to maintain some degree of social normality, especially by maintaining gendered identities amidst a war driven by a destructive racial ideology.

By taking on the role of a confidant, nurses could further solidify the communal connections between Germans in the field hospitals. Nurses listened to soldiers, comforted them, and provided them an outlet for expressing their worries and fears. On the surface level, such actions mirrored pre-war Red Cross publications that emphasized nurses' empathy and abilities to form personal connections with their patients.⁵⁶⁶ However, the issues which nurses had to console soldiers about were unique to the context of the war on the Eastern Front, where the men witnessed and participated in mass violence. Such acts, in combination with the poor living conditions and inadequate weapons, especially in Russia, had serious psychological effects on soldiers, about which nursing publications did not comment. For example, soldiers experienced

hospital) Department to the Army-Sanitation (Medical) Department. *Ibid.*, Letter 105, 24 & 25 August 1944, 221-222. Such acts of favoritism could not occur without the wider context of a community consisting of nurses and German doctors and officers. The Surgeon General also reappeared in Penkert's letters just later for a celebration of her birthday — the last one that was celebrated during the war. He wanted the party to be an occasion to honor her, and she wrote to her parents that it seemed as if all of the commanders of the Sanitary Department came to congratulate her. Twelve guests attended the party, “with all the bells and whistles,” and Penkert received more flowers than she had ever seen at a family celebration. During the party she also received a letter from the army doctor, thanking her for her “self-sacrificing, selfless work in the hospitals” and asking her to remain true to her task to the end. *Ibid.*, 17 October 1944, 225-226.

⁵⁶⁶ For example, Sister Gusti Gruber stated that “Schwesternarbeit ist Persönliche Arbeit; indem wir sie leisten dürfen, sind wir bevorzugt vor vielen anderen Frauen, die in unpersönlicher Arbeit innerlich verkümmern.” See Gusti Gruber, “Berufseignung und Berufsauffassung,” 310.

“increasing nervousness” and “over-fatigue and overstrain of the nerves.”⁵⁶⁷ This is then the condition in which nurses found some of their patients.

Nurses had to provide not only medical care but also “spiritual” care for these men. These women learned first-hand of the brutalities soldiers experienced, and they witnessed how the men coped with regular encounters with, and participation in, mass death. Few nurses wrote explicitly about this aspect of their work. However, Sister Ochsenknecht did. She recalled that although she sometimes had fun flirting with soldiers, she was serious with the men at other times, and she knew about their problems. She knew of Heinz's fear of going to the front, and of the drugs, alcohol, tobacco, and morphine that soldiers used to take their minds off the war. In her conversations with Heinz, she helped him express his fears and provided him a sense of security through her love.⁵⁶⁸ At other times, she wrote that with some soldiers, all good conversation was senseless, implying that it was impossible to talk at all with some of the men because of their mental instability.⁵⁶⁹ In addition, when it came to one's opinion of the war and its conduct, Ochsenknecht remembered that she was not supposed to ask soldiers about their horrible experiences, and that when the soldiers started to tell nurses of such things, she and the other women were supposed to reply “It's over now.”⁵⁷⁰

Nurses like Sister Ochsenknecht thus tried to distract soldiers from their experiences on

⁵⁶⁷ Bartov, *Hitler's Army*, 19-22. Other factors included fatigue, hunger, anxiety and exposure. During the retreat from Russia, the men suffered even more from “mental attrition” and physical and psychological breakdowns.

⁵⁶⁸ Ochsenknecht, *Als ob der Schnee alles zudeckte*, '167, 227. Martha Lohman likewise commented in her letters about the emotional instability and alcohol abuse among the doctors she worked with in the Ukraine. Georges and Benedict, “Nursing Gaze on the Eastern Front,” 147.

⁵⁶⁹ Ochsenknecht, *Als ob der Schnee alles zudeckte*, '99, 100.

⁵⁷⁰ The repression of a discussion of soldiers' actions reveals a possible similarity regarding Germans' knowledge about the mass shootings and concentration camps, for Fritzsche writes, “Thus, in an effort not to become accomplices to the murder of the Jews, Germans became accomplices to the dismemberment of the knowledge about murder.” *Life and Death in the Third Reich*, 252.

the front; in doing this, she therefore also fostered an attitude of silence about what soldiers had seen and done on the front. In this sense, this nurse's interactions with disturbed soldiers mirrored their other nurses' social interactions, which tended to avoid extended discussions of the military and civilian victims of the German Army. Such interactions also thus reveal how the meaning of humanitarianism shifted in the front field hospitals, for the original Red Cross goal of helping soldiers became one of helping exclusively German soldiers.

An analysis of nurses' relationships with German soldiers thus reveals several important findings about the role of gender in the Eastern Front. First, it is clear that nurses' contributions to the war consisted not only of their physical labor; they also did so by acting out specific gender roles, be it mother, sister, or female lover, which provided soldiers moral support and companionship. By acting out these roles, nurses actively created relationships with German soldiers. Such relationships shaped the community of the field hospitals. This community was distinct from those which might arise inside Germany or on other war fronts because of the unique and brutal nature of the war on the Eastern Front. The community forged between nurses and soldiers solidified whose needs deserved attention—those within the community. The condition in which nurses worked and in which nurses encountered their patients provided nurses with the evidence, moreover, of the necessity to help German soldiers. By looking at nurses' interactions with soldiers, we can also see how nurses reacted to the persecution of Jews and the mass murders which occurred in Poland, Russia, and Ukraine. The ways individual nurses ignored or alternatively incorporated observations of Jewish persecution into their daily lives and the way nurses tried to prevent soldiers from

talking about what these men had done illustrates that some nurses did help to foster an atmosphere that alternatively accepted, avoided or even “normalized” what was going on outside of a nurses’ personal life or outside the walls of the field hospital.⁵⁷¹ The social world of Red Cross nurses, based on but not limited to their daily experiences in the field hospitals, thereby fostered a specific kind of German front community that helped create and then maintain a distorted perspective of the war and caregiving. This community, with its focus on the struggle to preserve German life, represents a particular manifestation of “people’s community” on the Eastern Front, which was created through social interactions rather than merely an ideological construct.

A Sisterhood on the Front? Relationships among German Red Cross Nurses

The community of the front field hospital was a multifaceted one, influenced most clearly by local circumstances, gender, and ethnic, national, or “racial” heritage. These factors also influenced relationships among Red Cross nurses, who created a nursing community *within* the larger context of the field hospital community. Nurses forged connections with each other based on pre-existing Red Cross connections and personal experiences of working in a field hospital. But nurses also illustrated that the personal experience of working on the front could alter dominating ideas about authority in the Third Reich.

⁵⁷¹ Claudia Koonz explores how “Aryan” German women in the home front helped support their husbands by providing a somewhat “normal” family life. But the contexts of the home front and the field hospital are vastly different. See *Mothers in the Fatherland*. Chapter 4 provides a detailed analysis of Red Cross nurses’ knowledge about the persecution and murder of the Jews in Eastern Europe.

Nurses' previous Red Cross connections, created within Germany, proved to be an important factor in creating a close-knit group at the front. In this sense, the nursing community on the front was directly influenced by the long tradition of German Red Cross motherhouses, which had received praise by Nazi Party ideologists in contemporary publications.⁵⁷² For example, Sister Edith Haase and Sister Ingeborg Ochsenknecht found it important to mention their interactions with other nurses from their motherhouse—that of Arnstadt, associated with the Meiningen Red Cross motherhouse—in their writings.⁵⁷³ The connections formed there lasted into the war, and some of these women worked together in field hospitals on the Eastern Front. Ochsenknecht recalled that in the winter of 1940, she and fellow sister Imme volunteered together to serve in hospital in the East. They finally arrived in Cracow in June 1941.⁵⁷⁴ Their unit included three to four doctors, a few medics, six full sisters, and 14 assistant nurses. Along the way to Cracow, Sister Imme and Sister Inge, as Ochsenknecht's patients called her, provided each other with mutual support by voicing their feelings and opinions, particularly the shock that the war was no longer something they could enjoy. Previously, they had believed this would be the case; the appeal of an adventure was one of their motivations to work as nurses on the Eastern Front and it reveals the naivety and illusions young Red Cross nurses had about the war.⁵⁷⁵ Nurses' friendships, based on their motherhouse association and previous work, provided these

⁵⁷² See Anonymous, "Schwestern im DRK," 119-121. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald and Grüneisen, *Das Deutsche Rote Kreuz in Vergangenheit und Gegenwart*, 211-214. Also see Schulte, "The Sick Warrior's Sister," 124; Deuthes Tagebucharchiv (DTA) 1337--"Treffen der Feldschwestern, 1939-1945," 3. Also see Schäfer-Frischmann and Wolter, *Leben nützlich für andere*.

⁵⁷³ Ochsenknecht, *Als ob der Schnee alles zudeckte*; DTA 1601—"Schwester Harmonica" March 6, 1942, 22.

⁵⁷⁴ Ochsenknecht, *Als ob der Schnee alles zudeckte*, 48, 54.

⁵⁷⁵ *Ibid.*, 52. I discuss nurses' motivations in more detail in Chapter 2.

women a small sense of community, which allowed them to communicate their feelings while entering a foreign country.

Motherhouse association likewise functioned as an important source of community for Sister Edith Haase. Haase also came from the Meiningen motherhouse, and she knew Sister Imme and Sister Inge. She worked with the same unit, one can deduce, at least through July 1942.⁵⁷⁶ Haase frequently conveyed her friendship with the other nurses from Arnstadt. When she went home for leave on October 1941, she expressed the desire to take all of the “Arnstadt Sisters” with her, but planned to tell them about her trip when she returned.⁵⁷⁷ She also identified herself as belonging to a group of five nurses who socialized regularly with a tank unit located near a field hospital in an unnamed area near Stalino (Donetsk, Ukraine). These nurses called themselves the “Panzer Sisters” (“*Panzerschwestern*”) and when “their” tank was sent to the front, they decorated the men's equipment with flowers and helped send the men off to war in a small parade.⁵⁷⁸ Within a year, new orders distributed the Panzer Sisters to different locations. But their friendships remained important, and Haase kept track of her motherhouse sisters as best she should through wartime correspondences. After returning from leave in late March 1943, Haase wrote about her excitement of seeing fellow Arnstadter sisters Imme and Inge (the same as above), who had returned to Germany at the same time to complete their nursing exams. In June 1943, in Zwiabel (Novohrad-Volynski, in the Zhytomyr province of northern Ukraine), she received a

⁵⁷⁶ DTA 1601—“Schwester Harmonica,” June 16, 1941, 12.

⁵⁷⁷ DTA 1601—“Schwester Harmonica,” March 6, 1942, 13.

⁵⁷⁸ DTA 1601—“Schwester Harmonica,” October, 10, 1941, 14; November 24, 1941, 14; June 19, 1942, 25; June 27, 1942, 25; July 15, 1942, 26.

visit from Imme and Inge, which brought her immense joy.⁵⁷⁹ The friendships between motherhouse sisters provided them with a sense of identity, community, familiarity, and belonging in a foreign land within the larger context of the Nazi war on the Eastern Front.

Daily informal social interactions also influenced nurses' perception of who could be included within their particular community in a field hospital. For example, in November of 1941, Sister Haase received a small package from home, made some coffee, and enjoyed coffee and the contents of the package with her co-worker Sister Lilo.⁵⁸⁰ There was time for "Kaffeeklatsch" despite the war, and the social custom allowed nurses to connect with one another. Similarly, while stationed in Lowicz (Poland), Sister Penkert and the other nurses in her hospital received an invitation from the hospital-train nurses to come to coffee. That evening the officers joined them for a singing gathering, and a group of 16 officers and nurses slowly got to know each other.⁵⁸¹ These kind of interactions allowed nurses (and officers) to create a kind of community with those from outside their particular motherhouse or unit. Connections with nurses also arose based on common demeanors. While stationed in Stalino, Sister Haase praised her head nurse, who came not from Arnstadt, but from Vienna. She wrote that she was a nice person, unlike other motherhouse sisters.⁵⁸² This is an interesting remark, as Haase praises her head sister as a good person, in contrast to other sisters

⁵⁷⁹ DTA 1601—"Schwester Harmonica," March 29, March 30, April 20, and June, 1943, 40-41. In her memoir, Ingeborg Ochsenknecht (Sister Inge) does not write about Haase. But the presence of Sister Imme in both authors' accounts in the war suggests the importance of the bond of the original sisterhood, based in the same Red Cross motherhouse, and the possibilities of maintaining it during the war.

⁵⁸⁰ DTA 1601—"Schwester Harmonica," November 24, 1941, 14.

⁵⁸¹ Penkert, Letter 23, September 10, 1942, 100.

⁵⁸² DTA 1601—"Schwester Harmonica," March 6, 1942, 22.

from the motherhouse. And yet, she was a friend to these other women too. Attitudes about other nurses thus changed as time went on. She also suggests that personality and demeanor, not surprisingly, brought some women more close to one another than others. Such connections helped reinforce the sense of a nursing community on the Eastern Front.

The influence of social interactions and personality traits demonstrates that the nursing community was not just a static one based on original Red Cross connections; rather, it was a community that could alter depending on the circumstances. This changing dynamic of nurses' connections amongst each other and soldiers in the letters of Martha Lohman, who worked in field hospitals in Greece, Ukraine, and Yugoslavia. In the early war years, she did not give much attention to other nurses beyond a generalized reference to the "the sisters" or "a sister." But as she retreated from the Eastern Front, her letters focused more on the women she knew who contributed to the war and she was impressed by the "important work" of the other nurses. Nursing friends appeared in later letters as figures of moral support, with a name and personality. She placed more emphasis on how the nurses in her unit cared for one another.⁵⁸³ As defeat became inevitable, the importance of turning towards other nurses for emotional and physical support grew. The cohesiveness among nurses in a field hospital therefore impacted nurses' experiences of the war and it could provide a motivation to keep working when facing mass death and defeat. The importance of the community of the field hospital reveals that a belief in National Socialist ideology or pre-existing communal connections were not enough to keep nurses connected to one another. These

⁵⁸³ Georges and Benedict, "Nursing Gaze of the Eastern Front," 148-150.

ideas and relationships were mediated by the social worlds in which they lived, and this social world offered nurses the security, friendship, and motivation to remain dedicated to the war effort.

The social world of the nurses did not come without conflict. Social hierarchies and personal experiences at the front proved decisive in creating tension between nurses and they thereby affected who nurses considered as part of their front community and who did not. For example, discontent arose as the result of the management decisions and personal actions of the field matrons, who could influence nurses' assignments and training opportunities. Sister Haase often complained about the matrons. In December 1942, a "somewhat older nurse" received orders from the matron that she was to replace Haase at her posting.⁵⁸⁴ The replacement, however, said that she did not want to drive Haase out (of the hospital). Haase wrote in her diary that it was not worth getting annoyed over the incident. But she was annoyed. While individual nurses tried to avoid stepping on each other's toes, orders from the supervising matrons overrode efforts to avoid clashes between nurses. Haase expressed frustration that even on the front, the matrons wanted to enforce the "rules" of the motherhouses, suggesting the irrelevance of those rules in the context of war. Instead of dealing with the matrons and these rules, Haase wanted rather to "shoot the matron to the moon."⁵⁸⁵ Not only did the matron ignore the wishes of individual nurses; she also retained their Christmas packages the past month. Christmastime and holiday goods served as important sources of

⁵⁸⁴ DTA 1601—"Schwester Harmonica," December 6, 1942, 34.

⁵⁸⁵ Ibid.

maintaining the morale of nurses and patients.⁵⁸⁶ When the nurses in her hospital received stale cakes, they were outraged. Although this incident was small, it reinforced Haase's belief that the matrons repeatedly harassed the nurses and that if they (the complaints) were written down, "there would be a whole book of complaints."⁵⁸⁷

To Sister Haase, then, the matrons did not seem to understand the reality of war and the needs of the nurses working in the field hospitals. This attitude was reinforced in September 1943, when Haase received notice from her commander that she could travel to the Red Cross headquarters in Germany for her nursing exam. However, no matron organized her transfer, so she was not free to go.⁵⁸⁸ Haase could not comprehend why her matron would prevent this from occurring, further suggesting the matron's lack of understanding of the needs and desires of the nurses under their command. The differing realities of the matrons and the field nurses was also highlighted by Haase in her description of a party celebrating her and other nurses' four year anniversary of service in the Wehrmacht, in May 1944. Her field matron, her motherhouse matron, and the head matron (*Generaloberin*)⁵⁸⁹ of the German Red Cross came to visit during the celebration. Haase expressed that there was always much of hoopla or fanfare

⁵⁸⁶ This idea was conveyed by Haase, and mirrored in German Red Cross publications. DRK-Stabsführerin Ruth Klose, "Urlwald-Weinacht" and Anonymous, "Weihnachtsfreude auf dem Bahnstiege," both located in *Das Deutsche Rote Kreuz* vol. 7 (Dec. 1943): 240-41, 253. Rotkreuzgeschichtliche Sammlung Fläming-Spreewald. Also see Summ, *Schäfers Tochter*, cited in Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 206.

⁵⁸⁷ DTA 1601—"Schwester Harmonica," December 6, 1942, 34. In addition, Sister Haase believed that young nurses like herself were defenseless against the actions of the older matrons, and wondered if they felt jealous of their subordinates' youth. Most of all, Haase felt that the matrons did not recognize that the war had taken away the nurses' most beautiful years—those of their youth.

⁵⁸⁸ DTA 1601—"Schwester Harmonica," September 21, 1943, 44.

⁵⁸⁹ Beginning in 1935, Luise von Oertzen was the *Generaloberin* of the Sisterhood of the German Red Cross, and during the war oversaw the appointments of army matrons, who were intended to watch over nurses who worked in the war zones. See Hilde Steppe and Werner Billinger-Salathé, "In den Trümmern des Dritten Reiches," in *Krankenpflege im Nationalsozialismus*, ed. Hilde Steppe (Frankfurt am Main: Mabuse-Verlag, 2001), 216.

(“*Tamtam*”) during these visits and that the presence of the motherhouse matron and head matron did not interest any of the field nurses.⁵⁹⁰ While the matrons helped to create an atmosphere of celebration, Haase personally wished for the war to be over and she lamented the poor accommodations of her dying patients.⁵⁹¹ Her diary entries therefore reveal a lack of respect for the matrons because of their disconnect from the real experiences and needs of the individual Red Cross nurses serving in field hospitals on the Eastern Front. In Haase’s eyes and in contrast to pre-war and wartime propaganda,⁵⁹² the matrons did not fulfill their tasks, and they did not belong inside the nursing community on the Eastern Front. Haase thereby suggests that this community was more egalitarian in nature and based off of shared experiences life on the Eastern Front.⁵⁹³

The nursing community on the Eastern Front was based not just on one’s designation as a Red Cross Sister, but also on age, experience, personality, and an acknowledgement of the realities of life in the East. Those included in this community found friendship, support, and a sense of belonging while working in foreign lands. Moreover, one’s inclusion within this community seemed to encourage a sense of self-confidence in individual nurses, who felt that because they worked on the front lines, they understood the nature of the war better than their superiors, who worked further

⁵⁹⁰ DTA 1601—“Schwester Harmonica,” May 10, 1944, 50. One gets the sense that Haase felt as though these visits were superfluous. Haase also hoped that the matrons would spare bringing any of the nurses on their planned trip to Belgrad and Salonika (Saloniki).

⁵⁹¹ Ibid.

⁵⁹² See BA-MA RH 12-23, 855—“Die Feldoberin, Beraterin und Betreuerin der DRK.-Schwestern,” and Grüneisen, *Das Deutsche Rote Kreuz in Vergangenheit und Gegenwart*, 211-214.

⁵⁹³ DTA 1601—“Schwester Harmonica,” March 6, 1942, 22. There are occasional exceptions to this attitude. Haase, for example, praises a head nurse working in her hospital in Stalino in 1942. This Viennese nurse was, according to Haase, a lovely person “in contrast to the other motherhouse sisters.” However, the rarity with which Haase praises nurses of high authority also reinforces her general attitude towards nurses who ranked on a higher on the medical hierarchies.

away and thus could not comprehend nurses' and patients' needs. In this way, nurses could modify existing social hierarchies. The focus on the female nursing community on the front also highlighted the importance of the female experience in the war, which suggests that nurses saw their community, experiences and work as just as valuable as those of the soldiers.

An International Sisterhood? Relationships between German Red Cross Nurses and Foreigners

While German Red Cross nurses' experiences in the front field hospitals could lead to a change in the social and gender hierarchies on the Eastern Front, their experiences working with foreigners also led nurses to strengthen Nazi "racial" and political hierarchies. While distinguishing the criteria for membership in this front community, nurses exhibited an exclusionary understanding of humanitarianism. This pattern appears in nurses' interactions with non-Germans from Western and Eastern Europe. An analysis of German nurses' interactions with non-Germans adds to the historical understanding of how German women contributed to the war and supported Nazi "racial hierarchies" on the Eastern Front. Other studies primarily focus on German women acting within separate spheres of the war.⁵⁹⁴ But the situation in the field

⁵⁹⁴ Harvey, *Women and the Nazi East*; Maubach, *Die Stellung halten*; and Gudrun Schwarz, *Eine Frau an seiner Seite*.

hospital is unique and important to examine because Germans and non-Germans had to *work together* to make the field hospitals effective.⁵⁹⁵

Swiss Red Cross Workers

Nurses and doctors from the Swiss Red Cross worked alongside Germans and Russians on the Eastern Front. The Swiss Red Cross embarked upon wartime expeditions to the Eastern Front, where its members worked in German army hospitals and, with discretion, they provided care to Russian civilians. This Swiss presence thus represented the nation's participation in the war, through its citizens' work in field hospitals. A common language and geographic proximity allowed these people to communicate and connect in ways that nurses and assistants from other nations could not. In the fall of 1941, the German Army Sanitation Inspector, General Surgeon Prof. D. Handloser, invited a group of approximately 30 Swiss doctors, and equal number of nurses, as well as drivers and interpreters, to work on the Eastern Front. This mission was to be three months in duration, during the winter of 1941 and 1942, with the goal of helping the sick and wounded. The secondary purpose was provide Swiss doctors and nurses more practical knowledge and experience of conducting surgeries in war zones.⁵⁹⁶ A total of four Swiss doctors' missions occurred during the war, each one

⁵⁹⁵ Significantly, there is more research about the participation of non-Germans in the Wehrmacht and in the Waffen-SS. Mazower, *Hitler's Empire*, 447-460, 464. Also see Müller, *The Unknown Eastern Front*.

⁵⁹⁶ BA-MA RH 12-23, 874— "Die Schweizer Ärztemission." Report written by one Dr. Wagner, one of the lead doctors of the mission. Later Dr. Wagner described the mission as being solely humanitarian in nature. He suggested that the mission had no political goals and that it provided no military assistance

working alongside German nurses and doctors on the Eastern Front.⁵⁹⁷ By examining Swiss doctors' and nurses' actions inside German field hospitals, and alongside German Red Cross nurses, it becomes clear that although the Swiss Red Cross did not provide *direct* military assistance, its work in German military hospitals did assist the German army.⁵⁹⁸ An analysis of this mission thus complements recent research on the role of Switzerland in the Second World War, which as demonstrated how a narrow understanding of neutrality and concerns for economic and military stability led the nation to work closely with the Third Reich in varied and important ways.⁵⁹⁹ In addition, a case study of the interactions between Swiss and Germans in the field hospitals can illustrate the extent to which the ideologies of National Socialism and of the two national Red Cross societies influenced the social world and community of the front field hospitals.

⁵⁹⁷ Reinhold Busch, "Vorwart," in *Als Rotkreuzschwester in Lazaretten der Ostfront. Schweizer Ärztemissionen im II. Weltkrieg-Teil 3-Smolensk, Kriegswinter 1941/41, ein Erlebnisbericht*, by Elsi Eichenberger, ed. Reinhold Busch (Berlin: Verlag Frank Wünsche, 2004), 6.

⁵⁹⁸ Recent research describes the Swiss doctors' mission as an "extensive concession" in the realm of foreign policy, though not as significant of the June 3 1941 economic agreement between Switzerland and Germany. See Independent Commission of Experts Switzerland—Second World War, *Switzerland, National Socialism and the Second World War. Final Report*, trans. Rosamund Bandi, Hillary Crowe, Ian Tickel, Susan Worthington (Zürich: Pendo Verlag GmbH, 2002), 90-91.

⁵⁹⁹ When the Second World War began, the Swiss government stated that its army would "guarantee neutrality." Such neutrality was defined by the Hague Conventions V and XIII of 1907 respecting the Rights and Duties of Neutral Powers and Persons in Cases of War on Land and of War on the Sea. Duties of neutrality were related to "certain possible key scenarios such as the obligation to intern enemy troops, the ban on enemy troops marching through the country or the ban on state deliveries of war materials to the warring powers." But Swiss neutrality excluded issues regarding private foreign trade and "trade of war materials in the private sector." As a result, Switzerland traded heavily with the Axis powers during the Second World War and provided banking services, including securing deposits of gold and loot (stolen) by the Nazis. In the words of a diplomat from the US embassy in London, Switzerland was "an economic satellite of the Axis, and the source of part of Axis economic and military power." At the same time, through the International Committee of the Red Cross, the Swiss provided "good services," in the form of humanitarian activity, to warring states. The ICRC particularly worked to fulfill "a function under international law to serve the international community of states." Because of these opposing roles, Switzerland's position in the Second World War remains a source of historical debate and controversy. Independent Commission of Experts Switzerland—Second World War, esp. 22, 23, 54-68, 96, 127.

Ideas about humanitarianism could serve as a dividing line between the Swiss and German nurses. This appears mostly clearly in the writings of Sister Eisi Eichenberger, a Swiss Red Cross nurse who served in this mission.⁶⁰⁰ Eichenberger felt that as a Swiss citizen, she was obligated to be a representative of humane behavior, to be a “voice of conscience . . . not with words but with deeds.”⁶⁰¹ Her ideals came into conflict with the those of the Germans’ even before reaching the Eastern Front. Sister Eichenberger traveled to Berlin in October 1941 for a reception of the members of the first voluntary Swiss doctor mission. She and the other medical staff of the mission served under the patronage of the Swiss Red Cross, with the official goal of providing humanitarian aid to all combatants and learning more about the treatment of wounds and illness.⁶⁰² At this reception at the military academy, according to Eichenberger, the Germans provided their guests with introductory material about war medicine.⁶⁰³ She wrote that it was also at this point when she was introduced to Nazi racism by listening to speeches about “*Mischling- und Rassenfragen*” or “mixed-breed and race questions.” However, she later wrote that a German medical officer informed the Swiss medical

⁶⁰⁰ Eichenberger’s original book was edited and published by Interna-Verlag Zuerich und printed in Davos. The original format of her book was that of a factual-novel (*Tatsachen-Romans*), based off her war-diary. When describing this book, Eichenberger stated that often people accused her of writing a book that was too self-centered, but she said that her editor told her to write about what she saw, and that is just what she did. According to editor Rheinhold Busch, Eichenberger’s writings are so valuable because they represent “one of the only reports from a neutral observer of the Second World War who described the condition of the troops and their mental condition on the Eastern Front so bluntly.” Busch, “Vorwart,” 5, 8. Busch himself is a doctor and he has done research on the Swiss doctors’ mission to the East and on the German medical army corps during the Second World War. Notably, there is also a 2003 film “Mission en Enfer” (“Mission in Hell), directed by Frederic Gonseth, about the Swiss missions and Eichenberger is featured in the film.

⁶⁰¹ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront* 17.

⁶⁰² Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 21-22; BA-MA RH 12-23, 874—“Die Schweizer Ärztemission”

⁶⁰³ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 21.

staff that the war was not a war against people, but against world-views.⁶⁰⁴ The German military administrators highlighted the importance of Nazi ideology to the war effort, and they conveyed this to the Swiss doctors and nurses before their trip to the German field hospitals. Thus, while Eichenberger went to the east with a desire to help anyone in need, those who extended her the invitation clearly did not.

Sister Eichenberger's subsequent confrontations with misery highlighted her broad humanitarian perspective in contrast to that of Germans, including nurses. For example, Eichenberger recorded the sights, sounds, and her own feelings about the war's impact on the civilians with particular detail. She described seeing downed Russian aircraft and barefoot Polish children begging for bread.⁶⁰⁵ In Warsaw, she saw many women standing around with their heads hanging down, while other women carried heavy sacks of potatoes, hung by a pole that balanced on their necks.⁶⁰⁶ Eichenberger reported on seeing Russian prisoners of war engaged in earthworks tasks, and on seeing POWs coming through the city in crammed coal wagons of trains.⁶⁰⁷ Eichenberger was also aware of the massive destruction that resulted from the German capture of Smolensk,⁶⁰⁸ which is where she was sent to work.⁶⁰⁹ A formal report on the mission, by one Dr. Wagner, also confirmed these sights and the complete destruction

⁶⁰⁴ Ibid., 22.

⁶⁰⁵ Ibid., 25.

⁶⁰⁶ Ibid., 27.

⁶⁰⁷ Ibid., 33-34.

⁶⁰⁸ The Battle of Smolensk occurred in the summer of 1941. German and Soviet losses were tremendous, and 300,000 Soviet prisoners of war were taken captive. The battle is also significant because it halted the German movements to take Moscow. See Catherine Merridale, *Ivan's War. Life and Death in the Red Army, 1939-1945* (New York: Metropolitan Books, 2006), 109-111. Subsequently, in December 1941, the Third Panzer Army also subjected the city and areas around Smolensk to brutal anti-partisan warfare. Approximately 35,000-40,000 troops fought approximately 20,000 partisans, half of which were killed. Most of these Soviet partisans were Russian and Belorussian. Mazower, *Hitler's Empire*, 486-487, 489.

⁶⁰⁹ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 29

of villages in Poland and Russia.⁶¹⁰ Eichenberger wrote that she and the other Swiss nurses felt horror at these sights of civilian suffering. However, she wrote that the Swiss nurses had to “come to terms with the facts.” They accepted that that their main task was to help the physical and emotional wounds, wherever possible.⁶¹¹ In contrast, few German Red Cross nurses recorded the same kind of details about civilian destruction.⁶¹²

Despite these initial differences of perspective between the Swiss and the Germans, there were opportunities for relationships to form between German and Swiss Red Cross nurses. Friendships had room to develop from the very beginning of the trip to Russia. The Swiss medical unit—there was only one in this specific doctors’ mission—traveled alongside German military doctors and Red Cross nurses.⁶¹³ On the train, the nurses and doctors ate separately. However, Eichberger and the other Swiss nurses dined with two German nurses.⁶¹⁴ The Swiss and German medical staff thus began to interact before reaching the front.

Once in the hospitals in Russia, nurses and doctors from each nation could begin to get to know one another better. As they did so, similarities and differences appeared more clearly between the two national groups. One of the first notable observations the Swiss made of German nurses was quite positive. According to Dr. Wagner’s report of the Swiss mission, the German nurses were courteous and correct, and they made the

⁶¹⁰ BA-MA RH 12-23, 874—“Die Schweizer Ärztemission”

⁶¹¹ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 27.

⁶¹² Occasionally, German Red Cross Sister Martha Lohman refers to the suffering of Greek soldiers and ethnic Germans, but her letters remain generally silent about the suffering of Poles, Russians, and other Eastern European civilians. Georges and Benedict, “Nursing Gaze of the Eastern Front,” 143-151.

⁶¹³ BA-MA RH 12-23, 874—“Die Schweizer Ärztemission.” Their course was Kulno-Warsaw-Minsk-Orsha-Smolensk.

⁶¹⁴ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 23-24.

care for soldiers easier. Soldiers welcomed the presence of nurses in the wards more so than they welcomed the male medical staff. Dr. Wagner wrote that German nurses also distributed painkillers more rationally than the male medics—nurses did not distribute the drugs for prophylactic purposes, but only when they were really needed. German Red Cross nurses also provided soldiers a sense of safety and a piece of home in the foreign land, representing mothers or wives.⁶¹⁵ According to Swiss observations, the German Red Cross nurses therefore provided valuable emotional and medical aid in the field hospitals, and confirmed nurses' own perceptions and those of German doctors, and of the procriptions by Nazi propagandists.⁶¹⁶

From the other perspective, German soldiers and nurses also expressed gratitude for the help of the Swiss doctors and nurses.⁶¹⁷ German Red Cross Sister Paula Sonntag recalled the positive contributions and nature of the Swiss when they served with her in a hospital (*Kriegslazarett-Abteilung 551*) in Smolensk. Before they arrived, Sonntag had been the only German nurse on staff in her unit. She recalled feeling lucky for receiving help from two Swiss nurses: “That was a relief for me! With them I worked well together. The nurses were nice and capable. There were German-speaking sisters, so we could talk. Through the Red Cross we felt a kinship. It was just beautiful.”⁶¹⁸

Sonntag also thought of the Swiss supervising doctor, one Dr. Furtwaengler, to be quite

⁶¹⁵ BA-MA RH 12-23, 874—“Die Schweizer Ärztemission”

⁶¹⁶ BA-MA RH 12-23, 855—Gert Sachs, “Schwestern und Frontsoldat.” Also see Anonymous, “DRK-Schwester an der Front,” *Das Deutsche Rote Kreuz*, vol. 3 (Potsdam: October, 1939); Sister R. Sch. & Sister A.S., “Kriegschwester im Osten,” *Das Deutsche Rote Kreuz*, vol. 4 (Potsdam: January 1940). Rotkreuzgeschichtliche Sammlung Fläming-Spreewald. Also see *Schwesterbriefe von allen Fronten*.

⁶¹⁷ BA-MA RH 12-23, 874— “Die Schweizer Ärztemission”; Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 11.

⁶¹⁸ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 175. Interview with Paula Sonntag conducted by the Reinhold Busch. Sonntag was born in 1918, and completed her nursing exams in 1938 in Uma. After the war, she worked in the DRK-Schwesterenschaft in Stuttgart, and eventually served as the Matron (Oberschwester) before retiring in 1979.

“nice and amiable.”⁶¹⁹ Swiss actions in the field hospitals thus proved valuable to German soldiers and nurses, and, from the German perspective, did not become hindered by ideological differences. Membership in a Red Cross association also provided a way to connect with the Swiss nurses and to find a sense of international sisterhood and to thereby foster a sense of community in the field hospitals.

Outside of the hospital wards, casual social events allowed German and Swiss Red Cross nurses and doctors to more deeply develop a front field hospital community. These social interactions mirrored those between German Red Cross nurses and German officers. During Christmas and New Year’s of 1941/1942, Eichenberger joined in small parties with German friends from a hospital in which she had previously served. She offered them her Champagne and Swiss biscuits, while Sister Hilde, a German nurse, gave Eichenberger some Russian perfume as a gift.⁶²⁰ Eichenberger assumed that the perfume has been purchased at a reduced price at the canteen. She knew at least a small amount about how the war economy worked in the East, and in accepting the gift, as a participant in the social world of the field hospitals, she became an accomplice to the German oppression of the Eastern Front.⁶²¹

At the same time, the interactions with German men brought about the occasions for Eichenberger and the soldiers to each voice their different ideological beliefs. Such beliefs clarified for both the young nurse and the soldiers who truly

⁶¹⁹ Ibid., 175.

⁶²⁰ Ibid., 247-250.

⁶²¹ The German wartime economy depended to a great extent on the plundering of conquered territories. The ability to secure Russian perfume thus represented not a simple act of buying a luxury good, but an act of oppression. For an analysis of the relationship between the German wartime economy, the German people’s support for the Third Reich, and Nazi crimes, see Götz Aly, *Hitler’s Beneficiaries: Plunder, Racial War, and the Nazi Welfare State*, trans. Jefferson Chase (New York: Holt Paperbacks, 2005), esp. 7, 156-325.

belonged inside the community of the front field hospital and who did not. Eichenberger records multiple visits with German soldiers and doctors which focused on the topics of why Switzerland had not entered the war and why the German soldiers remained dedicated to it. One evening, after she finished her rounds, Eichenberger spoke with a German soldier about politics. He explained to her why he supported Hitler and why the Germans were fighting against Marxism and Communism. The same soldier also told Eichenberger of the “danger of the Jews.”⁶²² She did not question this man further, but she did write down her reactions in her diary, expressing that, “It is unspeakably depressing, over and over again to find the results of a one-sided purely power-political education (*machtpolitischer Erziehung*).”⁶²³ She believed that years and years of propaganda had brainwashed these men. She was convinced of this as other soldiers displayed their photographs they had taken in Minsk, of Russians hanging from trees, and of captured partisans. The soldiers’ belief in Nazi racist ideology and their pride of their murderous actions disgusted Eichenberger and prompted reflection that is largely absent from the diaries of German Red Cross nurses. Moreover, Eichenberger’s descriptions of these soldiers provide evidence that these men did not hide their crimes from nurses—it is unlikely that she was the only nurse to have seen these kinds of photographs.⁶²⁴ However, German nurses did not remark upon such things in their diaries and letters, revealing differences in their focus and in what they believed they

⁶²² Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 97-98.

⁶²³ *Ibid.*, 116.

⁶²⁴ Soldiers’ taking of photographs on the front was not uncommon, and some sent their film home to be developed. Many photographs of the massacres included soldiers holding cameras, indicating their interest in “documenting their part in the war.” The camera also had the function of facilitating a “cool, distanced relationship to events and thereby provided emotional armor to the witnesses.” Fritzsche, *Life and Death in the Third Reich*, 152.

could write about. Eichenberger's frustration with German soldiers' political and ideological beliefs prevented her from becoming a member of the front field hospital community in the same sense as German Red Cross nurses—for Eichenberger's humanitarian and political beliefs set her apart.

A similar pattern emerges when examining Sister Eichenberger's relationships with the nurses who worked in the field hospitals. She got along well enough with the other Swiss nurses and doctors, and even with the German nurses, especially one Sister Hilde. However, their common dedication to the nursing profession could not create a sisterhood of nurses. Differing ideological beliefs, particularly about "race" and politics, mattered more. On one occasion, Sister Hilde grew mad at Eichenberger because she put non-German patients (soldiers) into the "best room" of the ward.⁶²⁵ Eichenberger treated the non-German patients in this fashion because the hospital was so crowded, and because she believed all people were the same.⁶²⁶ Sister Hilde did not agree and her opinion signalled the changed nature of the German Red Cross—from an organization dedicated to the treatment of soldiers and POWs to one devoted to the treatment of German soldiers almost exclusively. This incident is important because it demonstrates the replacement of humanitarian beliefs with Nazi racism, and it provides a small glimpse into how German Red Cross nurses expressed such racism in their daily actions in the field hospitals. The actions of Hilde demonstrated how German Red Cross nurses prioritized the treatment of German soldiers over their non-German allies, providing

⁶²⁵ Such men were likely "Hiwis" or "auxiliary volunteers" who were local collaborators or former Soviet prisoners of war. From winter 1941, "Eastern troops" increasingly made up the Wehrmacht fighting force on the Eastern Front. However, many Russians and Ukrainians worked as translators, drivers, cooks, servants and guards for Wehrmacht before then. Mazower, *Hitler's Army*, 461.

⁶²⁶ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 89.

further evidence of the existence of a German front community in the field hospital. Small disagreements such as this one, and larger ones, as seen in her conversations with German soldiers, prevented Eichenberger from gaining membership into a larger nursing or hospital community on the Eastern Front, which, from her perspective, was clearly influenced by Nazi ideology. She ended up feeling very alone.⁶²⁷ Therefore, despite a common language, gender, profession, and affiliation with Red Cross associations, these German and Swiss Red Cross nurses could not overcome their national and ideological differences in order to form a community on the front inclusive of both national groups. However, despite their differences, the Swiss completed their mission in the East. Through their work, they supported the German war effort.⁶²⁸

Eastern Europeans in the Field Hospitals

The Swiss doctors and nurses came to the Eastern Front as “guests” of the Wehrmacht. In contrast, the Eastern Europeans who also worked in or came to the field hospitals on the Eastern Front did not have as much choice. Like the “Hiwis” and members of the “Eastern Troops,” they were either “volunteers” who believed collaborating with the Germans was better than working for the Soviet Union, or virtually slave laborers.⁶²⁹ Moreover, National Socialist conceptions of “racial,”

⁶²⁷ Ibid., 68. she wrote in her diary that “the feeling of loneliness is hard to bear.”

⁶²⁸ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 296, 301. Another Swiss medical unit also worked in similar capacities in Finland from February – May, 1940. Also see Reinhold Busch, *Die Schweiz, die Nazis und die erste Ärztemission an die Ostfront*, esp. 31-78.

⁶²⁹ BA-MA RH 12-23, 1259—“Betr.: Ausbildung von weiblichen, ausländischen Freiwilligen”, Oberkommando der Wehrmacht, Chef des Wehrmachts-Sanitätswesens, *Tbg.Nr.6417/42 KFK/II* Berlin, 10 February 1943; RH 12-23, 800—“Betr.: Ausländische Pflegekräfte.” Abschrift. Oberkommando des

political, and social hierarchies served to distinguish between who belonged in the community of front field hospital and who did not. Nurses learned about these ideas by growing up in Nazi Germany, but also through their nursing training.⁶³⁰ But notions of hierarchies were not merely set by Nazi officials in Berlin, for nurses sometimes modified these hierarchies based on their personal experiences working and interacting with Eastern Europeans. German Red Cross nurses' interactions with these hospital workers occurred within three main contexts in the field hospitals: first, these two groups could work *together*; second, Red Cross nurses could be patients of Eastern European workers; and third, Red Cross nurses could treat Eastern European patients, who came to the hospital as “volunteers” of the Wehrmacht. By examining each of these contexts, it will become even more clear how the complex social world of the field hospitals contributed to the formation of a strictly German “people’s community” in the front field hospital and how this community reflected the larger dynamics of the Nazi war in the East.

The Wehrmacht medical administration often employed or forced Eastern Europeans to work in the field hospitals on the Eastern Front in order to supplement the German nursing and hospital staff, whose numbers often proved inadequate. But even if these non-German workers were necessary, such usefulness did not override “racial boundaries” between who was and was not accepted into the field hospital community.

Heeres, Chef H. Ruest u. BdE, Nr. H.1711/44 AHA/S In Fr.K./I, Berlin, 22 September 1944; BA-MA RH 12-23, 874. Also see Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*; Gerber, *Im Dienst des Roten Kreuzes*; BA Berlin NS 47, 59—“Betreff: A13-DRK Schwestern für die Waffen-SS”, “Betr.: Verwendung von Französinen als DRK-Schwester in der Waffen-SS.” June 5, 1944.

⁶³⁰ For a detailed discussion of the female experience of growing up in Nazi Germany, see Reese, *Growing up Female in Nazi Germany*. See Chapter 2 for a more detailed discussion about the role of ideology in nursing training.

For example, hospitals and partial-hospitals (*Teillazarette*) in Lithuania relied on cooperation between German and non-German staff in order to ensure the effective treatment of patients. An activity report from Teillazarett Neu-Wilna, dated August 25 1943, revealed that at least ten German medical officers, of varying rank, worked in this hospital, and received help from seven Polish doctors, nine Polish full nurses (*Vollschwwestern*), and 24 assistant nurses who worked as support staff and lived in their own barracks. According to the head doctor who wrote this report, even with these the help of Polish nurses and nursing assistants, the hospital still lacked adequate cleaning staff.⁶³¹ Moreover, the failure to reinforce the German staff numbers meant patients could not be fully supervised. The head doctor worried about patients' theft of hospital goods when they were not closely watched. The work of the Polish staff was considered satisfactory, but this observation was attributed to the watchful eye of the German doctors. It is interesting here that the doctor suggested that Germans could not watch their own patients well enough, but they could keep an eye on the Poles. The power over the latter reinforced "racial" hierarchies and stereotypes, while the lack of power over the former spoke to the generally poor situation of hospital administration and concerns about German soldiers' own unreliability. The overall message of the report is that even if Germans could not watch over their own well enough, they could at least manage to supervise the foreigners in the hospitals. Similar issues arose in April 1943, in war hospital Abt. 532 (R) in Kauėn, Lithuania. Here, the difficulty communicating with local workers affected the ability of doctors to perform operations; translators were

⁶³¹ BA-MA RH 50, 145—"Bezug: Terminkalendar. Betr.: Tätigkeitsbericht." *Abschrift*. Ostland-Lazarett Wilna, Rgb.Nr 38/43, Wilna, 27.4.1943, gez. Neugebauer, Stabsarzt und Chefarzt. Located in file — "Tätigkeitsberichte-Ostland-Lazarett Wilna."

necessary in order to do so.⁶³² In general, from the German perspective, the work of the locals had been satisfactory. But the lead German doctor of the hospital asserted that German services needed to be watched more closely, implying, from his perspective, that the Eastern Europeans, however useful they may have been to the functioning of the field hospitals, could not be trusted. Boundaries of communication and trust contributed to the reinforcement of the hierarchies in the field hospital, separating Eastern Europeans from the German community on the front.

German Red Cross nurses also considered how the presence of Eastern Europeans affected the management of the field hospitals. Somewhat contrary to doctors' reports, these sometimes found it easy to get along with foreign staff, but they did not let such ease override Nazi racism. German Red Cross nurses' interactions with the Eastern European hospital staff therefore reveal how German women contributed to the formation and maintenance of "racial" and political hierarchies in the East. For example, Sister Edith Haase wrote of cordial, yet still hierarchical relationships between herself and Russian helpers in the field hospitals. In Pjatigorsk (Russia), she worked with "three nice Russian women" who were very helpful to her. Haase learned to speak a small amount of Russian so that she could communicate with these women.⁶³³ According to Haase, she got along better with the Russian help compared to other German nurses. Another German Red Cross nurse, who worked in the hospital kitchen, had a falling out with a Russian "Diet cook" (specializing in patient dietetic needs).

⁶³² BA-MA RH 50, 145—"2) Tätigkeitsbericht." Ostland-Lazarett Wilna, Teillazarett Neu-Wilna, Neu-Wilna, 25.9.43. I.V. Neugebauer, Stabsarzt u. Chefarzt.; "3) Tätigkeitsbericht." Ostland-Lazarett Wilna, Teillazarett Neu-Wilna, Neu-Wilna, 25.8.43. I.V. Neugebauer, Stabsarzt u. Chefarzt.

⁶³³ DTA 1601—"Schwester Harmonica," September 1, 1942, 30.

According to Haase, the latter came to her crying and kissed her on the cheek.⁶³⁴ Haase also wrote that the Russians “were glad when the Germans came” because “they had suffered greatly under Stalin.” She emphasized particularly the Soviet regime’s mistreatment of the churches.⁶³⁵ Here the trope of the Germans as liberators from Soviet oppression appears. At the same time, individual Russians appear as weak, and in need of German care, in this case, through the person of Haase. Haase’s writings thus reveal a specific variation of National Socialist ideas about “racial” and political hierarchies, which was shaped by her face to face interactions with Russians and which emphasized the important role Haase, as a German Red Cross nurse, played in the social world of the field hospital.

Other German Red Cross nurses’ interactions with foreigners reveal a similar pattern of a willingness to work together in the hospitals, but also an attitude of superiority on the part of the nurses. Sister Brigitte Penkert interacted with Russians on a daily basis when she served in Kursk in late 1942, but she did not indicate a breakdown of “racial” or political boundaries. Russians and other Eastern Europeans worked in the field hospital in Kursk; they carried water, emptied waste pans, cut pulp, washed clothes, and completed other menial tasks. According to Penkert, the two Russians who did these jobs volunteered with the Wehrmacht, and worked with another two Russian women, whose status is left vaguer.⁶³⁶ A female Russian doctor also served there, named Nadja, who had a German father. From her, Penkert learned “only the

⁶³⁴ Ibid. Another Russian woman, who also worked in the kitchen, washed Haase’s laundry in her home, and Haase wanted to pay her for the help.

⁶³⁵ Ibid.

⁶³⁶ In addition, several Hungarians and Slovaks worked in the field hospital. Penkert, Letter 29, 23.Oct.1942, 112.

most necessary Russian,” and the hospital staff relied on Nadja to be a translator.⁶³⁷ As expressed in reports by military doctors, Penkert also noted the need and ability to overcome language barriers. But although Penkert made the effort to do what it took—to learn some Russian—to work with these Eastern Europeans, she did not form personal relationships (at least from what can be gathered from her letters) with Nadja or any of the other foreign workers which would indicate that she felt that they belonged in the same nursing or hospital community.⁶³⁸

Other German Red Cross nurses worked alongside Russian nurses, but they drew a line between the two groups. For example, while stationed in Stalino, Sister Ochsenknecht worked with a young woman, Lydia, who belonged to a group of Russian prisoners of war assigned to help at the field hospital. Ochsenknecht later recalled that she had a hard time understanding Lydia, and that the young woman often acted quite afraid of her captors. Just as suggested by military reports, individual nurses also found it difficult to communicate with non-German workers. However, Ochsenknecht also explained that she thought that in peacetime, she could have been friends with Lydia, that she felt sorry for the Russian nurse, and that she treated her “as good as was she

⁶³⁷ Ibid.

⁶³⁸ Sister Eichenberger also learned some basic Russian so she could communicate with the Russian men and women who worked in the field hospital in Smolensk. Some of the hospitals that the German army had erected in Smolensk could hold from 900 to 1500 patients; captive Russians and (volunteer) Russian women worked in the German hospitals. And according to one Swiss doctor, they received pay and food. They might also, on occasion, receive some tobacco or a snack. However, Swiss doctors or Russian doctors treated the Russians; materials for treatment included only what the Germans had given them (which could not have been very much). Generally, Russian patients depended on the abilities of the Russian physicians, whose abilities varied significantly. In contrast to most German Red Cross nurses, Eichenberger expressed absolute disgust at the way Russians were treated by the Germans, inside and outside of the field hospitals. Some of the Swiss nurses and doctors also worked outside of the field hospitals in Gzhatsk (Gagarin) and Moschaisk (Mozhaysk), near Smolensk, to treat Russian civilians. Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 36, 37, 79, 85, 89, 95, 96, 125, 131, 132, 264; BA-MA RH 12-23, 874—“Die Schweizer Ärztemission”

could.”⁶³⁹ Similarly, Sister Erika Summ expressed sympathy for Ukrainian nurses and with the woman and children who worked in the field hospital kitchen in Shitomir, recalling that “the Ukrainians did not have it easy.” She believed this was so because she had heard that all of their men had been taken away by the Bolsheviks during the Soviet occupation of their country, and she implied the role of Germans as liberators.⁶⁴⁰ Such beliefs echo Sister Haase’s descriptions of the Soviets. But like the other German nurses, Summ did not remark upon the Germans’ role or the brutal nature of the occupation of Ukraine, during which the Germans inflicted mass famine, deportations, and mass murder on Jews, Ukrainians, and other Eastern Europeans. Summ also worked

⁶³⁹ Ochsenknecht, *Als ob der Schnee alles zudeckte*, 138-139. The passage of time likely influenced Ochsenknecht’s self-portrayal in this instance. Chapter 6 analyzes nurses’ memories of the Second World War.

⁶⁴⁰ Her reflections on the situation of the Ukrainians reiterate elements of truth and propaganda, so it is unclear on what basis she made these claims. The theme of the victimization of the Ukrainians by the Soviet Union was not unfounded. In 1933, the Soviets imposed a massive famine on Ukraine. The famine was one of the major consequences of Stalin’s first Five Year Plan, which was implemented between 1928 and 1938. Snyder argues that at least 3.3 million Soviet citizens died in Soviet Ukraine of starvation and hunger-related diseases, and that about 3.3 million Ukrainians died in the Soviet Union. When the Nazis conquered Ukraine, some Ukrainians cooperated with the Nazis, out of fear, or because they represented a better alternative than communism. However, the idea that most welcomed the Nazis was quite overstated, and resentment towards the Nazis grew over the course of the war and as destruction of the land, food supply, and its people, especially the Jewish population, only increased. See Timothy Snyder, *Bloodlands: Europe between Hitler and Stalin* (New York: Basic Books, 2010), 2, 53, 155-186; Lower, *Nazi Empire-Building*, 44-68. Also Summ, *Schäfers Tochter*, 131 and Berkhoff, *Harvest of Despair*. Notably, the recollections of Sister Susi Gerloff suggested a similar pattern of “sympathy” for victims of Soviet aggression. For example, while in Poland, she worked with a few Polish nurses: Laura, Anita, and an unnamed widow. Gerloff later recalled that Laura played the piano and sang for patients and co-workers in the hospital, and she also wrote that the unnamed widow’s husband had been one of the officers murdered by the Soviets in the Katyn Forest Massacre. In 1940, the NKVD (Soviet Secret Police) murdered thousands of Polish nationals, including many Polish army officers, in the Katyn Forest. In April 1943, the Germans discovered mass graves there, and on April 18 1943 Goebbels announced this discovery to the German people. He wanted to use the massacre as a way to create more conflict between the Poles and the Soviets. He also wanted to convince Poles that the supposedly Jewish leadership of the Soviet Union had ordered the massacre, so to split apart allegiances between Poles and Jews. Her recollections of this widow again highlight the perception of Soviet brutality against other nations, which reinforced the Nazi justification to continue the war in the East as a war against the dangers of Bolshevism. Gerloff’s personal interactions with victims of Soviet aggression only emphasized to her the necessity of the war, and more implicitly, her contributions to it. See Snyder, *Bloodlands*, 286-287; Gerloff, *Kriegsschwester*, 55, 56, 58, 75, 101.

with an assistant from Belarus, “the most devastated country in Europe.”⁶⁴¹ Official estimates suggest that one in four members of the population of the country died during the war, with 9,000 villages burned to the ground. Sister Summ was able to work relatively easily with this assistant because he knew a bit of German.⁶⁴² Again, however, the same pattern appears, for Summ sympathized and worked with Eastern Europeans in the field hospitals, but she made no attempt to include these men and women into the community in the front field hospital, nor did she comment upon the larger context of the war.

Likewise, Sister Ursula Scheibe worked alongside Russian nurses when she was stationed in Stalino, but she maintained a distance between her nursing community and these women. She was impressed with their extensive training.⁶⁴³ She was also

⁶⁴¹ Mazower, *Hitler's Empire*, 156, 487. Nazi official Wilhelm Kube controlled German-occupied Belarus, where hundreds of thousands were turned into forced laborers, and local peasants were subjected to brutal massacres in 1942 and 1943. Approximately 345,000 civilians were also killed in anti-partisan operations. According to historian Christian Gerlach, Between the summer invasion in 1941 and the German retreat in 1944, 2.2 million civilians and prisoners of war were killed, almost all of the county's cities were destroyed, and the economy was decimated and set back decades. Most of those who died in Belarus were Soviet prisoners of war, Jews, and farmers killed amidst anti-partisan warfare. See Gerlach, *Kalkulierte Morde*, esp.11-12. The Wehrmacht played an important role in the Holocaust in Belarus. See, most recently, Beorn, *Marching into Darkness: the Wehrmacht and the Holocaust in Belarus*.

⁶⁴² Summ, *Schäfers Tochter*, 131.

⁶⁴³ In some cases, nurses and hospital staffs of different nationalities resented the higher level of professional recognition and provisions given to German Red Cross nurses and the degradation of local medical groups. Reports from the Office of the Reich Commissioner for the East describe the conflicts that arose between local nurses from Riga and German nurses. In occupied Latvia, in 1942 and 1943, there were written complaints about the poor treatment of Latvian nurses compared to German nurses while both groups were working in military hospitals. Some writers asserted that despite their equal education, they did not receive as much pay or as good of quality of food as German nurses. The Latvian nurses also felt humiliated and angry because they were used to having more control over medical procedures in the hospitals, and thus they felt even more strongly that they were not paid adequately based on their knowledge and ability. However, an evaluation reply to these statements claims that this situation could not have even be possible, as no Germans worked in civilian hospitals, so that this conflict would have arisen in a military hospital (*Kriegslazarett*). The evaluation admits that in the military hospitals, German personnel had received twice the payment and food, but that the distribution had been balanced out. See BA R 90, 349—Riga, 22. Feb. 1943, Aktenvermerk; Der Reichskommissar für das Ostland Abt. II Gesundheit & Volkspflege Riga, 23.2.1943, Betr.: Stellung der reichsdeutschen & einheimischen Schwestern in Wehrmacht-lazaretten; Der Reichskommissar für das Ostland, Abt. I Politik-2BII-RR Tr./KO, II Gesund-1 F 2 Riga, 26. Feb. 1942, An den Herrn Reichsminister für die

surprised to learn that these Russian nurses had great interest in German literature, and that they knew of Goethe, Schiller and other classical German authors.⁶⁴⁴ At the same time, Scheibe felt that she had to be careful around some of these Russian women. She wrote that they were “surprisingly well informed about the military situation;” they told the German nurses beforehand when they would need to evacuate and retreat. However, despite her worries about these women, the Russian nurses remained by her unit's side until they reached Vienna. There, the Russians were given over to a *Dulag* or transit camp (*Durchgangslager*).⁶⁴⁵

German Red Cross nurses wrote that they were able to work with Eastern European nurses in the field hospitals, and that sometimes they sympathized with these women, but for the German nurses, “racial” and political lines continued to serve as distinguishing lines between who did and did not fit inside the German front hospital community. Moreover, when nurses did express sympathy for Eastern Europeans nurses and assistants, it was often through the lens of politics. Some nurses felt sorry for Eastern Europeans who worked inside the field hospitals because they had experienced Soviet political rule, and nurses therefore conveyed an attitude that the Germans had been liberators from Soviet oppression. This pattern thus demonstrates how German Red Cross nurses had internalized National Socialist political beliefs and how they also used these beliefs to signal their own importance, as Germans (but also as women) on the Eastern Front. These German nurses implicitly endowed themselves with political

besetzten Ostgebiete, Berlin W 35, Kurfürstenstr. 130. Betr.: Auswertungsergebnis der Auslandsbriefpruefstelle. hier: Behandlung einheimischen Krankenhauspersonals

⁶⁴⁴ Scheibe, *Frontschwester im Zweiten Weltkrieg*, in Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 200.

⁶⁴⁵ *Ibid.*, 200-201.

significance. At the same time, this kind of attitude gave nurses a way to elide the German role in the oppression in the East. But the social world of the field hospitals, with assistants and nurses from Poland, Russia, Ukraine, and Belarus reflected back important aspects of the German war on the Eastern Front: with enemy nations overrun, their people were forced (and sometime volunteered) to serve in the German war effort. German Red Cross nurses participated in this process through their work in the field hospitals.

The personal experiences which placed the most pressure on the lines between German Red Cross nurses and Eastern European hospital workers were those that involved illness, especially when German nurses fell ill and received care from their Eastern European co-workers. For example, when recovering from an illness in Skilimov, Sister Gerloff was served by Polish kitchen helpers and housekeepers.⁶⁴⁶ In this incident, Poles clearly helped her recover, demonstrating how the Germans utilized Eastern Europeans in complex ways in order to continue the war. Similarly, when Sister Scheibe came down with typhus while stationed in Dnjepropetrowsk (or Dnipropetrovsk, part of the Reichskommissariat Ukraine),⁶⁴⁷ she received medical aid from two women named Fanya and Walka. These women belonged to the Russian nursing staff in the army epidemic hospital; they helped the one German nurse and medic care for all of the patients there. Scheibe recalled that there she first experienced such care that could not be surpassed. She said that these two Russian nurses empathized with her needs; they used skill and “extensive knowledge” to lighten her

⁶⁴⁶ Gerloff, *Kriegsschwester*, 55, 56, 58, 75, 101.

⁶⁴⁷ Berkhoff, *Harvest of Despair*, 17, 37-44.

situation “as far as was possible under the circumstances.”⁶⁴⁸ She praised their abilities as nurses, and said that with them she had the experienced the best period of her nursing education, and even said that she felt a sisterly connection to these nurses years later. In her memoir, she expressed concern as to what would happen to Fanya and Walka after the Germans withdrew, especially considering that Russia (the Soviet Union) was cut off from the International Red Cross.⁶⁴⁹

Sister Scheibe’s experiences of working with Eastern Europeans are important because they add to the historical understanding of how German women’s personal experiences on the front could modify their perception of Nazi “racial” and political hierarchies. Scheibe casts nurses as being part of a sisterhood that transcended national boundaries; her writing thus echoes earlier efforts among different nurses to create an international sisterhood of nurses.⁶⁵⁰ Indeed, Scheibe downplays the uneven power relationship between herself and the Russian nurses. *But* she does not discount national differences entirely, for she remained cautious about the loyalty of the Russian nurses to

⁶⁴⁸ Scheibe, *Frontschwester im Zweiten Weltkrieg*, in Panke-Kochinke and Schaidhammer-Plack, *Frontschwester* 200.

⁶⁴⁹ *Ibid.*, 199.

⁶⁵⁰ Soine, “From Nursing Sisters to a Sisterhood of Nurses,” 180-181, 211-244. 201. For Scheibe, some form cross-national nursing relationships continued until the end of the war, although in a different context. In the spring of 1945, Scheibe and her unit fled to Germany, and then traveled to Nieuwe Schanse and Deerenord, in the Netherlands. There, her field matron asked her to lead negotiations with local Dutch nurses. They were able to compromise and ease the situation for the German nurses in the occupied town. Scheibe later wrote that despite the widespread Dutch aversion to the Germans, two Dutch nurses tried to help the German nurses after the surrender. One night they knocked at her window and offered to shelter her. Scheibe wrote that she still had a photo one Dutch nurse had given her, with her address and the words “Wann du fluchten musst!” written next to the photo. Scheibe wrote that this photo and its signal of understanding was a consolation to her when, as she left the Netherlands, the population threw stones at her and the other nurses. Personal relationships with non-German nurses thus were a meaningful aspects of Scheibe's wartime experiences, and her recollections suggest that nurses could connect with each other despite national differences. However, these personal connections could not *completely* overcome national differences and associated stereotypes. Scheibe, *Frontschwester im Zweiten Weltkrieg*, in Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 200-201

the Germans and to the Russians.⁶⁵¹ Lastly, it is important that she brings up the point about the Soviet Union being “cut off” from the International Red Cross.⁶⁵² This point was true in the sense that the USSR did not agree to the protections of POWs as outlined in the 1929 Geneva Conventions.⁶⁵³ It is unclear if this fact was made known to Scheibe at the time of the war or after 1945.⁶⁵⁴ Scheibe’s description of the nurses suggests an effort to overcome national and “racial” differences. But her assigning of them to a nation cut off from the IRC also suggests that she knew that a line could be drawn between nurses who belonged to the IRC and those who did not. That is, nationality and National Socialist notions of “race” were depicted as more important factors than of an international sisterhood of nurses when considering who belonged inside the German Red Cross nursing community on the Eastern Front. The experience of receiving medical care could place pressure on these distinctions, but it did not erase them.

German Red Cross nurses’ experiences of working with and of receiving aid from Eastern Europeans reveals that despite the German use and sometimes reliance on their foreign workers, National Socialist racial ideology did not break down. German Red Cross nurses’ self-perceptions and their daily actions in the field hospitals contributed to the persistence of Nazi racism in the Second World War and to the

⁶⁵¹ Scheibe, *Frontschwester im Zweiten Weltkrieg*, in Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 200.

⁶⁵² *Ibid.*, 200-201.

⁶⁵³ Favez, *The Red Cross and the Holocaust*, 57.

⁶⁵⁴ Readers of German Red Cross publications might have known about the USSR’s refusal to ratify the 1929 Geneva Convention for the protection of POWs. This fact was mentioned, for example, in the May 1934 issue of *Das Deutsche Rote Kreuz*. Gen. Ed. W.G.Hartmann, “Die Genfer Konvention von 1929,” *Blätter des Deutschen Roten Kreuzes*, vol. 13, no. 5 (Berlin: May, 1934): 206-207.

oppression of Eastern Europeans. This point appears most clearly in the cases in which nurses received orders to treat Eastern European patients in the field hospitals.

Eastern Europeans from a variety of backgrounds could volunteer or be forcibly enlisted into the Wehrmacht. Local Eastern Europeans, for example, worked in the Waffen-SS or alongside Wehrmacht troops.⁶⁵⁵ When these men—particularly of the latter group—were injured or fell ill, they thus also could receive medical care in the German field hospitals. The presence of Eastern European patients perhaps most strongly pressed German nurses to decide for whom they would care. In making such decisions, a nurse could reveal her ideological and humanitarian beliefs. The case of Sister Edith Haase illustrates this point. As discussed above, she seemed to have a sense of pride in her ability to get along with Russian nurses. But whatever amount of sympathy she felt for Eastern Europeans present in the hospital only extended so far, especially when it came to one's status as a patient. In the winter of 1942, she was stationed in a field hospital in Kisslowodsk (Kislovodsk, Russia). On December 1, 1942 Sister Haase received orders to help set up a separate hospital for the "*Hiwis*" (*Hilfswillige*) or "auxiliary helpers."⁶⁵⁶ Haase expressed shock at her assignment. She wrote that up to that point, these men had rested alongside her German patients. But now they were to receive their own hospital.⁶⁵⁷ Sister Haase did not think this hospital was necessary, and moreover, thought she would need an interpreter to get the job done. She had only Russians staff to help her, who called Haase "*Oberschwester*" (Head nurse

⁶⁵⁵ Mazower, *Hitler's Empire*, 450-464.

⁶⁵⁶ DTA 1601—"Schwester Harmonica," December 1, 1942, 34. Such men worked for the German army, and units included Russians, Ukrainians, Circassians, and other nationalities.

⁶⁵⁷ *Ibid.* Once fully set up, the hospital would contain two German senior physicians, six Russian physicians, one ethnic German (*Volksdeutsche*) professor, and 400 beds.

or Matron).⁶⁵⁸ But Sister Haase had only completed the formal training of a nursing assistant. This arrangement thus marked the rupture of “normal” gender and power relations in a field hospital, for a young German woman received authority over non-Germans and she took on a position for which she held no real ranking. However, Sister Haase’s position as a *German* allowed her to do this, reflecting how nurses could uphold Nazi “racial” hierarchies even while circumstances in the Eastern Front allowed them to modify social and gender hierarchies.

Sister Haase’s attitudes about this situation reflect her self-confidence and her endorsement of Nazi “racial” hierarchies. She did not understand why non-Germans needed their own hospital nor did she see the logic of the military command in this order. She thought that the “Higher-ups” (“*Obersten*”) had blinders before their eyes. In addition, she suggested that the assignment of nurses in the field hospitals was contradictory in practice: “Strange, on the one hand they want to send sisters under 21 years of age home and (on the other hand) at only 20 years old they make me a Head Nurse. So the young sisters must not be so bad.”⁶⁵⁹

Haase’s frustrations speak to several important themes. First, they demonstrate her specific humanitarian beliefs. She would care for Eastern Europeans, but she did not think they deserved their own hospital. She implies that care for Germans must come first, thereby highlighting her belief in who most belonged in her realm of care as a

⁶⁵⁸ Ibid.

⁶⁵⁹ Ibid. The Department of Voluntary Nursing tried to only deploy to the occupied territories nurses who were at least 21 years old. The situation of Sister Haase clearly contradicts this guideline. Months later, the deployment of nurses under 21 years old to the occupied territories was still practiced and efforts were made to correct this. See BA-MA RH 12-23, 1125—“Betr.: Einsatz von Schw.Helferinnen und Helferinnen in Krgs.Laz.” Oberkommando des Heeres, Chef der Heeresrüstung und Befehlshaber des Ersatzheeres, Nr. H 2783/43 AHA/S In/Fr.K./II. Receipt stamp from Berlin, 21 September 1943.

German Red Cross nurse and in the German community in the front field hospitals.⁶⁶⁰ Her reactions demonstrate how young German women had internalized National Socialist ideology and how this ideology had altered long-standing German Red Cross humanitarian beliefs which dictated care for all wounded soldiers. Second, Haase did not believe that the high level military administrators properly understood the situation in the war hospitals and of the war in the East more broadly. Her claim that the “Higher-ups” had their blinders on suggests that her perspective is more accurate than those with the power to make decisions, thereby reflecting her self-confidence and her willingness to challenge dominant social and gender hierarchies.⁶⁶¹ Third, Haase echoes other nurses’ experiences of the working conditions of the field hospitals. The young nurses who worked in the field hospitals did not often qualify as fully trained nurses. But they held more responsibilities than they would if they worked inside Germany. However, during the war the Department of Voluntary Nursing had ordered all Red Cross nurses under 21 years of age to return back to Germany.⁶⁶² Haase suggests that this order was simply ridiculous, because she held much responsibility and the unofficial title of Head Nurse, even though she was only 20 years old. Sister Haase’s self-confidence, gained through her personal experiences on the front, allowed her to criticize the military

⁶⁶⁰ This attitude did not keep Haase from forming cordial relationships with her Russian staff. Upon leaving this hospital, the Russian women there cried and repeatedly tried to kiss her hand. Haase, December 15, 1942, 35.

⁶⁶¹ Similar views also appear in the letters of Sister Martha Lohman. Her claim to superior knowledge about the war in the East appears in some of her letters to her family. After learning that Hitler was to visit Zaporozhye (Zaporizhia, part of the Reichskommissariat, Ukraine) in February 1943 she wrote, “Well, he must have plenty of trouble now. It was good he took a look to see for himself how things are.” She still recognized Hitler as an important figure, but she also suggested that she knew more about the reality of war than he did. One of her last letters also suggested her special knowledge, for out there (on the battle front), “You get to see the true face of war which you do not get from any newspaper.” Georges and Benedict, “Nursing Gaze of the Eastern Front in World War II,” 148-50.

⁶⁶² BA-MA RH 12-23, 1125—“Betr.: Einsatz von Schw.Helferinnen und Helferinnen in Krgs.Laz.”

medical administration and therefore challenge its established social and gender hierarchies. But her criticisms of the administration also reflected a clear assertion of Nazi “racial” and political authorities, for she used her “expert” knowledge and confidence to suggest that foreigners should not receive any special form of medical care. In doing so, Sister Haase also demonstrated how the “Nazi conscience,”⁶⁶³ or a belief in applying moral laws only to the “Aryan” German community, was expressed by Germans in their daily lives and how Germans actively formed a “people’s community” formed on the Eastern Front, thereby transforming a Nazi ideological construct into a reality.

Conclusion

German Red Cross nurses came to the Eastern Front in order to care for German soldiers. Through their work in the field hospitals, nurses actively contributed to the war effort, for by healing German soldiers physically and emotionally, they in effect helped these men return to the battlefield. Nurses’ professional and personal interactions with patients in the field hospitals strengthened their focus on alleviating German suffering and contributed to the formation of a specifically German community within the front field hospitals—a specific expression of a “people’s community”—characterized by

⁶⁶³ Here I refer to Claudia Koonz’s idea of the “Nazi conscience.” Koonz explains the National Socialist split from moral universalism as the result of the growth of the “Nazi conscience,” meaning that the Nazis believed that the concepts of virtue and vice evolved according to the needs of particular ethnic communities. She argues that the Nazis denied the existence of universal moral values and instead promoted moral maxims they saw as appropriate to their Aryan community and extending only to such a community. While her analysis focuses on intellectuals, I demonstrate how young German women implemented these ideas in their wartime actions. Koonz, *The Nazi Conscience*, 1-6.

German nationality and the personal experiences of the war. But nurses' experiences also influenced their perception of National Socialist "racial," political and social hierarchies. While working in the field hospitals, nurses faced difficult material obstacles to providing care. For those who could overcome these problems, an increased sense of self-confidence or self-worth was the result. At the same time, Red Cross nurses who served at the front gained a sense that they, rather than their superiors who worked further away from the front, had a better understanding of the war. As a result, the nurses who worked in these field hospitals forged a specific kind of female nursing community *within* the larger German front community.

The formation of this female community in the front field hospital is significant for several reasons. First, it reveals how "Aryan" Germans conceived of the "people's community" and constructed it. Through their work in the field hospitals, nurses demonstrated how the concept of the National Socialist "people's community" existed not only as a vital component of Nazi ideology, but also as a lived reality, formed as a result of social interactions between different groups of people within the larger context of the war on the Eastern Front. Thus, the ideal of the *Volksgemeinschaft* could have different manifestations when people tried to put it into practice. Second, the female community reveals the importance of gender in the actual construction of a "people's community." This female nursing community existed within the larger field hospital community; it had specific characteristics and it also served specific needs. Nurses provided friendship and support to one another. They understood what the other nurses on the front were experiencing, and they could bond over this shared understanding.

The existence of a smaller female community and the larger “people’s community” in the front field hospitals illustrates how German women actively reinforced Nazi “racial” and political hierarchies. Because of the nature of their work, German Red Cross nurses did so in a much different way compared to female concentration camp guards or to other German women who committed violent crimes on the Eastern front.⁶⁶⁴ More specifically, German Red Cross nurses held a higher position in the hierarchy of control in the field hospitals compared to non-Germans who also worked or were patients in these hospitals. The self-confidence nurses gained through the experience of working in a field hospital contributed to their willingness to actively make distinctions about who did and did not belong within the German community at the front. Moreover, by examining nurses’ comments—or lack thereof—about the persecution and murder of the Eastern Europeans and the Jews, one can see that there was more than one way a nurse could mark her distinction from non-German peoples victimized by the Nazi racial war.

⁶⁶⁴ Lower, *Hitler’s Furies*.

Chapter 4: German Red Cross Nurses, the Ethnic German Resettlement Program, and the Holocaust

The National Socialists wanted to create a “people’s community” defined by an exclusionary racist ideology. However, the form this community took in practice was defined not only by ideology; it was also shaped by local contexts and the daily experiences of ordinary Germans. For example, German Red Cross nurses played an active role in creating and maintaining a discriminatory, hierarchical, and gendered community within the field hospitals.⁶⁶⁵ But nurses could contribute to the formation of a “people’s community” in other ways. Some nurses worked with ethnic Germans in Poland and Ukraine. Moreover, while living in the cities of German-occupied Eastern Europe many nurses encountered the persecution and learned of the murder of the European Jews. By analyzing nurses’ interactions with ethnic Germans, one can gain a deeper understanding of how German Red Cross nurses conceived of and participated in the formation of a “people’s community,” consisting of Reich and ethnic Germans, on the Eastern Front. Moreover, by assessing nurses’ attitudes about the Jews, one can see more clearly how nurses supported the formation of an imperial order based on National Socialist racist principles.

In cooperation with the German Red Cross, nurses participated in Heinrich Himmler’s project of creating a new imperial “living space” (*Lebensraum*) in Eastern Europe by helping resettle ethnic Germans (*Volksdeutsche*) from Latvia, Romania,

⁶⁶⁵ As discussed in Chapter 3.

Ukraine, and from communities deep within the Soviet Union.⁶⁶⁶ This resettlement program was an integral part of the Nazi racial war, for in order to make room available for the settlers, local Jewish and Slavic populations were forcibly removed from their homes and subjected to violent persecution and murder.⁶⁶⁷ By participating in the ethnic German resettlement program, nurses helped create a specific kind German “people’s community” on the Eastern Front, characterized by the inclusion of Reich Germans and ethnic Germans. But nurses also helped to create an imperial order, which prioritized the position of this specific community. In both cases, the particular community and the larger empire were defined by notions of race, gender, and power.

While working with the ethnic Germans, nurses participated in the creation of a specific kind of German people’s community in two main ways. First, the nursing of ethnic Germans had the practical function of helping these people so that they could fulfill the physical, cultural, and political qualifications required for membership in Nazi society, whether in the Reich or in a settler colony. Red Cross nurses thus directly supported the Nazi project of creating an expanded and “racially pure” community envisioned to reside in and preside over an expanded German empire.⁶⁶⁸ Second, nurses

⁶⁶⁶ Lumans, *Himmler’s Auxiliaries*, 12.

⁶⁶⁷ According to Mark Mazower, “Starting in the Baltic States, eastern Poland and Russia to prevent clashes with Germany’s Soviet ally, the resettlement programme grew under Himmler’s leadership into a vast project in population engineering that ended up driving hundreds of thousands of Poles and Jews from their homes in Western Poland, fuelling the momentum towards genocide, while simultaneously bringing in hundreds of thousands of ethnic Germans as colonists.” *Hitler’s Empire*, 81.

⁶⁶⁸ According to Mazower, the Nazis “believed that it had fallen to them to establish an empire that would elevate them to the status of a world power.” *Hitler’s Empire*, 2. Although the Nazis promoted the idea of empire and modeled themselves after other European colonialists, especially the British in India, the Nazi focus on making an “Aryan-dominated Europe” led to genocidal impulses and practices unique to the Nazi occupation in Eastern Europe. See Lower, *Nazi Empire-Building*, 3-15, 18-29. Notably, German women had supported and participated in German colonial endeavors before 1933. During the *Kaiserreich*, some German women supported programs that tried to help ‘Germandom Abroad’ and German women traveled to the colonies in South West Africa. Here I consider German women’s actions in Eastern Europe, as the Nazis tried to create a racially-pure continental empire. See Harvey, *Women and*

helped create a community which reserved a special position for themselves, as representatives of German women. The task of nursing of ethnic Germans provided young Reich German women the opportunity to leave their homes, demonstrate initiative, and thereby challenge traditional gender roles which placed women in a subordinate position. The Red Cross nurses who helped resettle the ethnic Germans held power over the latter group, and nurses often acted in a superior manner towards their charges. In other words, within the context of resettlement program (be it in smaller villages, hospitals, or larger cities), just like in the field hospitals, gender and “racial” hierarchies were arranged so that “race” was the main factor in determining who had power. But gendered roles remained important.

If one widens the scope of the analysis and considers nurses’ encounters with Jews inside and outside of their places of work, it becomes clear that German Red Cross nurses also participated in the formation of an imperial racial order characterized by the inclusion and (theoretical) empowerment of all Germans and the exclusion of all Jews. In forming this empire, representatives of the German Red Cross had to negotiate their humanitarian ideals with the racist policies of the Nazi regime. In this chapter, I analyze how German Red Cross nurses therefore contributed to the goals of the regime by participating in the formation of a “people’s community,” made up of ethnic Germans and German Red Cross nurses, and a German empire on the Eastern Front. In the first part of this chapter, I provide a brief history of the ethnic Germans and the resettlement program. In the second part, I analyze German Red Cross participation in resettlement

the Nazi East, 4-11. Also see Wildenthal, *German Women for Empire*, and Roger Chickering, “‘Casting Their Gaze More Broadly’: Women’s Patriotic Activism in Imperial Germany,” *Past and Present* 118 (1988): 156-85.

activities in Poland. In the third part, I consider individual nurses' experiences and attitudes about their role in working with the ethnic Germans in the *Reichkommissariat* Ukraine. Lastly, I analyze German Red Cross nurses' knowledge of and attitude about the murder of the Jews in Eastern Europe.

Ethnic Germans, the Resettlement Program, and the Nazi War in the East

Ethnic Germans played an important role in National Socialist ideology. Hitler and Himmler believed that the ethnic Germans residing outside of the Reich could be reunited with their "racial comrades" and contribute to the formation of a German empire in Eastern Europe. Hitler supposedly coined the term "*Volksdeutsche*," or ethnic German, in 1938. Ethnic Germans belonged to a vaguely defined category of people who spoke German and possessed German cultural attributes, but who lived beyond the borders the Reich and did not hold German citizenship.⁶⁶⁹ When Hitler came to power in 1933, ethnic Germans resided in many parts of Europe, but especially in Czechoslovakia, Poland, Hungary, Greater Romania, Yugoslavia, and the Soviet Union. For example, in Czechoslovakia's 1921 census, Germans constituted 23.4% of the population, making them the largest minority of the country.⁶⁷⁰ In 1931, the Polish

⁶⁶⁹ See Doris Bergen, "The Nazi Concept of 'Volksdeutsche' and the Exacerbation of Anti-Semitism in Eastern Europe, 1939-1945," *Journal of Contemporary History*, vol. 29, no. 4 (Oct., 1994): 569-572. The term *Volksdeutsche* has certain overtones of race and blood that cannot be captured with the term ethnic German, but it is the common use English term.

⁶⁷⁰ Komjathy and Stockwell, *German Minorities*, 17. However, Reich Germans are also included in this percentage.

census recorded 741,000 ethnic Germans.⁶⁷¹ Before the Second World War began, approximately 10 million ethnic Germans lived all throughout Europe.⁶⁷²

Ethnic Germans had a complex history and held varying attitudes towards the Third Reich. Lured by the prospect of land and economic gain, many ethnic Germans came to Eastern Europe via different waves of migration. For example, Saxon ethnic Germans first traveled to the southern part of Transylvania after receiving an invitation from the Hungarian King Géza II in the 12th century. They preserved their language for hundreds of years. Ethnic Germans settled in Bukovina and Moldavia beginning in the 13th century, and included among them Swabians, Zipsers, Bohemian Germans, and mixed groups from the Habsburg Empire. Swabians came to the Banat and Bacska in Hungary in the 18th century. German settlers appeared in Bessarabia from the 19th century.⁶⁷³ Swabians also lived in Hungary proper after 1918, having arrived there by participating in settlement programs sponsored by the Habsburgs in the 18th and 19th centuries.⁶⁷⁴ In addition, Baltic Germans lived in Estonia and Latvia and Volga Germans lived in the Soviet Union (Russia).⁶⁷⁵ There were also German Mennonite colonies in Eastern Europe. They left Prussian-occupied Poland in the early 1800s and

⁶⁷¹ Ibid., 74.

⁶⁷² Lumans claims that there were approximately 10 million ethnic Germans living as minorities in other countries after World War One. Bergen writes that in the 1930s, National Socialist experts estimated that there were about 30 million ethnic Germans. Lumans, *Himmler's Auxiliaries*, 20; Doris L. Bergen, "The *Volksdeutsche* of Eastern Europe and the Collapse of the Nazi Empire, 1944-1945," in *The Impact of Nazism: New Perspectives on the Third Reich and Its Legacy*, ed. Alan E. Steinweis and Daniel E. Rogers (Lincoln and London: The University of Nebraska Press, 2003), 101.

⁶⁷³ Komjathy and Stockwell, *German Minorities*, 106. These ethnic Germans resided in Greater Romania after 1918.

⁶⁷⁴ Ibid., 43.

⁶⁷⁵ Lumans, *Himmler's Auxiliaries*, 22-23.

settled in the Zhytomyr region of Ukraine.⁶⁷⁶ Some of these ethnic German groups maintained contact with Germany, and spoke dialects of German. Others assimilated into the current dominant national culture.

The Germans who lived in Poland after 1918 had a particularly complex relationship with the ruling country and Germany. This complexity was due largely to the results of the 1919 Versailles Treaty, according to which Germany lost its territories in West Prussia, Posen, Danzig and Upper Silesia, with Danzig becoming a “free city” in the interwar period. Although minority treaties were set in place to protect the rights of ethnic Germans in the newly re-drawn Poland, more than 800,000 left for Germany by 1923. The social and living conditions for remaining Germans living in Danzig and other parts of Poland greatly differed, with Germans having more independence and connections to Germany in Danzig than elsewhere. Moreover, ethnic Germans who lived in central Poland had previously lived under the rule of the Russian Czar, and according to some historians they were the “least conscious” of their German heritage, especially in comparison to Germans who lived in Posen, Pomerelia, Silesia and Teschen, territories which had belonged to Prussia and then the German empire.⁶⁷⁷ In the interwar period, the Polish government increasingly tried to “repolonize” the “Germanized Poles,” and the number of ethnic Germans living in Poland steadily decreased as many emigrated to Germany or elsewhere. Those who remained

⁶⁷⁶ See Wendy Lower, *Nazi Empire-Building*, 15. These ethnic Germans, primarily East Volhynian Germans, had experienced privileges under the Russian Tsar, but after the First World War they were persecuted by Ukrainian nationalists and anarchists, and then suffered greatly during the Soviet-induced famines and deportations in the 1930s. Also see Orlando Figes, *A People's Tragedy: The Russian Revolution 1891-1924* (London: Cape, 1996), 661-664; and J. Arch Getty, Gábor T. Rittersporn, and Viktor N. Zemskov, “Victims of the Soviet Penal System in the Pre-war Years: A First Approach on the Basis of Archival Evidence,” *The American Historical Review*, vol. 98, no. 4 (1993): 1,028. In 1939, more than 18,000 ethnic Germans resided in GULAG camps.

⁶⁷⁷ Komjathy and Stockwell, *German Minorities*, 65-73.

experienced decreased standards of living. After 1934, the Nazis began to gain more influence in Danzig, and German-Polish relations became more and more tense. By 1939, ethnic Germans and Poles found it hard to maintain a peaceful existence on the local level.⁶⁷⁸

Despite the major differences among the ethnic Germans living in Eastern Europe, Hitler and Himmler idealized ethnic Germans as simple peasant farmers, descending from the Goths, who were uncontaminated from the effects of industrialization and modernization. According to National Socialist ideology, these people would be easily identifiable based on their appearance, language, and habits—most importantly, they would value “cleanliness,” be willing to work, and be devoted to National Socialism.⁶⁷⁹ Propaganda, in the form of photographs and films, depicted ethnic German settlers traveling westwards in covered wagons, which were adorned with portraits of Hitler.⁶⁸⁰ The Nazis envisioned that ethnic Germans would play an important role in securing a “*Lebensraum*” for the German people by maintaining their German nationality, by uniting in “a strong nationwide organization,” by promoting “the aims of the Reich’s foreign policy in their respective countries, and, in the case of war, to serve as a fifth column for the German army.”⁶⁸¹ Moreover, Hitler and Himmler believed that these “soldier peasants,” who “tilled the soil with a weapon at his side,” once relocated to colonies in the German East, would protect the country from the

⁶⁷⁸ Ibid., 67, 73-95. Propaganda from the interwar period made it difficult, however, for people in Germany to determine the truth about relations between Germans and Poles in Poland.

⁶⁷⁹ Bergen, “The Nazi Concept of the ‘Volksdeutsche,’” 572.

⁶⁸⁰ Lower, *Nazi Empire-Building*, 19, 162; Lumans, *Himmler’s Auxiliaries*, 16-23, 153.

⁶⁸¹ Komjathy and Stockwell, *German Minorities*, 11.

“Asiatic Hordes.”⁶⁸² Pre-war newspapers and pamphlets like “What Every German should know about the Germans Abroad” spread the importance among Reich Germans of their responsibilities to the ethnic Germans abroad; the most important task was to “awaken their (that is, the ethnic Germans’) feelings that they belonged to the Reich.”⁶⁸³ According to National Socialist propaganda, the ethnic Germans thus would ideally serve multiple purposes: they would connect Germans back to their peasant roots, they would cultivate the land, and they would defend the country from threats. Reich Germans were charged with aiding in this process.⁶⁸⁴ However, before the war began Hitler did not have a concrete idea about what to do with the ethnic Germans in times of war, nor did he inquire the ethnic Germans about what help, if any, they wanted from the Reich.⁶⁸⁵

Thus, instead of following a clear set of guidelines, the National Socialist plan to bring ethnic Germans into the Reich and its territories developed out of Hitler’s first maneuvers for power, diplomatic necessity, and racial ideology. The *Anschluss* of Austria and the annexation of the so-called Sudetenland in Czechoslovakia, in March and September 1938, respectively, represented the initial steps of bringing ethnic (and Reich) Germans into an enlarged Reich.⁶⁸⁶ Specific plans to include ethnic Germans from further east proved more vague and complicated. The first real planning for the

⁶⁸² Lower, *Nazi Empire-Building*, 24.

⁶⁸³ Komjathy and Stockwell, *German Minorities*, 12-13.

⁶⁸⁴ Lower, *Nazi Empire-Building*, 15. In addition, German “irredentist claims on behalf of the ethnic Germans” played an important role in Weimar and Nazi-era foreign policy.

⁶⁸⁵ Komjathy and Stockwell, *German Minorities*, 11-12. On a more general level, when the Germans invaded Poland in 1939, Hitler and his subordinates also lacked “any clear idea about precisely what to do with the conquered territories. Fritzsche, *Life and Death in the Third Reich*, 158.

⁶⁸⁶ Komjathy and Stockwell, *German Minorities*, 157. Komjathy and Stockwell argue that the National Socialists brought more harm than good to the Sudeten Germans, and they were simply “used as pawns to serve the foreign political designs of the Third Reich.”

movement of these ethnic Germans began in August of 1939, when the Nazi-Soviet Friendship and Non-Aggression Treaty divided up Eastern Europe into German and Soviet spheres of interest. The treaty allowed for population resettlements in the event of war.⁶⁸⁷ According to one historian, approximately 392,000 ethnic Germans resided within the Soviet Union before September 1939.⁶⁸⁸ When the Soviets and Germans invaded and divided Poland in September 1939, the Soviets promised to allow the Germans to resettle ethnic Germans living in eastern Poland, and the Germans likewise promised to allow the Soviets to resettle any Russians living in western Poland. This policy was not *explicitly* based on National Socialist racist ideology; rather, its creators intended to remove a potential source of conflict between Germans and Russians in Eastern Europe.⁶⁸⁹

Diplomatic necessity and short-term factors thus worked in tandem with National Socialist ideology. Moreover, recent events served as motivating factors for new efforts to preserve the lives of ethnic Germans. For example, after Germany invaded Poland on September 1, 1939, the Polish police arrested between 10-15,000 ethnic Germans and sent them eastwards. While marching east, the ethnic Germans were subjected to attacks by both Polish civilians and soldiers. According to one estimate, between 1,778 and 2,000 ethnic Germans died because of exhaustion, maltreatment, and mass shootings. Upon learning of these events, German troops

⁶⁸⁷ Lumans, *Himmler's Auxiliaries*, 10-12.

⁶⁸⁸ Berkhoff, *Harvest of Despair*, 17. These ethnic Germans lived primarily in the region of Odessa, in the Donbas, and in Dnipropetrovsk (26,000), Mykolaiv (42,000), Zaporizhzhia (89,000) and Zhytomyr (36,000). However, on August 31, 1941 (after the German invasion of the Soviet Union) the Politburo ordered the deportation of all of the ethnic Germans living in Soviet Ukraine. Many ethnic German males were sent eastwards after being accused of possessing "anti-Soviet elements." Also see Lower, *Nazi Empire-Building*, 15.

⁶⁸⁹ Lumans, *Himmler's Auxiliaries*, 132.

adopted the role of “‘avengers’ in a German-Polish “‘people’s war.’”⁶⁹⁰ German soldiers and SS squads used the Polish mistreatment of the ethnic Germans as an excuse for their brutal actions taken against Poles and Jews. This was then the local context in which the resettlement program in Poland began.

On October 7, 1939 Hitler gave Heinrich Himmler the formal order for the “Strengthening of Germandom.” The purpose of this program was to retrieve the ethnic Germans and Reich citizens from foreign lands and to “eliminate” the so-called “harmful” (in other words, Jewish and Polish) segments of the population in order to make room for the settlement of those designated as “repatriated” Germans. Himmler designated himself as the Reich Commissioner for the Strengthening of Germandom (RKFDV), and he could order virtually any state, Party, and SS office and agency to carry out his plans to build a new racial order.⁶⁹¹

With these goals in mind and agencies at hand, Himmler issued orders to resettle the ethnic Germans living in Eastern Europe. The first ethnic Germans to be repatriated were Baltic Germans who were eager to move away from the Soviet sphere of influence.⁶⁹² According to the Nazi-Soviet Non-Aggression Treaty, these people would be resettled from Soviet to German-controlled lands. Initially, the German Army received orders to make for the Baltic Germans in the city of Gdynia (renamed

⁶⁹⁰ Mazower, *Hitler’s Empire*, 68-69. More recent studies suggest that as many as 4,500 ethnic Germans were killed by the Poles in this period; however, German and Polish historians still dispute the extent of the violence inflicted against the ethnic Germans. After the German invasion, ethnic Germans in Poland engaged in acts of revenge against the Poles “in a manner that vastly exceeded the provocation they had suffered). See R. M. Douglas, *Orderly and Humane: The Expulsion of the Germans after the Second World War* (New Haven & London: Yale University Press, 2012), 42-45.

⁶⁹¹ Lumans, *Himmler’s Auxiliaries*, 12, 134-135, Mazower, *Hitler’s Empire*, 81. According to Mazower, the creation of the RKFDV marked the “real beginning of the wartime transformation of the SS into a state within a state.”

⁶⁹² Mazower, *Hitler’s Empire*, 80-82. Likewise, fearful of Soviet rule, many Latvians and Estonians also applied for re-settlement or “repatriation” by claiming German heritage.

Gotenhafen by the Nazis). But Himmler quickly took control over the operations there, and he established an immigration center in Gdynia (*Einwanderungszentrale*), which then oversaw the arrival of Baltic Germans and deportations of the Poles. The first Baltic Germans, a group of 17,000, arrived on October 15.⁶⁹³ In order to make room for these ethnic Germans, approximately 40,000 Poles were removed from their homes and deported to Radom and Kielec (in the General Government). However, there was not enough room in Gdynia to accommodate the Baltic Germans. Thus, Himmler decided that Poznan (Posen) would also house these newly found members of the “people’s community.”⁶⁹⁴

The Baltic Germans represented just one of many ethnic German groups destined for resettlement. Himmler had particular interest in resettling ethnic Germans living in the Volhynia region and in the Black Sea region of Ukraine, which had endured Soviet collectivization in the 1930s. Volhynian Germans living in Eastern Poland had been particularly eager to resettle after having faced deportation under Tsarist Russia during the First World War and by the Soviet Union in the 1930s.⁶⁹⁵ Given his additional plans to resettle about 100,000 ethnic Germans from Volhynia and Ukraine, 30,000 from the Lublin area, and 20,000 from other areas of the General Government, Himmler ordered more deportations of Jews and Poles. He envisioned that

⁶⁹³ Ibid., 84.

⁶⁹⁴ Browning, *The Origins of the Final Solution*, 46-47. Mazower points out that, according to a Swedish journalist after the expulsion of the inhabitants of Gdynia (Gotenhafen) the city should have been called ‘Totenhafen’ (Harbor of the Dead). *Hitler’s Empire*, 84. Douglas also explains how in order to make more room for arriving Baltic Germans, the Nazis ordered the gassing of psychiatric patients in Gdynia, Stettin (Szczecin) and Swinemünde (Swinoujście) and “altogether some 10,000 Poles were gassed or shot in connection with the transport.” *Orderly and Humane*, 49.

⁶⁹⁵ Mazower, *Hitler’s Empire*, 82. In addition, in 1937 the Soviet government arrested 11,868 ethnic Germans living in the Soviet Union, with accusations of Nazi espionage. Over 27,000 were arrested the following year, and many were killed. Douglas, *Orderly and Humane*, 40.

by February 1940, the following groups would be relocated to the General Government: all Jews (approximately 550,000) from the incorporated territories, all “Congress Poles” from Danzig-West Prussia, and a yet unspecified number of “anti-German Poles” from the Warthegau, East Upper Silesia, and Southeast Prussia.⁶⁹⁶ Nazi officials realized that such deportations—of at least one million people—could not be accomplished with such a short time frame. But local officials managed to deport 87,833 people by mid-December 1939. Many of those deported were Jews from Lodz.⁶⁹⁷ Thus, from the onset of the ethnic German resettlement program, Poles and Jews suffered so that the arriving ethnic Germans could have a place to live. In the future and especially after the invasion of the Soviet Union, more people would be forced out of their homes in order to accommodate the tens of thousands ethnic Germans intended for resettlement.⁶⁹⁸

With the help of the Ethnic German Liason Office (*Volksdeutsche Mittelstelle* or VoMi), the RKFDV coordinated the resettlements in stages.⁶⁹⁹ The process generally went as follows: various German offices, like the VoMi, located ethnic German populations in these foreign lands, and moved them westwards. Trains and wagons conveyed people to a camp system, consisting of transit, assembly, and processing

⁶⁹⁶ Browning, *Origins of the Final Solution*, 43-44. “Congress Poles” refers to Polish people who moved into former German areas after 1919.

⁶⁹⁷ *Ibid.*, 49-50. Lodz officials had been ordered to deport 15,000 “Poles and Jews”, and “above all politically suspicious and intellectual Poles.” But the officials relied on Jews to fill in this quota. They first asked the Lodz Jewish council to solicit volunteers, but that method proved ineffective. Then Police President Schäfer and the *Oberbürgermeister* undertook “nighttime raids” on the Jewish quarter. On the night of December 14-15 and 16-17, Germans seized approximately 9,000 Jews, many of whom they deported for the General Government.

⁶⁹⁸ Those ethnic Germans intended for future resettlement included including some 30-40,000 living in Lithuania and Memelland, 60,000 in Latvia, a similar number in Estonia, and 1,200,000 in Poland. Additionally, Himmler envisioned moving some 750,000 ethnic Germans from Bessarabia and Bukovina (in Romania), 500,000 from Hungary, 600-700,000 from Yugoslavia, and approximately 1,240,000 from the Soviet Union. Lumans, *Himmler’s Auxiliaries*, 90, 94-95, 104-106, 108, 113, 117, 128; Lower, *Nazi Empire-Building*, 15.

⁶⁹⁹ Lumans, *Himmler’s Auxiliaries*, 161.

camps, which focused on improving the health and verifying the German heritage of the ethnic Germans. Each settler underwent a series of exams to test for their “racial purity,” political status, and occupational suitability. The Central Immigration Office (*Einwandererzentralstelle*), under the leadership of the Security Policy (Sipo-SD), conducted these exams. If a family was deemed “racially” and politically acceptable, it was then sent east again to live in a colony. Less-suitable families were either sent to Germany as laborers, or if deemed completely unsuitable, they were sent back east to fend for themselves.⁷⁰⁰ The thousands of ethnic Germans who were chosen for resettlement benefited from the destruction of non-German peoples in Eastern Europe, occupying the homes and receiving the goods of expelled and (often) murdered Poles and Jews.⁷⁰¹

Ethnic Germans held mixed attitudes about this resettlement program. For example, upon learning about current and intended resettlements, ethnic Germans in Romania were shocked because they had believed that the Nazis had intended to protect them in their *own* country rather than in German-occupied territories. These men and women gained this opinion upon learning about the experiences of the ethnic Germans

⁷⁰⁰ Ibid., 188-191. In 1940-41, the peak years of the re-settlement program, approximately 1,500-1,800 camps were in operation.

⁷⁰¹ According to Peter Fritzsche, Himmler arranged for the ethnic Germans to receive the “warehoused clothes of murdered Jews. *Life and Death in the Third Reich*, 216. According to Doris Bergen, the concept of the “*Volksdeutsche*” also helped close the system of Nazi thought. The existence and material needs of the ethnic Germans provided some “legitimation” for murder and made the “so-called struggle for living space more concrete.” At the same time, the notion held at the time that the ethnic Germans had been trapped outside of the Reich and forced to suffer under foreign rule provided Hitler and his forces a pretext to invade Eastern Europe. Moreover, the tenuous conception of ‘*Volksdeutsche*’ encouraged extreme anti-Semitism among ethnic Germans, eager to prove their Germanness. “The Nazi Concept of ‘*Volksdeutsche*,’” 570-572. Also see Doris Bergen, “The *Volksdeutsche* of Eastern Europe and the Collapse of the Nazi Empire, 1944-1945,” and Valdis O. Lumans, “A Reassessment of *Volksdeutsche* and Jews in the Volhynia-Galicia-Narew Resettlement,” in *The Impact of Nazism: New Perspectives on the Third Reich and Its Legacy*, ed. Alan E. Steinweis and Daniel E. Rogers (Lincoln and London: The University of Nebraska Press, 2003), 81-100. Also see Mazower, *Hitler’s Empire*, 82.

from Bessarabia and Bukovina, of whom approximately 9,000 had been resettled during the first year of the war. Reich Germans also treated the settlers with little respect. According to one report, an ethnic German stated to a Reich German official, “You should have left us at home, here we are treated like slaves.”⁷⁰² Other ethnic Germans claimed about feeling uncomfortable “taking over what belonged to someone else” or about the pressure to abandon long-held loyalties and traditions.⁷⁰³ Those ethnic Germans who were allowed to remain in their homes, in contrast, could experience a temporary benefit from the German occupation by receiving broad authority in the local administration.⁷⁰⁴ Ethnic Germans, in Ukraine or Hungary, for example, also took over goods and property stolen from deported and murdered Jews or Gypsies. Even then, power and money could not buy unyielding loyalty to the Reich. According to Mark Mazower, these ethnic German peasants were “unsentimental and suspicious” and their acceptance of stolen goods did not necessarily mean that they supported the Germans or Nazi ideology. Moreover, as time went on, they “felt increasingly uncertain about the Germans and the wave of lawlessness in which they themselves took part.”⁷⁰⁵ The varying attitudes ethnic Germans held about the resettlement program and their new

⁷⁰² Komjathy and Stockwell, *German Minorities*, 120. Lower and Harvey also note how Reich Germans were surprised by how different ethnic Germans appeared from what the Reich Germans had expected. Some Reich German women were “shocked by rural poverty” while Nazi administrators became frustrated with many ethnic German’s inexperience and inability to fulfill tasks the Nazis delegated to them. Harvey, *Women and the Nazi East*, 295-7; Lower, *Nazi Empire-Building*, 168-178.

⁷⁰³ Mazower, *Hitler’s Empire*, 89.

⁷⁰⁴ Komjathy and Stockwell, *German Minorities*, 143. This occurred in German-occupied Yugoslavia, for example.

⁷⁰⁵ Mazower, *Hitler’s Empire*, 452-453.

Reich German rulers thus suggests that the German “people’s community” on the Eastern Front was neither uniform nor harmonious.⁷⁰⁶

Case Study: The German Red Cross Resettlement Mission in Poland

The German Red Cross participated directly in ethnic German resettlement program. Red Cross members accompanied ethnic Germans on their travels to the camps and to their new homes. Nurses, doctors and auxiliary helpers provided medical care and distributed food. Red Cross members also helped refit homes that had recently been taken from Jews and Poles. This activity began at the end of November 1939, when the Dr. Leonardo Conti⁷⁰⁷, the Reich Health Leader, called on the German Red Cross to take over the care of ethnic Germans ‘returning’ from Volhynia, and to take care of all related tasks. Such action was to take place in the formerly Polish, and currently German-occupied territories.⁷⁰⁸ The experiences of a German Red Cross mission in Poland, primarily in Lodz, demonstrate how the society—including leaders, male and female assistants, and nurses—contributed to the ethnic German resettlement

⁷⁰⁶ Ibid., 12. According to Komjathy and Stockwell, “the simple fact the ethnic Germans, with the exception of sometimes very numerous groups of young people, had to be convinced and ‘educated’, sometimes bribed, into accepting the imperialistic ideas, proves that the majority of *Volksdeutsche* were concerned more with their own local interests than with the interests of Germany.” Douglas argues a somewhat different perspective, claiming that most ethnic Germans either supported the German cause or simply accepted their new positions in the expanded Reich’s territory. Few resisted the Nazis. *Orderly and Humane*, 60.

⁷⁰⁷ Conti, a Nazi “Old Fighter,” participated in the Kapp Putsch of 1920, joined the SA in 1923, and later joined the SS and held leadership positions in the Reich Physician’s Chamber. After the war, he was supposed to be tried for his participation in the T-4 “Euthanasia” program, but he committed suicide in jail before the trial. See Biege, *Helper unter Hitler*, 56, 155.

⁷⁰⁸ BA R 49, 2055—“Grosseinsatz Osten. Generalbericht der Sonderbereitschaft Honisch,” March 15 1940, Der Bereitschaftsführer: Honisch, SS-Obersturmführer und DRK-Hauptführer. Also see Riesenberger, *Das Deutsche Rote Kreuz*, 320-322.

program and to the creation of a racially pure “people’s community” in the Reich’s expanding eastern empire.

Upon the order of Dr. Conti, the German Red Cross deployed a mission to the Warthegau.⁷⁰⁹ *SS-Obersturmführer* and *DRK-Hauptführer* Honisch led this mission in the winter of 1939-1940, which initially included some 120 male helpers, 230 nurses and an unspecified number of female helpers.⁷¹⁰ After securing all of their materials and undergoing less than two weeks of training, the German Red Cross mission traveled in three separate groups to Lodz (leaving Germany on Dec. 10, 11, and 12, 1939, respectively).⁷¹¹ The home to a large Jewish community before the German invasion of Poland,⁷¹² Lodz served as the headquarters for this Red Cross mission. The city also served as the site for the processing of tens of thousands of ethnic Germans from Eastern Poland. All told, there were approximately 100,000-125,000 ethnic Germans to be resettled from Volhynia, Galicia, and the Narew regions of former East Prussia.⁷¹³

The German Red Cross participated at almost every stage of the above-mentioned resettlement program by helping transport ethnic Germans from their homes in the east and through the resettlement camp system. The first steps in bringing the ethnic Germans to their new homes were to locate them, and then move them westwards. VoMi teams first went out to find the ethnic Germans, and, along with Red Cross teams, accompanied them on their journey from their former homes to the

⁷⁰⁹ An annexed territory, the *Reichsgau* Warthegau was established soon after the invasion of Poland, and included in its borders Lodz and Poznan. It was one of the two *Reichsgaue* created at the time, the other being based around Danzig. Mazower, *Hitler’s Empire*, 72.

⁷¹⁰ BA R 49, 2055—“Grosseinsatz Osten”

⁷¹¹ *Ibid.*

⁷¹² Mazower, *Hitler’s Empire*. 87.

⁷¹³ Lumans, *Himmler’s Auxiliaries*, 161-164. All told, approximately 134,950 people were relocated in the winter of 1939-1940.

collection and processing center in Lodz. Each passenger transport consisted of 800 to 1000 people, mostly women, children, and the elderly. These people could spend anywhere from 80 to 100 hours on the road, and they received help from a small Red Cross staff, consisting of two to four assistants. SS officers also accompanied the trains to provide “protection” from possible attacks.⁷¹⁴

The ride westwards took a long time, and a look into the reasons for this extensive duration reveals the intricate relationship between the German Red Cross, its members’ perception of national and “racial” hierarchies, and the oppression of non-Germans. The main reason for the lengthy transports was the “massive overloading of almost all single-track railway line.” But there were also, according to Honisch, acts of “sabotage” via attacks on the engines. In addition, he accused Polish train engineers of stealing the train coal and selling it to the Polish population.⁷¹⁵ To deter such actions, the SS escort sometimes attacked the Poles working in the trains and approaching the tracks. The escorts also “defended” the train from Poles attempting to steal goods directly from the open-air freight cars, and from those who jumped onto the running boards in order to go westwards.⁷¹⁶ German Red Cross nurses and assistants were among the passengers of these trains. They benefited from the SS violence dealt out to the Poles. The transport thus resulted in open hostility towards the Poles. Such antipathy, and disgust with the Poles in general, was only highlighted more in when

⁷¹⁴ BA R 48, 2055—“Grosseinsatz Osten.” Many ethnic Germans, especially from Volhynia and Galicia, did not, in fact, take trains westwards. Instead, they moved in caravans and they were often frustrated with the German authorities because of the disorganization and insufficient assistance provided during the journey westwards. Douglas, *Orderly and Humane*, 49.

⁷¹⁵ BA R 48, 2055—“Grosseinsatz Osten,” 12-13.

⁷¹⁶ Ibid.

Honisch described lice as “the inseparable companion of the Polish people,” which “delighted in the new blood of foreign victims.”⁷¹⁷

Honisch’s descriptions of the Poles reiterated long-standing German and Nazi conceptions of Eastern Europeans. Many years before the Nazis came to power, German conceptions of Eastern Europe, especially Poland, “were marked by a widely shared view that a cultural gradient existed between West and East and by the notion of a ‘civilizing mission’ as part of a German ‘drive to the East.’” The Nazis radicalized this notion of a “civilizing mission” by embarking on a project of “demographic restructuring” characterized by both bringing “German culture” and genocide.⁷¹⁸ In propaganda and everyday discourse during the war, the East was depicted as a “wild”⁷¹⁹ and as place of “filth” and “primitiveness.”⁷²⁰ German men and women, including Red Cross nurses, frequently remarked upon the poor sanitary conditions of the hospitals and the living conditions of the Poles, Russians, and Jews.⁷²¹

⁷¹⁷ Ibid., 14.

⁷¹⁸ Harvey, *Women and the Nazi East*, 2. Also see Michael Burleigh, *Germany turns Eastwards: A Study of Ostforschung in the Third Reich* (Cambridge and New York: Cambridge University Press, 1988); Hubert Orłowski, *‘Polnische Wirtschaft’: Zum deutschen Polendiskurs der Neuzeit* (Wiesbaden: Harrassowitz Verlag, 1996); Larry Wolff, *Inventing Eastern Europe: The Map of Civilization on the Mind of the Enlightenment* (Stanford: Stanford University Press, 1994); and Vejas G. Liulevicius, *The German Myth of the East: 1800 to the Present* (Oxford: Oxford University Press, 2009) and *War Land on the Eastern Front: Culture, National Identity and German Occupation in World War I* (Cambridge & New York: Cambridge University Press, 2000).

⁷¹⁹ Lower, *Nazi Empire-Building*, 67.

⁷²⁰ Mazower describes the Nazi vision of Eastern Europe as a place of “supposedly uncultivated wilderness of swamps, impenetrable forests and steppes on Prussia’s doorstep—which was only awaiting German energy and discipline to be put into order and made productive.” *Hitler’s Empire*, 4.

⁷²¹ Mazower, *Hitler’s Empire*, 4; DTA 1601—“Schwester Harmonica,” 26 November 1941, 15; Penkert, Letter 26, 6 October 1942, 102-103. Moreover, while German soldiers who fought in the first and second world wars had “classified friends and foes in terms of relative cleanliness,” during the war on the Eastern Front of 1939-1945, soldiers “were much more apt to make sweeping judgments about the population and to rank people according to rigid biological hierarchies.” Fritzsche, *Life and Death in the Third Reich*, 148. Also see Chapter 3 for discussion of daily life in the field hospitals.

Descriptions of Eastern Europe and those living there reveal the extent to which historical prejudices and National Socialist racism impacted the language and thinking of German Red Cross members. In particular, the contrast between the ideal of “German cleanliness” and the “filth of the Polish country” appears often in German Red Cross descriptions in the East. For example, in the Red Cross transports of the ethnic Germans, the “poor sanitation” supposedly made it difficult for Red Cross men and women to provide proper care for the ethnic Germans. The lack of cleanliness on the trains constituted a “sad chapter” for the Red Cross mission, according to its leader. Honisch described cleanliness as “the supreme law and self-evident (natural) duty of each assistant,” but on the trains, “the circumstances were stronger than the good will of the individual.”⁷²² Red Cross assistants used snow for cleaning material, but only with much effort. According to Honisch, the ethnic Germans were impressed by the Reich German actions, but the ethnic Germans had no desire to imitate the Reich Germans, and many remained “dirty” throughout the trip.⁷²³ This concern about cleanliness highlights how National Socialist conceptions about the East influenced individual Germans’ perceptions and language.

Although ultimately unsuccessful, the fight for cleanliness on the trains also demonstrated how German Red Cross members perceived a hierarchy between themselves and their ethnic German comrades. The “people’s community” being created in the East was thus not an egalitarian one. From the perspective of Honisch and his team, ethnic Germans had to be taught how to be “clean,” “German,” and “civilized.” The fact that they did not imitate the Red Cross assistants, and that this was

⁷²² BA R 49, 2055—“Grosseinsatz Osten”

⁷²³ *Ibid.*, 11-12.

considered important enough to report on, suggests that Red Cross assistants and their leader did not see the ethnic Germans as truly German, at least not yet; they had yet to be taught to be German. Here, Red Cross perceptions of the ethnic Germans confirms the findings of other historians, who found that Reich Germans held persistent prejudices against ethnic Germans, and that the idealizations about the “peasant soldiers” were often found wanting in reality.⁷²⁴

Indeed, the commentary offered by Honisch contrasts with the positive portrayals of ethnic Germans provided by nursing and Red Cross publications. One article described Volhynian German farmers as a “magnificent breed of people, completely German in language, cleanliness, and in their manner of dress.”⁷²⁵ However, in another article, one Sister Duehne, outlined that while some ethnic Germans could possess “German ways,” not all did. She explained this difference as a result the original patterns of settlement in Eastern Europe. For example, she contrasted the long-standing German settlements in Bessarabia, which consisted of ethnic Germans who spoke German and practiced a familiar form of Christianity, with the Germans from Bukowina. While the former settled in large groups, the latter settled in a less-uniform manner, some even living in colonies in the woods. According to Duehne, “much

⁷²⁴ Lower, *Nazi Empire-Building*, 178-179; Bergen, “The Nazi Concept of ‘Volksdeutsche,’” 572-74. Komjathy and Stockwell also discuss how after the invasion of Poland, Reich Germans treated ethnic Germans unfavorably. For example, some ethnic Germans were arrested and executed by the German invaders based on accusations of cooperation with the Poles. Others were subjected to harassment and in contrast to the situation of Germans in the Sudetenland, ethnic Germans in Poland were not “considered trustworthy enough to be appointed to a higher position by Reich authorities.” In German-occupied Yugoslavia, various low-ranking Reich officials treated ethnic Germans as “second-class citizens.” *German Minorities*, 96, 143.

⁷²⁵ Georg Piper, “Einsatz des DRK. zur Sanitären Betreuung der Rückwanderer,” *Die Deutsche Schwester. Zeitschrift des Fachausschusses für Schwesternwesen in der Arbeitsgemeinschaft der freien Wohlfahrtspflege Deutschlands*. vol. 8, no. 4 (14 April 1940): 45, Preußische Staatsbibliothek Berlin Je8020/17-8/9.1940. “Die wolphyniendeutschen Bauern sind ein prächtiger Menschenschlag: vollkommen deutsch in Sprache, Sauberkeit und in ihrer Art, sich zu kleiden, sich zu gehen. Männer, Frauen und Kinder sind glücklich, in Deutschland zu sein.”

folklore surrounds these strange settlements.” These ethnic Germans, who lived in small, isolated villages also, according to Duehne, faced economic hardship. Material circumstances and isolation were thus described as reasons for a lack of Germanness among the ethnic Germans. However, even while Duehne recognizes and can explain the disparity between the different kinds of ethnic Germans, she still writes “All these German people came into the Reich with a deep faith and great confidence in us.”⁷²⁶ Competing descriptions of the ethnic Germans reveal the tension over who fully qualified as a member of the “people’s community” and they illustrate how National Socialist ideas influenced Red Cross writers’ and workers’ opinions of who deserved care and attention.

Red Cross workers, including nurses, worked in the different re-settler camps all along the path from the Russian border to the processing center in Lodz. An examination of nurses’ work with the ethnic Germans in this camp system reveals a similar pattern of making distinctions between who did and did not belong in the German “people’s community” and of the effort to bring ethnic Germans into this community. The ethnic Germans moved through a series of camps before they received a decision regarding their final destination. At the border between the German territory (meaning, the General Government) and the Soviet Union, ethnic Germans first stopped at so-called receiving camps (*Auffanglager*). Each of these camps had a permanent staff of a doctor, a Red Cross nurse, a midwife, and several female nursing assistants and male assistants. SS officers assisted in camp operations. From these camps, seriously ill

⁷²⁶ NS-Oberschwester Ruth Duehne, “Zur Rückführung der Volksdeutschen aus Bessarabien und der Bukowina,” *Die Deutsche Schwester. Zeitschrift des Fachausschusses für Schwesternwesen in der Arbeitsgemeinschaft der freien Wohlfahrtspflege Deutschlands*. vol. 8, no. 9 (Berlin, 15 September 1940): 101-102.

patients were transported to a hospital, where they often there received treatment from male and female Red Cross assistants.⁷²⁷

The next accommodation possibility for the ethnic Germans was at a so-called intermediate camp or *Zwischenlager*. The permanent medical staff here had the same composition as at the receiving camps. They cared for those who became ill during the transport. There were also many ethnic German women arriving at these camps that were about to go into labor, or had just done so.⁷²⁸ On the surface level, the actions of Red Cross doctors, nurses, and assistants were of a medical and humanitarian nature, for they were dedicated to the welfare of the less fortunate. But at the same time, by providing care, these nurses, and the doctors they worked with, supported National Socialist goals of resettling ethnic Germans and creating an expanded, purely German community.

In Lodz, Red Cross members, especially nurses, continued to contribute to the formation of an exclusionary German “people’s community.” They did so through their work in the collection camps, in other German agencies, and in the hospitals. In

⁷²⁷ BA R 49, 2055—“Grosseinsatz Osten,” 18. Special camps were also specifically erected for men and horses. German Red Cross members worked in these receiving camps during the initial resettlement efforts in late 1939 and early 1940. Others participated in the camps at later points in the war, after the German invasion of the Soviet Union. For example, Red Cross nursing assistant Salome Rupp worked at a receiving camp called Reichenfeld, in Ukraine, in the summer of 1942. The camp housed and fed ethnic Germans coming from Stalino and Charkow. Rupp and the other nurses prepared the meals, and directed ethnic Germans who worked as kitchen assistants. She helped register the re-settlers, and she provided medical care, albeit in crowded and “unsanitary” conditions. Her descriptions of the camp thus mirrored those of other Red Cross members and of more long-standing prejudices about the east. Rupp and the other nurses also provided information about Nazi racial laws and welfare programs. Indoctrination into the Nazi worldview played an important role in the activities that took place in these receiving camps, and Red Cross nurses and nursing assistants participated in such actions. In this way, nursing duties extended beyond the provisioning of medical and spiritual care to the spreading of National Socialist ideology. Red Cross welfare work and Nazi political work became one and the same. See Browning, *Origins of the Final Solution*, 245; and BA R 49, 2055—Letter by Schwesternhelferin Salome Rupp to Oberwachtführerin Bertrand, Ukraineinsatz, Ldst. XIII, August 20, 1942.

⁷²⁸ BA R 49, 2055—“Grosseinsatz Osten,” 18-19.

particular, nurses helped ethnic Germans regain their health and they aided Nazi agency officials in deciding which ethnic Germans would be resettled into new colonies.

The last stay for the ethnic Germans, before receiving notice of a final destination, was a large collection camp (*Sammellager*), also known as an assembly camp. Lodz contained a number of such camps, located in schools, empty rooms, movie theaters, and vacant factories.⁷²⁹ The Red Cross mission directors originally planned for 13 collection camps to be set up in Lodz, and they brought along sufficient staff to operate that number. However, the number of collection camps needed for arriving re-settlers increased dramatically. In Lodz, there were soon 30, then 45, and then finally 56 camps.⁷³⁰ Within a short time, in order to staff all of these camps, more than 800 people worked under the direction for the German Red Cross resettlement program.⁷³¹

The work of the Red Cross teams in the collection camps again reveals how Red Cross members contributed to the “*Zivilisationswerk*” or “civilizing” of the camp residents so that they could (possibly) become members of the German “people’s community.”⁷³² All re-settlers were cleaned and disinfected from lice. Just as in the descriptions of the transports, the focus on cleaning the ethnic Germans contrasts with propaganda that described them as exemplifying “German cleanliness.” Moreover, even

⁷²⁹ BA R 49, 2055—“Grosseinsatz Osten,” 19-20; Lumans, *Himmler’s Auxiliaries*, 188. The neighboring towns of Pabjynice, Zgierz and Kolumba also contained such camps.

⁷³⁰ By winter 1939, moreover, the Warthegau was quickly filling up with ethnic Germans, who would soon begin to complain about the slow pace of their resettlement. Mazower, *Hitler’s Empire*, 88. Browning also argues that, at this point and for the next year of the war, the “problem of finding space in West Prussia and in the Warthegau for incoming *Volksdeutsche* now took priority over deporting Jews from Upper Silesia and especially from Austria and the Protectorate.” *Origins of the Final Solution*, 42-43.

⁷³¹ BA R 49, 2055—“Grosseinsatz Osten.” According to the official report, because of the fast changing nature and urgency of the situation, it was impossible for the mission directors to determine the names and accurate numbers of all of the Red Cross helpers who worked in the various camps and outstations.

⁷³² BA R 49, 2055—“Grosseinsatz Osten,” 19.

in descriptions of existing demonstrations of cleanliness in the collection camps, the need for more cleaning and disinfections was still emphasized.⁷³³ Red Cross work here contributed to the public health and welfare of the ethnic Germans. In this sense, the medical care can be seen as fitting within the larger realm of Red Cross public health and welfare activity in Germany.⁷³⁴ However, these nurses demonstrated a more exclusionary understanding of such seemingly humanitarian work because of the restricted depiction of who this “public” was—only those who were considered members of the “people’s community.” However, nurses’ experiences in “civilizing” the ethnic Germans suggested that there were hierarchies within this expanding “people’s community.”

The distinctive nature of Red Cross work in the camps, and the ways in which nurses specifically supported Nazi racist goals of making a “people’s community,” appears even more clearly in these women’s cooperation with the Central Immigration Office. Red Cross nurses and assistants helped out in the office’s “racial processing” activities by assisting in x-rays, weighing, and measuring. Red Cross nurses thus participated directly in the practices of “racial” selection; they helped SS officers determine who was fit to be part of the “people’s community” and who was not.⁷³⁵

⁷³³ Piper, “Einsatz des DRK. zur Sanitären Betreuung der Rückwanderer,” 44-46.

⁷³⁴ Until 1938, the German Red Cross nurses oversaw community nursing clinics across Germany, which provided medical care for people in towns and villages, and outside of the larger hospitals. When the National Socialist People’s Welfare Organization and its nurses took over these clinics in 1938, Red Cross nurses began to work more closely with the military. However, such divisions in care did not occur without disputes, and German Red Cross nurses did not forget the tradition of community welfare. BA-MA RH 12-23, 1041—“Betrifft: Vereinbarung zwischen dem Hauptamt für Volkswohlfahrt und dem Deutschen Roten Kreuz. (18.12.37).” Also see Schweikardt, “The National Socialist Sisterhood,” 105 and Steppe and Klich, “Zeittafel Krankenpflege 1933-1945,” 21.

⁷³⁵ Piper, “Einsatz des DRK. zur Sanitären Betreuung der Rückwanderer,” 44-46. Also see Lumans, *Himmler’s Auxiliaries*, 189. These SS officers worked through three main agencies: Sipo-SD, the RuSHA (*Rasse- und Siedlungshauptamt*) and the SS Racial Office.

Additionally, Red Cross male and female assistants worked in all other care-related departments in the camps. The Red Cross members of this mission provided months of service, working toward the goals of “public health” and “racial studies.”⁷³⁶

In Lodz, the German Red Cross mission and its nurses cooperated with other agencies to care for the ethnic Germans. Red Cross workers especially worked with the SS, the Nazi People’s Welfare Organization (NSV),⁷³⁷ the National Socialist Motor Corps (NSKK), which helped provide transportation), and the Ethnic German Liaison Office (VoMi).⁷³⁸ Beyond the city of Lodz, sometimes Red Cross Sisters, *Reichsbund* Sisters, and National Socialist Sisters⁷³⁹ worked together. Red Cross and nursing publications praised the efforts of all of these nurses.⁷⁴⁰ For example, National Socialist Sisters were described as going to their work “full of joy,” eager to aid in the resettlement of ethnic Germans from Volhynia, Galicia and the Baltics—i.e. to lead “valuable German people” back into the “people’s community.”⁷⁴¹

⁷³⁶ BA R 49, 2055—“Grosseinsatz Osten”

⁷³⁷ The NSV conducted “charity” work in German-occupied Poland, and from September 1941 in Ukraine. They collected food, clothing and other “material goods for ethnic Germans.” Such goods were often found in SS warehouses full of Jewish belongings. The NSV also sent out nurses to help ethnic German mothers with infant care. Lower, *Nazi Empire-Building*, 166, 169, 177.

⁷³⁸ *Ibid.*

⁷³⁹ As discussed in Chapter 1, there were five large nursing associations in the Third Reich. *Reichsbund* Sisters belonged to the national association of professional nurses. National Socialist Sisters worked under the direction of the Nazi People’s Welfare Association. Red Cross nurses, in contrast, worked under the direction of the German Red Cross, and, if working directly with the military, under the direction of the military’s Department of Voluntary Nursing.

⁷⁴⁰ “Wo Not ist, steht die NSV. mit ihren Schwestern. Auszüge aus Berichten von NS.-und Reichsbundschwestern, die im Osten eingesetzt waren,” *Die Deutsche Schwester. Zeitschrift des Fachausschusses für Schwesternwesen in der Arbeitsgemeinschaft der freien Wohlfahrtspflege Deutschlands*, vol. 8, no. 3 (Berlin, 15 March 1940): 29-34; NS-Oberschwester Ruth Duehne, “Zur Rückführung der Volksdeutschen aus Bessarabien und der Bukowina,” 101-102; and, by the same author, “Zur Rückführung der Volksdeutschen aus Bessarabein und der Bukowina. (Fortsetzung),” *Die Deutsche Schwester. Zeitschrift des Fachausschusses für Schwesternwesen in der Arbeitsgemeinschaft der freien Wohlfahrtspflege Deutschlands*, vol. 8, no. 10 (Berlin, 15 October 1940): 119-120.

⁷⁴¹ Ruth Duehne, “Zur Rückführung der Volksdeutschen aus Bessarabein und der Bukowina,” 101-102.

The Red Cross emphasis on promoting the welfare of the ethnic Germans appears particularly strongly in the efforts to provide proper medical care in hospitals. With all the transports coming into Lodz (which carried more than 100,000 people), the hospitals quickly filled up.⁷⁴² The train rides, as mentioned above, were long, and many ethnic Germans required medical care before they could be moved again. In Lodz, the German Red Cross mission set up a “*motorisierte Bereitschaftslazarett*,” which could be described as a “hospital on wheels” or a temporary hospital.⁷⁴³ This hospital, and others like it, was dedicated to helping ethnic Germans from Volhynia, Bessarabia, and Lithuania. The German Red Cross erected these hospitals in the first months of the war, and they received attention in the society’s publications. The hospital on wheels was supposed to be an “island of security,” which would lighten the patient loads of the city’s permanent “North Hospital.”⁷⁴⁴ In Lodz, as of January 19, 1940, the “hospital on wheels” employed 25 male and 20 female Red Cross assistants, who worked under the leadership of Red Cross nurses.⁷⁴⁵ The hospital staff worked very long days, and they dealt with understaffing and a lack of supplies. Doctors and nurses tried to offer relief from colds, cold-related illnesses, and childhood diseases such as measles and scarlet fever. Only after many ethnic Germans were sent to Germany was there enough space and supplies to care for over 400 remaining and seriously ill patients, many of whom

⁷⁴² BA R 49, 2055—“Grosseinsatz Osten”

⁷⁴³ *Ibid.*, 15.

⁷⁴⁴ DRK-Feldführer Dr. Thon, “Das DRK-Bereitschaft im Einsatz,” *Jahrbuch des Deutschen Roten Kreuzes 1941* (Verlag des Deutschen Roten Kreuzes G.m.b.H., Berlin), 195-199, Preußische Staatsbibliothek Berlin Kq 8457/12. Also see Piper, “Einsatz des DRK. zur Betreuung der Rückwänderer,” 44-46. Also see DRK-Generaloberin Luise von Oertzen, “Einsatz der DRK-Schwesternschaften im Kriege,” *Jahrbuch des Deutschen Roten Kreuzes 1941*, 57.

⁷⁴⁵ BA R 49, 2055—“Grosseinsatz Osten,” 16.

suffered from pneumonia.⁷⁴⁶ Red Cross workers and nurses therefore played an important role in providing medical care for the ethnic Germans in Lodz. In doing so, nurses also participated in the processes of creating a community of healthy and racially pure Germans.

The work of Red Cross nurses in the resettlement work in Lodz reveals not only the essential contributions these women made to the formation of the “people’s community”; it also reveals how they could gain positions of leadership and receive public respect for their actions. For example, *Hauptführerin* Maria Schowerte was assigned to be the leader of the women’s readiness (support) unit. According to Honisch’s report, she was a particularly valuable asset. Sister Maria, as she was also called, had already proven herself in the First World War. She had much experience in war nursing, which she used when she took over the leadership of the many nurses and auxiliaries. With her help, *Hauptführer* Honisch could focus on other important tasks, especially in expanding the supply of food.⁷⁴⁷

Likewise, praise of the Red Cross nursing of ethnic Germans, and of the leadership roles taken on by nurses within this context, appears in Red Cross and nursing publications. For example, in an article about a Red Cross hospital ship (one of 28) that transported Bessarabian ethnic Germans from Prahovo to Belgrad, one nurse is described as being “in her element” when caring for over 70 patients, including over 20 infants. The leader of the female Red Cross staff on the ship, moreover, was a military nurse who served in epidemic (isolation) hospitals in Skoplje, Smedria, and Nisch in the First World War. Her conversations with the ship’s chief physician, also a veteran of

⁷⁴⁶ Ibid., 16.

⁷⁴⁷ Ibid.

the First World War, inspired the younger nurses, who soon came to see themselves as “old warriors.” They believed they earned the title through their work with the ethnic Germans.⁷⁴⁸ Another article praised the hard work of the nurses and nursing assistants who worked in the camps in and around Lodz:

The Red Cross sisters who were deployed with the resettlement program had much work, day and night, all day and Sunday, and above all they worked under very unusual circumstances. But the joy of the re-settlers for all the goodness and care, which they (the nurses) had given them, was thanks for all the troubles. And the matter of course with which these Germans had followed the call of the Führer, not knowing what waited for them here, was for the sisters both an obligation and an incentive to lighten the hardships of the return, as much as lay in their power . . . For the sisters of the German Red Cross, who had the good fortune to be allowed to help in this work, this time of deployment will always be remembered as an especially eventful and blessed (beneficial, *segensreich*) time.⁷⁴⁹

German Red Cross nursing of ethnic Germans was thus compared to nursing in war on a more general level, and official reports and publications conveyed to nurses, German Red Cross superior officers, and to the German public that Red Cross nursing was a tangible and valuable way for women to support the war and its causes. Moreover, the connections made between nursing in the first and second world wars demonstrates the larger significance of the First World War for nurses in Nazi Germany.⁷⁵⁰ The previous experience of war grounded nursing in the history of military endeavors, and it allowed propagandists and individual Red Cross leaders to place the nursing of ethnic Germans—on the surface, a public welfare activity—within a longer tradition of Red Cross military work. On a more general level, then, the historically

⁷⁴⁸ DRK-Oberwachtführerin Waltrud Schulz, “Mit dem Lazarettsschiff von Prahovo nach Belgrad,” *Jahrbuch des Deutschen Roten Kreuzes 1941*, 189-190.

⁷⁴⁹ Piper, “Einsatz des DRK. zur Sanitären Betreuung der Rückwanderer,” 44-46.

⁷⁵⁰ In chapter 1 and 2, I provide an extended discussion of the significance of the First World War and of militarism in conceptions of nursing and of the German Red Cross.

feminine tasks of nursing and the humanitarian work of the German Red Cross were thus encompassed within the historically masculine military world. In the processing camps and hospitals in and around Lodz, Red Cross nurses actively worked to continue this tradition of public welfare and national service. However, as these Red Cross nurses worked to improve the welfare of the ethnic Germans, they also contributed to the formation of a specific conception of a German “people’s community.” Moreover, Red Cross members’ perceptions of the ethnic Germans revealed that there were hierarchies of belonging within this community, and that ethnic Germans had to be educated how to be “civilized” Germans.

While the resettlement program promised a better life for ethnic Germans, for the Jews living in Lodz and the surrounding region, the completion of the resettlement program would mean the loss of their homes and of their lives. Within the context of the resettlement program, Red Cross women and men did not have to go far from their workstations to encounter and even participate in the persecution of the Jews. In Lodz, this juxtaposition between providing medical care to ethnic Germans and the destruction of the local Jewish community came forth in the midst of the procuring of accommodations for Red Cross staff.

The German Red Cross mission was responsible not just for caring for the resettlers, but for their own men and women. Red Cross men and women initially experienced great difficulty in doing so, for the camp locations and staff accommodations lacked furniture, beds, running water, and heating. Eventually the workers found accommodations; some living spaces, however, were only the hallways

of the newly arranged hospitals.⁷⁵¹ With more ethnic Germans constantly arriving, the hospitals filled quickly, and more accommodation had to be found. The solution: the German Red Cross members evicted Jews from their homes.⁷⁵²

Led by *Hauptführer* Honisch, German Red Cross teams, with the help of the police (*Schutzpolizei*), began to remove Jews from approximately 600 houses and apartments. It is not clear if nurses were included in these teams. Residents were ordered to leave within one hour's notice and they were allowed to take with them only a small amount of clothing and linens. All other belongings were to be given to German Red Cross workers. According to Honisch, the fact that the evictions did not go smoothly was to be expected. He wrote that after the Jews "recovered from their initial shock," "they tried by all means and antics" to return to their homes to retrieve "forgotten items." He wrote that "the insolence and importunity of the Jews took such forms that drastic steps had to be taken." German Red Cross assistants participated in the expulsions of Jews from their homes, which were sometimes accompanied by "terror shootings" or "*Schreckschüsse*" in the stairwell. Such shots had a lasting impact, so that in no time at all, the house was empty.⁷⁵³

Honisch's report is unclear about where these expelled Jews went once they were forced out of their homes. But there are two likely options. The first option is that these Jews were immediately deported to the General Government. As discussed above,

⁷⁵¹ BA R 49, 2055—"Grosseinsatz Osten," 16-17.

⁷⁵² The expulsions of Jews in Poland were supposed to have already begun in the fall of 1939. The RKFDV was supposed to, before placing re-settlers in conquered Poland, to remove all Jews, evict all Congress Poles from Danzig-West Prussia, and to deport known anti-German Poles from Posen, East Prussia and East Upper Silesia. Lumans, *Himmler's Auxiliaries*, 154.

⁷⁵³ BA R 49, 2055—"Grosseinsatz Osten," 5-7; Lumans also confirms these findings, *Himmler's Auxiliaries*, 202-203.

in mid-December 1940, Nazi officials in Lodz had received orders to deport at least 15,000 “Poles and Jews” but “above all politically suspicious and intellectual Poles.” However, the officials decided to fill this quota with Jews. As the Jewish council in Lodz did not bring forth many “volunteers” who were willing to leave their homes, the Germans forcibly evicted almost 10,000 Jews from their homes, in a fashion not unlike that undertaken by the Red Cross members. Many of these Jews were immediately put on trains and sent to the General Government. It is likely that given the lack of food, water, and heating on the trains, many Jews died.⁷⁵⁴ It is possible that the Jews evicted by the Red Cross teams were included on these transports.

If the evicted Jews did not go east, then they likely ended up in an area of Lodz in what would soon be the ghetto. In the winter of 1939/1940 the Nazis found that it was impossible to deport as many Jews to the General Government as was originally envisioned. Having expelled Jews from their homes in Lodz, local Nazi officials had to devise an alternative plan. They thus began to create a ghetto. On December 10, 1939 Friedrich Uebelhoer, the *Regierungspräsident* for the districts of Kalisch and Lodz, decided to “temporarily” solve the “Jewish question in Lodz” by placing all of the Jews in a “closed ghetto.” His staff made plans for a new ghetto in the northern section of Lodz, where many Jews (who had not been expelled) resided. On February 8, 1940 ghetto construction officially began. On April 30, 1940, Jewish residents of the ghetto were “sealed off” from the outside world. The Lodz ghetto was the first of its kind, and it “became a model to be studied for the creation of other ghettos.”⁷⁵⁵ By May 1940,

⁷⁵⁴ Browning, *Origins of the Final Solution*, 50.

⁷⁵⁵ Browning, *Origins of the Final Solution*, 114-119, 151, 137, 167. The Lodz Ghetto also became a “‘tourist attraction’ that never failed to excite the most lively interest of visitors from the Old Reich.”

162,000 Jews resided within the ghetto. Throughout the Warthegau, Jewish communities experienced similar fates.

German Red Cross *Hauptführer* Honisch revealed little concern about the future of the expelled Jews. Nor did he attempt to hide his mission's participation in the evictions of Jews from their homes or how German Red Cross men and women benefited from these actions. As he was writing to the office of the Reich Commissioner for Strengthening Germandom—Heinrich Himmler—there was really no need to hide these actions. In securing living space and gathering goods for the Red Cross workers, the mission in Lodz therefore directly participated in the persecution of the Polish Jewry. Healthcare and welfare efforts were directly related to population expulsions. Red Cross workers cleaned the Jews' homes, which had been supposedly “completely infested with lice,” according to the official report. Other Jews were later evicted from their homes, per arrangement of the German Red Cross. According to Honisch, it was not easy for himself and the other Red Cross workers who participated in the evictions to put the inhabitants out on the road, or to stand firm in the face of begging and pleading.⁷⁵⁶ In other words, “humane consideration (or thoughtfulness) had to be suppressed in the interest of German Red Cross members.” Jewish beds and linens were taken and set up in the bedrooms of Red Cross workers. Universal human

Believing that the ghetto would be a temporary fixture, German officials first tried to extort as much money as possible from the Jews, with almost no interest in using the Jews as slave laborers. This policy changed (temporarily) in October 18, 1940. There was no uniform ghetto policy beyond the main goal of separating Jews from Germans, and the “ruthless expropriation and exploitation of labor combined with totally inadequate food supply, terrible overcrowding in poor housing, and utterly inadequate sanitation and medical care turned Polish Jewry into a starving, disease-ridden, impoverished community desperately struggling for survival through ‘illegal’ smuggling, bribery, and black-market activities.” Also see Mazower, *Hitler's Empire*, 87.

⁷⁵⁶ BA R 49, 2055—“Grosseinsatz Osten”, 6-7. Original German: “Menschliche Rücksichtnahme musste im Interesse unserer Helfer und Helferinnen unterdrückt werden.”

considerations were thus recognized, but they were pushed aside in the interest of particular human needs of Germans. This example of the German Red Cross perception of persecution of the Jews echoes the findings other historians, who argue that the “Nazis and other Germans constantly monitored themselves for their feelings of humanity or *Gefühluselei* (cheap sentimentality) and armored themselves with arguments about the righteousness of Germany’s actions in the wake of all that its people had suffered, but they never completely freed themselves from previously authoritative moral judgments about the sanctity of life.”⁷⁵⁷

Having pushed away their feelings of sympathy for Jews, whom the Nazis explicitly excluded from the “people’s community,” the German Red Cross leaders praised their workers. According to Honisch, Red Cross assistants accomplished “heroic achievements” under “unimaginably unfavorable conditions.”⁷⁵⁸ In the face of the suffering of the ethnic Germans, they soon realized that their own problems seemed insignificant. German Red Cross leaders encouraged their teams to do everything possible for the ethnic Germans to regain their health and to be available for use as colonists and laborers. In evaluating the Red Cross work in the resettlement program in Lodz in the winter 1939-1940, Honisch concluded the following: “In summary it can be said with pride that the initial large-scale operation of the German Red Cross was a complete success.”⁷⁵⁹

Such praise and descriptions highlight how the German Red Cross, including its leaders and nurses, became involved in the Nazi effort to create a “people’s

⁷⁵⁷ Fritzsche, *Life and Death in the Third Reich*, 251.

⁷⁵⁸ BA R 49, 2055—“Grosseinsatz Osten,” 6-7.

⁷⁵⁹ *Ibid.*, 19.

community” which, in reality, included distinctions between ethnic Germans and Reich Germans and reserved an important role for German nurses. But through their efforts, these men and women also became institutionally integrated into the bureaucracy that was in charge of ethnic cleansing and genocide. The Red Cross team sent to Lodz in the winter of 1939-1940 worked in camps and trains that were supervised by different offices and agencies of the state and the Nazi regime: the SS, the Sipo-SS, the RusSHA, the Vomi, the Central Immigration Office, and the Reich Commissioner for the Strengthening of Germandom. By working with these offices and agencies, the German Red Cross became complicit in their practices and crimes. Furthermore, Red Cross members, including *Hauptführer* Honisch, one of the leaders of the mission, were directly responsible for evictions and violence towards Jews in Poland. Red Cross nurses and nurses’ assistants were not described as participating directly in these violent evictions, but they did help ethnic Germans prepare (physically) to take over empty Jewish homes. Through such actions, nurses participated in practices of inclusion and exclusion. Their actions thereby contributed to the formation of a “racially” pure “people’s community” inclusive of Reich and ethnic Germans, which was intended to reside over an imperial racial order.

Individual Red Cross Nurses’ Experiences of Working with the Ethnic Germans

After the German invasion of the Soviet Union in June 1941, the scope of Red Cross participation in the ethnic German resettlement program expanded. Himmler set his eyes on those ethnic German communities residing deeper in the Soviet Union—

especially in Ukraine—which had not yet been included in his colonization efforts. The *Reichskommissariat* Ukraine formed soon after the initial invasion of the USSR, with Erich Koch presiding over the region as the Reich Commissar for Ukraine. At least 15 million people fell under his domain.⁷⁶⁰ While the *Einsatzgruppen* began conducting massacres of “Jews, Gypsies, psychiatric patients, real and imagined partisans, and other suspect persons,”⁷⁶¹ SS officials focused on the resettlement of ethnic Germans living in the region.⁷⁶² It took approximately one year for more detailed plans to develop. In July and August 1942 Himmler finally announced that he intended to “‘resettle’ and concentrate ethnic Germans” in the areas of Zhytomyr, Rivne, Vinnytsia, Mykolaiv, Zaporizhzhia, Dnipropetrovsk, Halbstadt, and Khortysia. By December of that year, he had created a new district called “Hegewald,” which included, at its peak, approximately 8,000 people spread across 481 square miles. Hegewald was the intended home for the ethnic Germans in Ukraine.⁷⁶³ German Red Cross nurses participated in

⁷⁶⁰ Berkhoff, *Harvest of Despair*, 36-37. Koch worked under Alfred Rosenberg’s Reich Ministry for the Occupied Eastern Territories. According to census from January 1943, 16,910,008 people lived in the Reichskommissariat Ukraine.

⁷⁶¹ *Ibid.*, 41. Historians also seem to agree now that the Final Solution was not really devised until after the German invasion of the Soviet Union. From August 1941, the Germans engaged in a completely unprecedented degree of violence, especially in the form of mass shootings of civilians. One of the most well-known massacres is the Babi-Yar Massacre of September 29 and 30, 1941, in which Einsatzgruppen and police commandos murdered 33,771 Jews. But according to Peter Fritzsche, there were “tens of thousands of Babi-Yars across the USSR.” Fritzsche, *Life and Death in the Third Reich*, 187-198.

According to Dieter Pohl, about 300,000 Jews remained in the Reichskommissariat Ukraine by the close of 1941. They had been forced into ghettos. In the spring of the following year, these Jews later “became targets of a second huge killing wave.” Pohl, “Schauplatz Ukraine: Der Massenmord an den Juden im Militärverwaltungsgebiet und im Reichskommissariat 1941-1943,” in *Ausbeutung, Vernichtung, Öffentlichkeit. Neue Studien zur nationalsozialistischen Lagerpolitik*, ed. Norbert Frei, Sybille Steinbacher, and Bernd C. Wagner, on behalf of the Institute for Contemporary History, Munich (Munich: K. G. Saur, 2000), 154-163. Also see Browning, *Origins of the Final Solution*, 245, 290-294.

⁷⁶² The murder of non-Germans and the resettlement program went hand-in-hand. As Berkhoff argues, “in Koch’s domain, the plans for German settlement took shape in the forced ‘consolidation’ of the native ethnic Germans and in an indirect fashion with calls by Nazi leaders to the subordinates to ‘prepare’ the area for German settlement by killing non-Germans indiscriminately.” *Harvest of Despair*, 44.

⁷⁶³ *Ibid.*, 44. In September 1942, Koch allowed ethnic Germans to use, but not own, land deemed “equivalent to what they had owned years ago (1914). ‘Indirect Germanization’ meanwhile occurred by

these resettlement actions. They helped register ethnic Germans and move them into their new homes. They also constructed and operated hospitals. The ethnic German resettlement program thus provided German women the opportunity to demonstrate their importance to the regime and its goal of creating a “people’s community.”

Like the nurses who worked in the field hospitals, however, these German Red Cross nurses formed a specific variation of the “people’s community.” This community had three defining characteristics, which were shaped by National Socialist ideology and local circumstances. First, it required its members to have a traceable German heritage, which could be determined through behavior, language, appearance, and through National Socialist practices of “racial selection.” Second, this community was hierarchical in nature. Reich Germans held a superior position over ethnic Germans, who had to be instructed on how to be a “proper German.” Slavs were explicitly excluded. Third, this community provided Reich German women a sense of empowerment, in the sense that they held the roles of caretakers and educators of ethnic Germans. Nurses helped form this particular “people’s community” in Ukraine by “civilizing” and educating their charges so that the ethnic Germans could overcome their past isolation from the Reich.

“Civilizing” the ethnic Germans

When German Red Cross nurses went to Ukraine to care for ethnic Germans and to prepare them for future colonization, they brought with them attitudes shaped by a

eliminating non-Germans by famine and murder. By March 1943, the colony had a population of 10,178 spread across 28 villages. Also see Lower, *Nazi Empire-Building*, 177.

lifetime of exposure to National Socialist ideology. Young German women who became nurses, like the many young men who served as soldiers, had learned of the importance of protecting a racially pure German “people’s community” from a very young age.⁷⁶⁴ Among other things they had been taught, nurses received messages through their ideological training that ethnic Germans represented “model Germans” whose national feeling, strength, and persistence should be modeled by Reich Germans.⁷⁶⁵ But nurses also grew up in a world influenced by racist and imperialist discourses about the East, a “supposedly uncultivated wilderness of swamps, impenetrable forests and steppes on Prussia’s doorstep” which needed to be tamed by German conquerors.⁷⁶⁶ Their experiences in working with the ethnic Germans reveal how these two sets of beliefs became intertwined so that Red Cross nurses came to see themselves as “civilizing” ethnic Germans so that these people could become full members of the people’s community.

The case of German Red Cross nursing assistant Irmela Kiehne provides a detailed glimpse into how nurses cared for ethnic Germans and contributed to their “civilizing” in the *Reichskommissariat* Ukraine. Sister Kiehne received orders to go to the

⁷⁶⁴ See, for example, Reese, *Growing up Female in Nazi Germany*, and Harvey, *Women and the Nazi East*, esp. 44-77. Similarly, when the National Socialist Women’s Organization sent volunteers to Poland, these women received the message that they would play an important role in expanding the German empire, with instructions explaining that “Every German who goes East is in the first instance ‘the master’ in relation to the ‘alien.’” Fritzsche, *Life and Death in the Third Reich*, 161.

⁷⁶⁵ The idealization of the ethnic Germans was also presented in wartime publications of *Die Deutsche Schwester* which also emphasized their thankfulness and hard work ethic. See NS.-Oberschwester Ruth Duehne, “Zur Rückführung der Volksdeutschen aus Bessarabien und der Bukowina” & “Zur Rückführung der Volksdeutschen aus Bessarabien und der Bukowina. (Fortsetzung).” Also see Anonymous, “Schwesternlehrgang für Oberinnen,” 176-177.

⁷⁶⁶ Mazower, *Hitler’s Empire*, 4.

Black Sea region shortly after her nursing exams.⁷⁶⁷ Similar to many nurses in the field hospitals, she was not yet a full nurse. And like many other German Red Cross nurses, she had envisioned that one day she would care for German soldiers in a field hospital. But immediately after her exams, Sister Kiehne quickly packed up her things and departed with other nurses from Berlin on Easter Sunday, 1942. She traveled through Romanian-occupied territory towards Odessa. From there, she and other nursing assistants were sent on different assignments. Her first assignment was to provide community care for ethnic (probably Bessarabian) Germans in Hoffnungsthal, or Hope Valley, in the Odessa Province. Just like the nurses who worked with the army, she found herself in a “strange land,” and ill-trained for her position.⁷⁶⁸ Kiehne worked with no more than seven nurses (she is not clear on the exact number in her letter) for five weeks in Hope Valley.

Nurses deployed to work with the ethnic Germans, like Sister Kiehne, could find themselves alone or only with a few other nurses, left to care for an entire village. Kiehne’s descriptions of her work reveal her perception that the ethnic Germans lived a life quite different from her own and that she could help them become proper members of the German “people’s community.” For example, Sister Kiehne wrote that it was hard to communicate with the ethnic Germans. She had to become accustomed to their Swabian dialect.⁷⁶⁹ Thus, even though the dialect had a German origin, it still appeared to be different and almost foreign to Kiehne. An analysis of Kiehne’s daily tasks reveals

⁷⁶⁷ BA R 49, 2055—Nr. 262, Briefe der Schwesternhelferin Irmela Kiehne, FPNr. 10528. Osten, 4 August 1942, Betreuung der Volksdeutschen am Schwarzen Meer.

⁷⁶⁸ Ibid. The poor level of training of nurses who served in the field hospitals is discussed in Chapters 2 & 3.

⁷⁶⁹ BA R 49, 2055—“Briefe der Schwesternhelferin Irmela Kiehne”

a similar pattern. Each day she provided medical care to the ethnic German youths and their families, in addition to building and operating a hospital. She examined children at their school and treated them for scabies, ringworm and lice. After settling in, visiting the German families, and hearing their “tragic stories,” she and the other nurses set up a small clinic and regular visiting hours. Kiehne found it difficult to work under “such primitive conditions,” not only because of the Red Cross nurses’ low level of professional experience, but also because of the “lack of modern equipment” and supplies. Kiehne’s use of the word “primitive” was part of a wider pejorative discourse about the East and of the ethnic Germans,⁷⁷⁰ which was also utilized by nurses who worked in the field hospitals when they described their working conditions.⁷⁷¹ Likewise, her attention to lice implies her concern about cleanliness and its importance; in this way, her language and concerns mirrored that of the German Red Cross members who worked in the resettlement program in Poland. And her commentary on the “tragic stories” of the ethnic Germans, although vague, suggests that she had come to help them recover from their past. Each description highlights a perception of a difference—and a sense of hierarchy—between a German Red Cross nurse and her ethnic German charges.

There are other examples expressing similar patterns. German Red Cross writer Paula Bauman wrote about two unnamed female nurses who, like Sister Kiehne, worked in a Swabian village in the Black Sea region of German-occupied Ukraine, where they provided medical care to ethnic Germans. Bauman claims that in a short period of time,

⁷⁷⁰ Lumans, *Himmler’s Auxiliaries*, 153.

⁷⁷¹ See Chapter 3 for discussion of nurses’ use of the word “primitive.” See for example, DTA 1601—“Schwester Harmonica,” 26 November 1941, 15.

just two nurses and one doctor accomplished “fruitful work.” They treated the suffering caused by “uncleanliness and negligence.” Their assigned village, as a result, had a “friendly, new face.”⁷⁷² Like Kiehne, they would not have thought, when in Germany, that they would have found themselves deployed in such a place. Finished with their work in this small Swabian village, the nurses journeyed on to Halbstadt. Bauman conveyed an attitude of optimism in her descriptions of the nurses. They were comforted by the thought of working in a city with a German name. Their mood and joy for the assignment could not be spoiled by the struggles with the roads or the “general lack of cleanliness”: “With humor and good will, one can get used to everything.”⁷⁷³ In Halbstadt, the nurses worked on a special assignment in a refugee camp, which housed re-settlers from Charkow and Stalino. Just as in the border and collection camps described above, in these camps, each individual had to be registered and “investigated.” Bauman did not elaborate on what such investigation entailed, beyond the determining of one’s health status. But it is likely she was making reference to the examinations conducted by employees of the Central Immigration Office.⁷⁷⁴ She wrote that conducting these examinations was not always an easy task, but that the nurses carried it out happily.⁷⁷⁵ German Red Cross nurses thus played a role in deciding who

⁷⁷² BA R 49, 2055—Paula Bauman, “Volksdeutsches Steppendorf bekommt ein Krankenhaus.”

⁷⁷³ BA R 49, 2055—Paula Bauman, “Volksdeutsches Steppendorf bekommt ein Krankenhaus.” Nurses used similar expressions to describe their work in the field hospitals. For example, Sister Haase explained to her parents in a letter from November 26, 1941, explaining, “I have to change stations. ‘Good thing I did not lose my sense of humor. Together we make our fun.” DTA 1601—“Schwester Harmonica,” 26 November 1941, 15. See extended discussion about this topic in Chapter 3.

⁷⁷⁴ Lumans, *Himmler’s Auxiliaries*, 188-191. Ethnic Germans underwent such examinations in order to determine if and where they would be re-settled.

⁷⁷⁵ BA R 49, 2055—Paula Bauman, “Volksdeutsches Steppendorf bekommt ein Krankenhaus.”

was to become a member of the “people’s community” by providing medical care and by participating in the processes of “racial selection.”⁷⁷⁶

In addition to registering the ethnic Germans, and assisting in the investigations (of their health, background, etc.), Red Cross nurses also set up a clinic and attended to a thousand patients over the course of three weeks. In this work, nurses also helped bring the ethnic Germans back to “civilization,” but a civilization defined and ruled by Germans, i.e. one that was “clean”, healthy, and free from any signs of a non-German past. As in the small Swabian village, and in the villages attended by other Red Cross nurses, Bauman remarks upon the “fight against all filth-related diseases” and a range of infectious diseases and heart conditions. She attributed the poor health condition of the ethnic Germans not to their own faults, but to their past history of suffering and “blows of fate” (*Schicksalsschlägen*). Although Bauman is vague as to what these “blows of fate entailed,” it is very possible she was referring to the experiences of the ethnic Germans while they lived under Soviet rule. The Soviets had subjected ethnic Germans—and Ukrainians—to famine, deportations, and murder by the NKVD and Red Army.⁷⁷⁷ After the German invasion of the Soviet Union, the Soviets also subjected ethnic Germans to further deportations and implemented a “scorched-earth policy” which resulted much destruction of “livestock and machinery” and a dire lack of food. It was for these reasons that some ethnic Germans in Ukraine had been happy, at least initially, to see Reich Germans.⁷⁷⁸ Although it is unclear to what extent these Red Cross

⁷⁷⁶ Lumans, *Himmler’s Auxiliaries*, 188-191.

⁷⁷⁷ Lower, *Nazi Empire-Building*, 40.

⁷⁷⁸ Berkhoff, *Harvest of Despair*, 16-21. Initial Ukrainian attitudes about the German occupiers were far from uniform, and those living in Eastern Ukraine displayed a more “cautious” welcome with only a few “public displays of joy” in comparison to Ukrainians living in Western Ukraine. See Dieter Pohl,

nurses knew about this past, the Nazi anti-Bolshevik propaganda machine had provided clear messages about the threat of Bolshevism which nurses could draw from. Once in the East, the nurses had much to do to help the ethnic Germans overcome their past, but Bauman wrote that the nurses had much joy in their work, because there one's help was really required and appreciated.⁷⁷⁹

Other Red Cross nurses' descriptions of their experiences reveal similar patterns of "civilizing" ethnic Germans by providing them medical care. These young women worked in small villages in Ukraine, and they described encountering difficulties in overcoming the "poverty" and "filth" they found. For example, according to Red Cross member Margret Schonert, when the small groups of nurses arrived in their assigned districts in Ukraine, they found the health, food, and housing condition of the ethnic Germans to be all equally "disastrous." Many ethnic Germans suffered from malaria, tuberculosis, trachoma and typhus. The local hospital and maternity home, located in the largest of five villages assigned to the nurses, were "unbelievably dirty." There was no doctor, and the staff "did not have any nursing training." According to Schonert, "even the midwives lacked basic knowledge of cleanliness."⁷⁸⁰ These descriptions of employ the same language used by Red Cross *Hauptführer* Honisch, who expressed much concern for "cleanliness." The focus on "poverty" and "life" and the harsh and likely unfounded criticisms of the midwives suggested that Red Cross nurses also viewed these ethnic Germans as not yet "civilized" and in need of Red Cross help. The

"Russians, Ukrainians and German Occupation Policy, 1941-43," in *Culture, Nation and Identity: The Ukrainian-Russian Encounter*, ed. Andreas Kappeler et al. (Edmonton and Toronto: Canadian Institute of Ukrainian Studies, 2003), 289-290.

⁷⁷⁹ BA R 49, 2055—Paula Bauman, "Volksdeutsches Steppendorf bekommt ein Krankenhaus."

⁷⁸⁰ BA R 49, 2055—Margret Schonert, "Zwei DRK-Schwester und ein volksdeutsches Dorf"

emphasis on the midwives also reveals the important role of “domestic” activities such as mothering, birthing, and nursing in the Nazi conception of empire.⁷⁸¹

Thus, in order to “civilize” the ethnic Germans, Red Cross nurses had to create homes—living conditions “worthy of humanity”—and to build up the ethnic Germans mentally and physically.⁷⁸² Nurses helped to recreate a domestic world according to their own designs and they provided medical care to those in need. One German physician and the nurses held office hours every morning, and provided care from anywhere from 25-40 patients. All serious cases were sent to the closest German hospital.⁷⁸³ This description of the nurse’s main task thus suggests that, from the perspective of German Red Cross members, the ethnic Germans had not been living as “humanity” should live before the Germans arrived. Schonert, like Kiehne and Bauman, revealed that German Red Cross nurses perceived a hierarchy between the Reich Germans and the ethnic Germans, with the Reich Germans in the “superior” position. Red Cross members demonstrated their “superiority” in part by helping ethnic Germans become healthy and by “improving” their working and living conditions. Thus, as nurses brought ethnic Germans into a German “people’s community,” they positioned these new members on a lower level of respect.

When German Red Cross nurses provided medical care, education, and clean homes and hospitals to the ethnic Germans, they therefore provided an important contribution to the expansion of the Third Reich. Himmler envisioned that the German

⁷⁸¹ Harvey, *Women and the Nazi East*, 3. Harvey asserts that the focus on securing “German home life” abroad allowed women to gain a sense of responsibility “for building German national identity and defending German claims in relation to other nations and peoples.”

⁷⁸² BA R 49, 2055—Margret Schonert, “Zwei DRK-Schwester und ein volksdeutsches Dorf”

⁷⁸³ *Ibid.*, 2.

East would be settled by ethnic Germans, and nurses helped further this process. Thus, nurses participated in the formation of an empire in the East, to be overseen by a specific kind of “people’s community.” In some ways, these nurses’ activities mirrored other women’s involvement in the construction of empire in different eras and locations. For example, in Imperial Germany in the 1880s, middle class women formed women’s groups for the Society of Germandom Abroad, and in 1894 the German Women’s Society for the Eastern Marches was founded in Berlin. Beginning in the 1890s, German women also participated in colonial endeavors abroad by living in the colonies as wives, missionaries, teachers and nurses. Their functions in the colonies were similar to those of other European female colonists: they helped to “maintain a ‘superior’ culture, promote the cohesion of colonial society and enforce boundaries between the colonizing and the colonized ‘race’ inside and outside of the home.” In other words, by promoting the 19th century conception of “bourgeois domesticity”—characterized by “cleanliness, thrift and sobriety” female colonists could make the colonies “civilized.”⁷⁸⁴ However, the context and consequences in which these nurses worked to construct the Third Reich were unique, for Red Cross nurses operated on the Eastern Front, where the Nazis aimed to exterminate or enslave the indigenous peoples. The ethnic Germans, moreover, inhabited a unique space in the world of empire

⁷⁸⁴ Harvey, *Women and the Nazi East*, 6-7. Also see Chickering, “Casting Their Gaze More Broadly”; Wildenthal, *German Women for Empire*; Anne McClintock, *Imperial Leather: Race, Gender and Sexuality in the Colonial Contest* (New York: Routledge, 1995), 6; Dea Birkett, “The ‘White Woman’s Burden’ in the ‘White Man’s Cave’: The Introduction of British Nurses in Colonial West Africa,” in *Western Women and Imperialism: Complicity and Resistance*, ed. Nupur Chaudhuri and Margaret Strobel (Bloomington and Indianapolis: Indiana University Press, 1992), 117-190; Ann Stoler, “Making Empire Respectable: The Politics of Race and Sexual Morality in 20th century Colonial Cultures,” *American Ethnologist*, vol. 16, no. 4 (Nov. 1989): 634-60; and Stoler, “Cultivating Bourgeois Bodies and Racial Selves,” in *Cultures of Empire: Colonizers in Britain and the Empire in the Nineteenth and Twentieth Centuries: A Reader*, ed. Catherine Hall (New York: Routledge, 2000) 87-119.

because they were generally included among the ranks of the colonizer, but they were not always seen as fully “civilized.” In this ambiguous position, ethnic Germans became both beneficiaries of the regime and as both participants and victims of its crimes.⁷⁸⁵ Thus, even though nurses seemed to continue in the tradition of older female colonial activity, in reality their actions entailed very different implications.

Undoing the Recent Past of the Ethnic Germans through Uplift and Education

Nurses’ work with the ethnic Germans extended beyond making their charges “clean” and “healthy.” They also tried to help these people overcome their past by educating them in German ways which had been supposedly forgotten because of recent events. By examining nurses’ discussion of the ethnic Germans’ past, one can see even more clearly their conceptions about who did and did not belong within the German “people’s community.” Such conceptions reveal a fusion of Red Cross and National Socialist ideals.

Red Cross nurses felt as though they had to help ethnic Germans recover from an oppressive past dominated by Slavic and Bolshevik rule. For example, Sister Kiehne conveys an attitude of superiority and disgust towards Romania and the Soviet Union (Russia), as both countries had controlled (at different points in time) portions of Ukraine. After experiencing numerous train delays while traveling through Romanian-occupied territory, she wrote that the “there was no trace of German punctuality and

⁷⁸⁵ Lower, *Nazi Empire-Building*, 165-166. However, Lower notes that in Ukraine, the causal link between the resettlement programs and the Holocaust was “more tenuous.”

accuracy.”⁷⁸⁶ Not only did the former occupiers of Ukraine ruin the land and industry. They also, according to Kiehne, persecuted the ethnic Germans. Kiehne noted that the numbers of able-bodied ethnic German men was very low. This disparity between the sexes seemed to prove to her that the Bolsheviks had murdered the Germans. Such sentiments were echoed in Schonert’s report of Red Cross nursing activities in the Ukraine, which begins by describing the misery and “martyrdom” of the ethnic Germans brought on by the Bolsheviks:

The recent history of these German villages in Ukraine is written in blood—with the best German peasant blood. In 1918, the peasants had rebelled against the Bolshevik regime, but the rebellions were bloodily suppressed with extreme brutality. Then began the twenty-three year martyrdom of these villages. Hundreds of farmers were condemned to death or to long years of banishment. Of these, many never returned home. Deepest misery came to (over) the many families whose breadwinner was taken.⁷⁸⁷

Schonert also suggested that the misery brought on by the Soviets was so severe that the war could not take anything else from the ethnic Germans. In contrast, it “finally brought them freedom and a sigh of relief.”⁷⁸⁸

Other nurses’ accounts of the Russians reiterate these themes. Bauman wrote, with sadness, about how the ethnic Germans had suffered “years of deepest misery and

⁷⁸⁶ BA R 49, 2055—“Briefe der Schwesternhelferin Irmela Kiehne.” “In rumänisch besetztem Gebiet mussten wir noch länger bei dem Wechsel von Lokomotiven warten. Da war nichts mehr von deutscher Pünktlichkeit und Genauigkeit zu spüren.” Also see Lumans, *Himmler’s Auxiliaries*, 112.

⁷⁸⁷ BA R 49, 2055—Margret Schonert, “Zwei DRK Schwestern und ein volksdeutsches Dorf.” “Die jüngste Geschichte dieser deutschen Dörfer in der Ukraine ist mit Blut geschrieben, mit bestem deutschen Bauernblut. Im Jahre 1918 hatten sich die Bauern gegen das bolschewistische Regime aufgelehnt, aber die Aufstände wurden mit äusserster Brutalität blutig unterdrückt. Damals began ein dreiundzwanzigjähriges Martyrium dieser Dörfer. Hunderte von Bauern wurden zum Tode oder zu langjähriger Verbannung verurteilt, als die sie nie heimkehrte. Tiefstes Elend kam über die vielen Familien, denen der Ernährer genommen war.”

⁷⁸⁸ *Ibid.*

oppression” brought on by the “Soviet Paradise.”⁷⁸⁹ She also suggests that it was not easy to set up a hospital because the Russians had either smashed or dragged away almost everything.⁷⁹⁰ Red Cross nursing assistant Salome Rupp, who worked in Halberstadt and in a re-settlement camp called Reichenfeld, both in Ukraine, wrote that the villages in this area were formerly German, but that everything had been taken away from them by Russians and Ukrainians who settled there. The task of the nurses was to make the villages “German” again. Ukrainians and Russians had been sent to Russian villages, and ethnic Germans arrived from Charkow, Stalino, and other villages in the Crimea.⁷⁹¹

Descriptions of past suffering were most likely influenced by Nazi propaganda, as conveyed in nursing journals, and as taught in the ideological training component in nursing classrooms.⁷⁹² For example, an article from *Die Deutsche Schwester*, when reporting on the work of an NS-*Reichsbund* nurse caring for ethnic Germans in German-occupied Ukraine, stated, “Inconceivable is the misery of the families . . . Bolshevism has left the people little of their lives, and that little they had has been destroyed by the war. For example: A family of eleven persons has two bedsteads with rags—not one blanket, a table, some chairs, a pot, three plates and two cups.”⁷⁹³ The similarities between propaganda and reports of nurses’ experiences are important to

⁷⁸⁹ BA R 49, 2055—Paula Bauman, “Volksdeutsches Steppendorf bekommt ein Krankenhaus.”

⁷⁹⁰ Ibid.

⁷⁹¹ BA R 49, 2055—Letter by DRK-Schwesternhelferin Salome Rupp to Oberwachtführerin Bertrand, Ldst.XIII, Ukraineinsatz, August 28, 1942.

⁷⁹² Herbert Weisbrod-Frey, “Krankenpflegeausbildung im Dritten Reich,” in *Krankenpflege im Nationalsozialismus*, ed. Hilde Steppe (Frankfurt am Main: Mabuse-Verlag, 2001) 87-108. German history and racial hygiene courses became standard requirements of nursing education in the Third Reich. Also see Lumans, *Himmler’s Auxiliaries*, 153.

⁷⁹³ Sister Gertrud Grell, “Schwestern in der Ukraine,” *Die Deutsche Schwester. Zeitschrift des Fachausschusses für Schwesternwesen*, vol. 11, no. 2 (Berlin, 15 Feb. 1943): 17-18.

recognize when analyzing how these nurses may have perceived themselves as carrying out Nazi political goals. Such similarities demonstrate just how much nurses' lives, actions, and ideas grew conflated with those of the regime.

Red Cross nurses' descriptions of the suffering of the ethnic Germans under Soviet rule, however, did contain some elements of truth. Ethnic Germans from the Volhynia region and the Black Sea region of Ukraine had suffered under Soviet collectivization. In Ukraine, many ethnic Germans had recently been deported to gulags or Soviet military and secret police officers murdered them.⁷⁹⁴ Those who had hid and survived were discovered by a subunit of *Einsatzgruppe C (Sonderkommando 4a)*, who reported the first news about these people to Nazi leaders. The officers described the ethnic Germans as "friendly but reserved" and unable to understand what the "sudden political change meant for them."⁷⁹⁵ The hardships of these ethnic Germans were not widely known until German troops entered the Soviet Union in June 1941 and found ethnic German survivors living in "wretched conditions."⁷⁹⁶ Red Cross nurses no doubt drew on the existing discourses of the Nazi regime to describe their experiences. Moreover, the language of oppression and the need for salvation was already present in German society, even before the war began.⁷⁹⁷ However, no one *forced* these women to express these ideas. Nurses' personal encounters with ethnic Germans prompted a response, and in forming these responses they could draw from their own experiences, from ideas presented by propaganda, and from more long-standing conceptions about

⁷⁹⁴ Berkhoff, *Harvest of Despair*, 17-21.

⁷⁹⁵ Lower, *Nazi-Empire Building*, 40-41.

⁷⁹⁶ Lumans, *Himmler's Auxiliaries*, 112, 128-129.

⁷⁹⁷ Lumans, *Himmler's Auxiliaries*, 25-29; Harvey, *Women and the Nazi East*, 5-6, 23-56. Weimar Germany also witnessed several activist groups, including women's associations, which worked to help ethnic Germans living in Eastern Europe.

the position of ethnic Germans in Eastern Europe. Nurses' descriptions of past oppression reveal how racism entered their worldview and highlight how they believed that Slavs and Bolsheviks were to be *excluded* from the growing German "people's community."⁷⁹⁸

The same similarities between propaganda and lived experience appear in nurses' descriptions of the ethnic Germans, who were intended for *inclusion* in this same community. Although propaganda had praised ethnic Germans, nurses did not always do so. For example, while in Hope Valley, Kiehne found the ethnic Germans difficult to understand, "indifferent" and "stubborn." She reported the same of the ethnic Germans in Halbstadt. She thought this was due to years of persecution and torture.⁷⁹⁹ Bauman likewise claimed that the ethnic Germans appeared "tired and dull" and she accounted this depressive state to their history of oppression by the Soviets.⁸⁰⁰ Schonert also described, how, in the absence of the commissars and the decades-long pressure (caused by Soviet rule), the German man had to "wake up again."⁸⁰¹ The idea that an inherent "Germanness" had to be re-awoken suggests that the nurses perceived that the ethnic Germans possessed some cultural or biological essence which had been suppressed by Bolshevik rule. From this perspective, nurses had the task of making

⁷⁹⁸ Although nurses sometimes named different national groups—Romanians, Ukrainians and Russians—they often labeled them as Bolshevik, particularly the latter two groups. This suggests that national distinctions were not seen as important as political. Similarly, Dieter Pohl argues that in German-occupied Ukraine, "most NS functionaries regarded both nationalities as 'inferior'" and that the functionaries, in forming policy, believed the most important dividing lines to be "between Jews and non-Jews and between communists and non-communists." Pohl asserts that little is known about German soldiers' and non-elite administrators' opinions on the subject. Here, I shed light on how nurses thought about the Slavs and the different national groups in the East. "Russians, Ukrainians and German Occupation Policy," 280.

⁷⁹⁹ BA R 49, 2055—Briefe der Schwesternhelferin Irmela Kiehne.

⁸⁰⁰ BA R 49, 2055—Paula Bauman, "Volksdeutsches Steppendorf bekommt ein Krankenhaus."

⁸⁰¹ BA R 49, 2055—Margret Schonert, "Zwei DRK-Schwester und ein volksdeutsches Dorf"

ethnic Germans conscious of their suppressed identities, not unlike how they also had the task of “civilizing” ethnic Germans in the village hospitals.

Although nurses described the ethnic Germans as all recovering from the brutality of the Soviets, they did not describe them with uniform praise either. Variations in descriptions of the ethnic Germans suggested that although they could be educated and helped to recover from their past, there were still hierarchies within the German “people’s community” in Ukraine. For example, Schonert described the ethnic Germans as cooperative. She wrote that while some worked in the fields, old women gathered in the spinning room to make yarn. Other women knit socks, gloves, and sweaters for the soldiers. According to Schonert, the ethnic Germans were glad to show their gratitude.⁸⁰² But other nurses described the ethnic Germans as their “grateful foster children,”⁸⁰³ conveying the idea that the nurses were mothers to these people. Such language also suggests an air of superiority compared to the ethnic Germans, as children in need of help.⁸⁰⁴ This theme of mothering fit into traditional notions about women’s roles and nursing.⁸⁰⁵ It also connected to Nazi ideals about women’s roles, that is, that German women should mother large, racially pure families. However, the ‘families’ in the east were different, for they had to be *taught* how to be German and how to take

⁸⁰² Ibid.

⁸⁰³ BA R 49, 2055—Paula Bauman, “Volksdeutsches Steppendorf bekommt ein Krankenhaus.”

⁸⁰⁴ This language echoes that of Nazi leaders who, in trying to convince German officials not to shun or undervalue the ethnic Germans for their lack of practical skills, described them as “the quintessential German victims of ‘Judeo-Bolshevism.’” Lower, *Nazi Empire-Building*, 42.

⁸⁰⁵ Allen, *Feminism and Motherhood in Germany*, esp. 1-17; Grüneisen, *Das Deutsche Rote Kreuz in Vergangenheit und Gegenwart*, 211-214. Such themes also appear in Red Cross nursing publications such as “Mütterlichkeit,” *Die Zeitschrift für die Schwestern vom Deutschen Roten Kreuz*, 49; and *Das Deutsche Rote Kreuz und seine Schwestern*, 9-14, 23-24.

care of themselves. Moreover, in Nazi-occupied Ukraine, these “mothers” were young women, barely adults.⁸⁰⁶

This hierarchy between Reich Germans and the ethnic Germans was also highlighted in Sister Rupp’s observation that of the 65 children attending the new kindergartens and girls’ groups, only 8 could speak German.⁸⁰⁷ Her observation suggests the sense of foreignness of the ethnic Germans from Russia, but it did not lead her to doubt their inclusion in the people’s community. These students would have to be taught the language of the Reich.

Nurses’ personal experiences with ethnic Germans revealed variations in the above pattern. For example, in contrast to other nurses’ portrayals, Kiehne remarked upon the difficulties in eliciting cooperation from her charges.⁸⁰⁸ Such complaints appear in reports from female settlement advisers working with different groups of ethnic Germans in Poland, who described them as being homesick, unable to get along with settlers from different regions, and uninterested in adopting German habits.⁸⁰⁹ Nurses’ reports of working with the ethnic Germans largely counter nursing publications which emphasized how much resettled ethnic Germans were willing to volunteer their time to build camps and lodging, and how thankful they were to be

⁸⁰⁶ German Red Cross nurses noted similar themes while working in the field hospitals. Some described themselves as mothers or were perceived by soldiers as such. However, as discussed in Chapter 3, these women were also in their late teens and early twenties. On November 24, 1941 Sister Edith Haase wrote: “My patients are very sweet. I am the mother for them! At 19 years [myself]!” See DTA 1601—“Schwester Harmonica,” 24 November 1941, 15.

⁸⁰⁷ BA R 49, 2055—Letter by DRK-Schwesternhelferin Salome Rupp

⁸⁰⁸ BA R 49, 2055—Briefe der Schwesternhelferin Irmela Kiehne.

⁸⁰⁹ BA R 49, 120—Meta Kielau, Kreis Konin, 25.5.1943; Erika Franz, Kreis Lask, Juli 1942; Agnes Diehl, Kreis Lask; Ella Wagner, Kreis Kempen, 8.2.1943. Located in file “Tätigkeitsberichte der Ansiedlerbetreuerin aus dem Kreis Rippen über den Einsatz bei angesiedelten Bessarabiendeutschen, 1941.” These women’s reports also echo the findings of Harvey. See *Women and the Nazi East*, 150-160, 173-174.

brought closer to the *Alt-Reich*. For even when nursing publications did note that some ethnic Germans were more “German” than others, all were idealistically described as eager to become members of the Reich.⁸¹⁰

There are thus significant parallels between the content of nursing publications and individual experiences. Certain tropes—about past suffering and “cleanliness”—repeatedly appear. But the themes and inconsistencies among these documents, such as the characterizations of the ethnic Germans, also point to a common set of challenges. German Red Cross nurses had the task of bringing people into their German “people’s community” who did not seem to fit the desired mold. Nurses saw their task as helping ethnic Germans overcome their past oppression and learning German ways. But nurses’ descriptions of the behavior and appearance of the ethnic Germans suggested that nurses did not see them as equals and that if the ethnic Germans were to be included in a German community, they had to first be educated, and they would hold a lower level of respect and power in comparison to the Reich German nurses.⁸¹¹

Female Empowerment

The opportunity to help ethnic Germans could therefore provide German Red Cross nurses a real sense of female empowerment. Such empowerment derived not only from perceived distinctions between the Reich German nurses and the ethnic Germans;

⁸¹⁰ NS.-Oberschwester Ruth Duehne, “Zur Rückführung der Volksdeutschen aus Bessarabien und der Bukowina” & “Zur Rückführung der Volksdeutschen aus Bessarabien und der Bukowina. (Fortsetzung).”

⁸¹¹ Harvey found a similar pattern among teachers and settlement workers who worked with ethnic Germans in Poland. *Women and the Nazi East*, 297-298.

it also developed out of nurses daily work experiences. In the *Reichskommissariat* Ukraine, German Red Cross nurses were often left alone or in small groups to care for complete strangers who were not always easy to work or communicate with. Such situations required nurses to become more self-sufficient. For example, after spending five weeks in Hope Valley, Nurse Kiehne was sent to Halbstadt in the Zaporizhia (Zaporozhye) Province of Ukraine. After another five weeks Sister Kiehne and the other nurses and doctors had set up a hospital, kindergartens, and youth groups. They had to adjust their expectations of what could be accomplished by a small number of inexperienced young nurses living in a foreign land. But after overcoming these obstacles, Sister Kiehne reported finding joy in the building and learning process.⁸¹² Her work also increased her appreciation of the importance of her assignment, as conveyed when she wrote, “At first I thought I would come to the hospitals in order to be able to care for soldiers. The disappointment, when we learned our actual area of responsibility in Odessa, was bitter. But for a long time now I have great pleasure in it (her responsibility). I am grateful for all that I can learn in my work and also for what I may pass on to the ethnic Germans.”⁸¹³

Other reports echo these sentiments of learning, adaptation, and pride in one’s work. Margret Schonert wrote that although they lacked additional medical staff and supplies, Red Cross nurses were “pioneers,” able to make everything they needed out of

⁸¹² BA R 49, 2055—“Briefe der Schwesternhelferin Irmela Kiehne,” “Aber gerade diese Aufbauarbeit, dieses zurechtfinden mit dem, was einem zu Gebote steht, macht mir Freude.”

⁸¹³ BA R 49, 2055—“Briefe der Schwesternhelferin Irmela Kiehne,” “Anfangs hatte ich geglaubt, ich käme in Lazarette, um Soldaten pflegen zu dürfen. Die Enttäuschung, als wir in Odessa unser eigentliches Aufgabengebiet erfuhren, war bitter. Seit langem aber stehe ich schon mir grosser Freude drin, bin dankbar für alles das, was ich in meiner Arbeit lernen kann und auch an die Volksdeutschen weitergeben darf.”

nothing and create a comfortable German home, without anyone telling them how to do so.⁸¹⁴ They cleaned and refurbished the hospital and maternity home. They trained the local staff. They built cribs and sewed clothes for the infants. They helped delouse the school children, of whom “at least 90%” were infested.⁸¹⁵ Schonert wrote that these women proved themselves to be “true Robin talents.” With “nothing” and no outside help, they were able to build a “cozy German home.”⁸¹⁶ According to Schonert, “in a few months, two German women have built up a new world. Now they move fifty kilometers further, where others are waiting for their help.”⁸¹⁷

Such praise of German Red Cross nurses’ determination and self-sufficiency appears in other descriptions of nurses’ work with the ethnic Germans. For example, Bauman explained that despite unfavorable working circumstances, like setting up a hospital in a former stable, “nothing could frighten us (the nurses) back.” In addition to their hospital services, nurses also traveled in a horse-drawn cart to neighboring villages, to provide care for the ill.⁸¹⁸ The nurses were absorbed with their work. Even in their free hours, they exchanged their experiences, and advised each other on how they could do better.⁸¹⁹ Similar to the nurses who worked in the field hospitals, these Red Cross nurses also formed a sense of female comradeship on the Eastern Front.⁸²⁰ And just as with the case of Sister Kiehne, Bauman writes that the nurses who were deployed to care for the ethnic Germans on the Black Sea had to bury in silence a hope

⁸¹⁴ BA R 49, 2055—Margret Schonert “Zwei DRK Schwestern und ein volksdeutsches Dorf.”

⁸¹⁵ This concern with lice reiterated nurses’ preoccupation with cleanliness and a perception of the lack thereof among the ethnic Germans.

⁸¹⁶ BA R 49, 2055—Margret Schonert, “Zwei DRK Schwestern und ein volksdeutsches Dorf.” 2.

⁸¹⁷ *Ibid.*, 2.

⁸¹⁸ BA R 49, 2055—Paula Bauman, “Volksdeutsches Steppendorf bekommt ein Krankenhaus.” 2.

⁸¹⁹ *Ibid.*, 2.

⁸²⁰ Chapter 3 discusses nurses’ sense of “sisterhood” in the field hospitals.

that they would be able to care exclusively for the wounded, and yet, like Kiehne, these nurses grew “wholeheartedly” dedicated to other tasks. Caring for the ethnic Germans was such a great and responsible job—it required “*eine ganzen Menschen*” or a whole person.⁸²¹ Such language echoes nursing publications which called out for nurses who could meet this very same qualification.⁸²² Here then we see similarities between nurses’ accounts of their work with the ethnic Germans. In these accounts, there are also similarities with German Red Cross propaganda. So it is impossible to say what is lived “experience” and what is not. What is especially significant here is that nursing of the ethnic Germans was described as a valuable task, comparable to of nursing the German soldier. In this sense, nurses’ personal experiences also mirror the juxtaposition between nursing and military service offered in official Red Cross reports and publications about the Red Cross participation in the resettlement program in Lodz. In the small villages and in the center of ethnic German processing activities, Red Cross nurses could contribute in tangible ways to the regime, and they could receive a personal sense of accomplishment and praise from others as a result.

By working in foreign lands, nurses seemed to break away from the paternalistic aspects of National Socialist ideology, which placed women in the home. However, by acting as a kind of mother to the ethnic Germans, these nurses still demonstrated the strength of the Nazi vision of motherhood.⁸²³ Even if their experiences contrasted with

⁸²¹ BA R 49, 2055—Paula Bauman, “Volksdeutsches Steppendorf bekommt ein Krankenhaus.” 3.

⁸²² For example, Anonymous, “Schwestern im DRK,” 119-121. Nurses’ desired qualifications are discussed in Chapter 2.

⁸²³ Motherhood became political in Nazi Germany. As Harvey argues, National Socialist ideology “simultaneously exalted womanly concerns as national concerns, lauded women’s caring energies, and harnessed them to a racist and chauvinistic pan-German vision of expansion and domination.” *Women and the Nazi East*, 3. Also see Koonz, *Mothers in the Fatherland* and Bock, *Zwangssterilisation Im Nationalsozialismus*.

propaganda, nurses' confrontations with ethnic Germans did not take away from their dedication to these people. In addition, the poverty in which ethnic Germans lived reinforced National Socialist attitudes about race and politics. Personal experiences, compounded by dominant discourses, therefore shaped nurses' conceptions of who deserved help, and who did not. Nurses' work with the ethnic Germans helped these young women find a place in the "people's community;" at the same time, their work also furthered Nazi goals of creating a German empire. However, the community created in these hospitals and villages was characterized not only by the exclusion of Slavs and Bolsheviks; it was also defined by a hierarchy between Reich Germans and ethnic Germans and by a real sense of German Red Cross nurses' empowerment. Just as in the field hospitals, in the villages and smaller hospitals catering to the ethnic Germans in Ukraine, National Socialist ideology merged with individual experience in order to create a particular version of a "people's community" which contained hierarchies and a special position reserved for German Red Cross nurses.

An outline of this community can also be drawn out based on what German Red Cross nurses did *not* write about when describing their work with the ethnic Germans. These silences can be just as important as the actual content of nurses' letters and reports, for they can reveal more about nurses' perception of their work, and the more general place of women and humanitarianism in the Nazi war effort. What is left out from all of these documents is the war. Unlike the writings of Red Cross *Hauptführer* Honisch, there is no mention of the violence and killing that made it possible for these nurses to live and work in eastern territories, and to relocate ethnic Germans westwards. Nurse Kiehne even expressed regret about her own lack of knowledge about the state of

the war. She felt as though her small group was completely cut off from the rest of the world, as they never heard any news from the army.⁸²⁴ Kiehne's descriptions of her experience of the war contrasted with the writings of German Red Cross nurses who worked directly with German soldiers. The perception of isolation, and associated silence, reflects a particular vision of the war, focused solely on increasing the size and health of the "people's community."⁸²⁵ These Red Cross nurses worked to benefit the welfare of a certain group of people, and for this group, their actions could be interpreted as humanitarian in nature. On the surface level of analysis moreover, such actions mirrored traditional ideas about Red Cross humanitarian work that focused on public welfare. But because of nurses' *perceived* distance from the rest of the war, they could not or were not (perhaps we can never know) willing to consider the destructive consequences of their actions.⁸²⁶ Nurses' descriptions of their work with the ethnic

⁸²⁴ BA R 49, 2055—Briefe der Schwesternhelferin Irmela Kiehne.

⁸²⁵ Harvey also noted that in the contemporary and postwar recollections of female settlement workers and teachers, the women did not (often) mention the non-German population. *Women and the Nazi East*, 296.

⁸²⁶ Here I refer to the upheaval of communities, and the destruction of the regions' Jews, both of whose homes goods they and their patients occupied and utilized. The NSV in particular secured foodstuffs from SS storehouses of Jewish belongings. These Jews had been sent to Auschwitz. Ethnic Germans also participated in the persecution of the Jews in Ukraine by translating discriminating orders, by working as auxiliary police, by identifying Jews, and even occasionally participating in anti-Jewish measures, including massacres. Lower, *Nazi Empire-Building*, 41, 94 166. In addition, in the former Romania, ethnic Germans were recruited to serve in Waffen-SS units. Approximately 54,000 ethnic Germans, both volunteers and non-volunteers, became part of the Waffen-SS, while 15,000 served in the Wehrmacht and *Organisation Todt*. In German-occupied Yugoslavia, about 12.5% of all ethnic Germans from the region served in the Waffen-SS, and 20% of ethnic Germans from Hungary served in some kind of German military formation. Komjathy and Stockwell, *German Minorities*, 123, 145, 163. Ethnic Germans in Hungary also plundered Jewish homes after the German invasion of the country in the spring of 1944. According to Mazower, these local populations "nevertheless felt increasingly uncertain about the Germans and the wave of lawlessness in which they themselves took part. *Hitler's Empire*, 453. For additional discussions of the role of ethnic Germans in the Holocaust, see Martin Dean, "Soviet Ethnic Germans and the Holocaust in the Reich Commissariat Ukraine, 1941-1944," in *The Shoah in Ukraine: History, Testimony, Memorialization*, ed. Ray Brandon and Wendy Lower (Bloomington and Indianapolis: Indiana University Press and the US Holocaust Memorial Museum, 2008), 248-271. Ingeborg Fleischhauer, *Das Dritte Reich und die Deutschen in der Sowjetunion* (Stuttgart: DVA, 1983);

Germans also contain no reference to the murder of the Jews of Ukraine, of whom 350,000 lost their lives in 1942 and 1943.⁸²⁷ Such silence thus implicitly suggests the exclusion of the Jews from the “people’s community.”

The Limits of Humanitarianism: German Red Cross Nurses and the Murder of the Jews

Thus far, this dissertation has examined particular, local circumstances—the field hospitals or the different parts of the ethnic German resettlement program—in order to reveal how German Red Cross nurses participated in the construction of a “people’s community” and a wider imperial racial order on the Eastern Front. One can gain important insights from these local studies, but there is also a limit to them. For example, German Red Cross nurses’ silence regarding the persecution and murder of the Jews in Ukraine can reveal these individual nurses’ perceptions of their surroundings and their roles, and such perceptions imply a certain conception of a German “people’s community.” And yet, silence can be interpreted in many ways, and the historian can only confidently draw out so much meaning from it. The German Red Cross mission in Lodz, which directly participated in the persecution of the Jews, provides another perspective on the relationship between the German Red Cross, the Holocaust, and the creation of a “people’s community” on the Eastern Front. But this case study is primarily drawn from a source base written by men, so it can only provide

and Martin Buchsweiler, *Volksdeutsche in der Ukraine am Vorabend und Beginn des Zweiten Weltkrieges—ein Fall doppelter Loyalität?* (Gerlingen: Bleicher, 1984).

⁸²⁷ Berkhoff, *Harvest of Despair*, 69.

a partial view of women's knowledge of the Holocaust and nothing about their personal attitudes about the Jews.

Now, I broaden the scope of the chapter in order to offer an analysis of how nurses participated in the processes of excluding Jews from this "people's community," and how, through such actions, nurses also contributed to the formation of an imperial racial order. I shift the focus of the chapter out from the small villages of the ethnic Germans to the cities and field hospitals where most German Red Cross nurses worked. I present a series of snapshots in order to reveal how and to what extent nurses came to learn about the ghettos and the murder of the Jews, how they negotiated the demands of humanitarianism with the racial policies of the regime, and how their reactions to this knowledge fostered the creation of an empire based on racist principles. I do not claim to make a representative sample. Most nurses' letters and diaries make little mention of the ghettos, massacres, or concentration camps. Such silence could partly be explained by concerns about censorship. However, memoirs represent a different perception of the war, influenced by time, by nurses' knowledge gained and experiences after their war service, by public and collective memories, and by a larger public and political context. The influence of these other factors, rather than censorship, may have determined what nurses did or did not choose to share.⁸²⁸ I demonstrate that when nurses did learn about the persecution and murder of the Jews and chose to write about it, they reacted in various ways, from unease to a matter-of-fact attitude of acceptance. However, after

⁸²⁸ See especially Winter and Sivan, "Setting the Framework," 6-39; Jarausch and Geyer, *Shattered Past*, esp. 1-33; and Maurice Halbwachs, *On Collective Memory*. See Introduction and Chapter 6 for additional discussion of memory.

considering such various reactions, a similar pattern of excluding Jews from their realm of humanitarian care—and from the “people’s community”—appears.

The act of excluding Jews from the “people’s community” was one, if not the, distinguishing trait of Third Reich. One may ask, should we expect nurses to do any different from other Germans? Perhaps. As discussed in chapters 1 and 2, German Red Cross nurses belonged to an organization long dedicated to humanitarian care, and nurses were trained how to help people in need. Only after 1933 did Nazi racism become dominant in the voluntary society’s propaganda and training. Given the history of Red Cross nursing, it does not seem to unreasonable to ask what nurses did when presented with circumstances which asked them to go against at least part of what they had been taught. Moreover, there is evidence that nurses did refuse to participate in other Nazi projects which went against their humanitarian ideology and medical training. For example, Sister Gertrud Steele was executed in 1945 after being denounced for giving Jews a place to stay. And Sister Luise Zorn cared for Jewish patients when they could no longer get medical help from doctors and hospitals would not admit them. When she was forbidden to go to the Jewish hospital she climbed over the walls at night to assist in operations.⁸²⁹ Such acts of non-conformity and resistance reveal that the humanitarian ideal of caring for all people, regardless of “race” or nationality, was not completely obliterated by the regime and provide yet another

⁸²⁹ There are a few other examples of nurses’ resistance against the Third Reich, based on their humanitarian, Christian, or political beliefs. Sister Emmi Doerfel went to the international brigade in Spain in 1937 to fight the fascists there. She was active in the French Resistance. She was captured by the Gestapo in 1941 and sent to Ravensbrück concentration camp. She escaped and in 1963 received the highest medal of honor from the International Red Cross. Sister Erna Behling belonged to a communist resistance group, and she was hanged in Neuengame in 1945 without judgment. There are a few known cases of nurses who refused to take part in the killings in the T-4 “Euthanasia” Program. When nurses did refuse, they did they were often transferred to unpopular work places or had to work in SS hospitals or other hospitals. Steppe, “Nursing in the Third Reich,” 34-45.

reason to consider German Red Cross nurses' attitudes of and participation in the persecution of the Jews.

Learning about the Holocaust in the field hospital

Similar to the findings of other studies about German knowledge of the murder of the Jews,⁸³⁰ Red Cross nurses' opportunities to gain first and second-hand knowledge of the Holocaust depended on their location and their social circle. Nurses' primary service location and social setting was the field hospital, and the conversations and events there informed these women of the mistreatment and murder of the Jews. For example, Red Cross Sister Edith Gehlert learned of the intended murder of Russian Jews when she worked in a field hospital in Zhytomyr (Shitomir) Ukraine, in August 1941.⁸³¹ This region was a hub for the Nazi occupation administration of the *Reichskommissariat* Ukraine, and according to one historian, "Events in Zhytomyr show most clearly the transition from a selective policy of destruction to one of total eradication."⁸³² Within the first two years of the German occupation of the region,

⁸³⁰ Harvey, *Women in the Nazi East*, 300; Fritzsche, *Life and Death in the Third Reich*, 226-251. Also see David Bankier, *The Germans and the Final Solution. Public Opinion under Nazism* (Oxford, UK & Cambridge, USA: Blackwell, 1992), 101.

⁸³¹ Gehlert, Edith. "So war es! Eine Rotkreuzschwester erinnert sich." (Typoskript, 1995), in *Frontschwester und Friedensengel: Kriegskrankenpflege im Ersten und Zweiten Weltkrieg: ein Quellen- und Fotoband*, by Birgit Panke-Kochinke and Monika Schaidhammer-Placke (Frankfurt am Main: Mabuse, 2002), 209. Gehlert wrote about her war experiences at the suggestion of her fellow nursing sisters, after she received the Florence Nightingale Medal in 1995.

⁸³² See Dieter Pohl, "The Murder of Ukraine's Jews under German Military Administration and in the Reich Commissariat Ukraine," in *The Shoah in Ukraine: History, Testimony, Memorialization*, ed. Ray Brandon and Wendy Lower (Bloomington: Indiana University Press: In association with the US Holocaust Memorial Museum, 2008), 23-76, esp. 35. In July 1941, the commander of Sk 4a, Paul Blobel, told his men "that he was aiming for the total destruction of the city's Jews." On September 29, 1941 Sk 4a murdered 3,145 Jews in the region. 240 survived this wave of killings.

Germans and their collaborators murdered as many as 180,000 Jews.⁸³³ Sister Gehlert's experiences provide insight into how German nurses learned of the beginning phase of these murders. Gehlert worked at a field hospital eye station, where she received help from a Russian Jewish woman. This woman helped serve patients food, cleaned dishes, and cleaned the barracks. Other Russian Jews worked in the hospital as well. Their presence in the field hospital reflected the more widespread practice of utilizing non-German labor in the field hospitals on the Eastern Front.⁸³⁴ One day Gehlert and the others in the hospital learned that all the Jews were ordered to appear at a prescribed time before the local command, with their valuables and food for three days. The reason given: emigration. Gehlert notes in her memoir what emigration was simply another word for the shooting of the Jews.⁸³⁵

Gehlert's description of the collection day is peculiar. On that day, her Russian Jewish aid brought her six-year old child to the hospital. Gehlert made a hot chocolate for the child. When the truck came to pick up the Jews from the hospital, Gehlert tried to shake hands with the aid. But the Russian Jewish woman held her child tight and said to Gehlert, "You were always good to me. But I cannot give you my hand. You are also a German!"⁸³⁶ Gehlert wrote that she felt ashamed.⁸³⁷ She and the others at the hospital

⁸³³ The German Army invaded Soviet Ukraine in June 1941 and the region was administered by the army and Himmler's SS and police until through October 1941. Thereafter the region was run by a civil administration, the Zhytomyr General Commissariat. According to Wendy Lower, the regional leaders' interaction "with superiors and exploitation of local conditions" helped make the Holocaust possible. *Nazi Empire-Building*, 30-73.

⁸³⁴ This topic is discussed in detail in Chapter 3.

⁸³⁵ Mass shootings of Jews in the Zhytomyr region of Ukraine were very common from the summer of 1941 through August 1943. Lower, *Nazi Empire-Building*, 14, 67-132.

⁸³⁶ Gehlert, "Eine Rotkreuzschwester erinnert sich," in Panke-Kochinke and Schaidhammer-Placke, *Frontschwester*, 209. "Sie waren immer gut zu mir, aber die Hand kann ich Ihnen nicht geben, Sie sind auch eine Deutsche!"

also received an order to never mention the collection and shooting of the Jews.⁸³⁸ This order, certainly issued elsewhere, could account for some of the silence about the Holocaust in nurses' letters.⁸³⁹ Gehlert's actions in this incident can be read in different ways. And considering that her memoir was written in 1995, some details are probably left out or distorted. What is interesting here is her attempt to paint a sympathetic picture of her own actions, while at the same time signaling disgust with her nationality. It is clear that she felt some discomfort with the murder of the Russian Jewish woman and her child. But she reveals no further action taken on her part or any further mention of the murder of the Jews.⁸⁴⁰

One could also learn about the shootings of the Jews through conversations with German soldiers. Such conversations could occur before a nurse even arrived at a field hospital. While riding a train to the East, for example, a nurse could have the opportunity to speak with German soldiers about the latter's participation in the Holocaust. Indeed, interactions with soldiers and others at the trains and train stations was one of the ways in which German civilians could learn of the fate of non-Germans, including foreign slave laborers being brought into Germany and the Jewish victims of

⁸³⁷ The feeling of shame was not unique to Gehlert. Other Germans felt ashamed upon learning of the persecution and murder of the Jews. According to David Bankier, many Germans chose to have an attitude of indifference about the mistreatment of the Jews in order to avoid admitting that they had a role in the crimes. The admission would lead to feelings of guilt and shame. *The Germans and the Final Solution*, 120, 124-5, 137.

⁸³⁸ Gehlert, "Eine Rotkreuzschwester erinnert sich," in Panke-Kochinke and Schaidhammer-Placke, *Frontschwestern*, 209.

⁸³⁹ However, nurses' devised secret symbols to include content in their letters that was otherwise prohibited by the censors. Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 60-63.

⁸⁴⁰ The lack of protest, even in a memoir, is interesting not just for what it reveals about her past actions but about her self-understanding as a German Red Cross nurse, over 50 years later. It shows that even when writing for an audience others, she does not try to cover up her actions. This suggests that perhaps she saw nothing problematic with portraying herself in such a way, even given the context of the 1990s and the larger recent changes in memory culture in Germany. I will give more attention to the memories of nursing in Chapter 6.

German soldiers.⁸⁴¹ German Red Cross nurses' writings generally do not remark upon these kinds of interactions on the trains.⁸⁴² But, as discussed in Chapter 3, Swiss Red Cross nurses also worked on the Eastern Front.⁸⁴³ Sister Elsi Eichenberger was one such nurse. Her descriptions of a train ride to Russia help expand one's understanding of the social world of nurses and doctors, and the conflicts that arose within that world when it came to the German treatment of the Jews. For example, when traveling to Smolensk, Russia, in the fall of 1941, Eichenberger overheard a conversation between German soldiers and a German doctor. One soldier, sitting close to her, stated, "The Jews. They will soon be obsolete. We killed 1600. Here are some thirty, mostly shoemakers and artisans. Now they must still work for us. Then they will also come off (be killed)."⁸⁴⁴ The soldier also described how the Jews were "herded" together and forced to dig deep pits and then were shot. He specifically mentioned that women and children were also killed and that the Russian soldiers had the same fate. The doctor sitting next to Eichenberger expressed that he hoped the soldier had kept away from such terrors. Thus, it is not clear if the first soldier referred to his personal participation in the shootings, or of the German army more generally. But the content is the same in terms of thinking of nurses' knowledge of the massacres. This incident, although it does not

⁸⁴¹ Fritzsche, *Life and Death in the Third Reich*, 226-227. According to Fritzsche, "trains and train stations offered both Germans and their victims frightening glimpses into the different spheres of life and death in the Third Reich."

⁸⁴² However, Lower does present one example in the case of Sister Annette Schücking who documented, that during a train ride to Ukraine, German soldiers told her about their participation in the murder of Jews in Russia. *Hitler's Furies*, 80-81.

⁸⁴³ BA-MA RH 12-23, 874—"Die Schweizer Ärztemission." Also see Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*; Gerber, *Im Dienst des Roten Kreuzes: Schweizer Ärztemission im II Weltkrieg-Teil 2-ein Tagebuch 1941/1942*; and Busch, *Die Schweiz, die Nazis und die erste Ärztemission an die Ostfront. Schweizer Ärztemissionen im II Weltkrieg-Teil I-Robert Nicole, Bericht über die Schweizerische Ärztemission nach Finnland*. Also see extended discussion of Swiss nurses' experiences in Chapter 3.

⁸⁴⁴ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 34-35.

refer to German Red Cross nurses, does confirm other studies' findings about what Germans knew about the murder of the Jews via discussions with soldiers.⁸⁴⁵

Eichenberger learned, even before arriving at her destination, of the murder of the Jews. She and her acquaintances discussed these events, and the men talked about the difficulty of living and even celebrating after witnessing and participating in the shootings. One soldier said that perhaps one could get used to such misery and atrocities, but that they would have aged years once returning from such a hell.

Eichenberger asserted that the doctor in particular should be able to rise above national hatred and to take a purely humanitarian stance. But the soldier responded that even a doctor was only a man.⁸⁴⁶ Eichenberger wrote that she personally wished for (the existence of) a doctor who could be stripped from national hatred and have the ability to think freely.

In this incident, we see different attitudes about the killing of the Jews—acceptance, distaste, and horror. Soldiers expressed pride in their actions, but also the difficulty of coping with them. Even doctors were not immune from national hatred,⁸⁴⁷ and Eichenberger expressed much frustration with this fact. Before arriving on the Eastern Front, she was thus confronted with the ethical dilemma of how to reconcile the murder of civilians with humanitarianism. Her diary provides insight into how

⁸⁴⁵ Fritzsche, *Life and Death in the Third Reich*, 250; Bankier, *The Germans and the Final Solution*, 104, 107-111. "Aryan" Germans learned of the mass shootings in the Soviet Union from German soldiers, who wrote about such events or discussed them when they came home on leave. Civilian Germans could thus have the opportunity to learn about the massacres, but their knowledge of the death camps was much more fragmentary. There were many rumors of gassing, but few on the home front knew concrete details.

⁸⁴⁶ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 34-35.

⁸⁴⁷ For discussions of doctors in Nazi Germany, see, among others, Lifton, *The Nazi Doctors*; Naomi Baumslag, *Murderous Medicine: Nazi Doctors, Human Experimentation, and Typhus* (Westport, Conn.: Praeger Publishers, 2005); and *Medizin im NS-Staat: Täter, Opfer, Handlanger*, ed. Wolfgang Benz and Barbara Distel (Dachau: Verlag Dachauer Hefte, 1988).

information about the East spread inside soldiers and nurses' social circles. The train ride was not an isolated incident. At other times soldiers discussed the murders they participated in, and they showed Eichenberger pictures of their victims.⁸⁴⁸ Eichenberger is peculiar among the nurses working on the Eastern Front because of her Swiss background and because of her strong beliefs in the Swiss Red Cross's tradition of humanitarianism and neutrality.⁸⁴⁹ Her reaction to the knowledge of the shootings of the Jews contrasts with that of Gehlert. Their responses to learning of the mistreatment and murder of the Jews demonstrate their differing conceptions of how caregivers should act towards other human beings. Nationality was a vital factor in shaping nurses' wartime identities, and their ways of thinking about those who fell outside of their national group.

Learning about Persecution of the Jews in the City Streets & Ghettos

While some Red Cross nurses learned of the persecution and murder of the Jews while working in the field hospitals, either via first-hand witnessing or conversations with soldiers, other nurses first learned about these events through their daily experiences in the cities of German-occupied Eastern Europe. Walking down the city streets and visiting the ghettos allowed nurses to come face to face with the suffering of the Jews. For those nurses who worked in the cities of Poland and Hungary, and Russia, the existence of Jewish suffering became part of everyday life.

⁸⁴⁸ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 116.

⁸⁴⁹ *Ibid.*, also see Chapter 3 for extended discussion about Eichenberger.

Sister Ingeborg Ochsenknecht first encountered the suffering of the Jews when stationed in a field hospital in Cracow. Before coming to Poland, she had never seen many Jews, certainly no Orthodox Jews. Nor had she never thought about why Jews had to wear a Star of David on their clothing or protested against their persecution. Upon her initial arrival into Cracow, Ochsenknecht saw impoverished Jews roaming the streets. She brought up their condition to another nurse. The nurse referred to one Jewish woman they had seen together and said, “We are the conquerors here. She does not have to like us; she has to respect us.” Ochsenknecht exclaimed that the nurses were doing nothing for the Jews; she did not understand why she could not help them or why the Jews were treated the way they were.⁸⁵⁰ Her colleague suggested that German power was enough of an explanation. The inclusion of nurses among “the conquerors” denotes the extent to which military victory shaped nurses’ personal identities. Although her colleague’s explanation did not satisfy Ochsenknecht, her protests did not continue. She learned quickly that military might and superiority trumped humanitarian concerns for the welfare of others—particularly those considered “the conquered” and therefore, also an enemy. She learned also that asking questions did no good. Ochsenknecht thus presents an example of a nurse who resisted the dominant view, even if it did not lead to any resistance behavior.⁸⁵¹ Despite a nurse’s personal concerns and confusions over

⁸⁵⁰ Ochsenknecht, *Als ob der Schnee alles zudeckte.* 57-58, 62-63.

⁸⁵¹ Similarly, Lower indicates that, rarely, other German Red Cross nurses would voice the same doubt—and even criticism—of the regime’s actions’ toward the Jews. For example, Sister Annette Schücking (a lawyer turned nurse) listened to stories soldiers told about their participation in the massacres of Jews and she felt terrible about what was going on. She also told her mother and friends to refuse goods from the NSV because the organization had collected clothing and other materials from Jews murdered in the East. *Hitler’s Furies*, 94-95.

whom to help, on the streets of Cracow, power and notions of “race” determined who would receive aid.

Other nurses observed the persecution of the Jews when accompanying German soldiers in efforts to clear the area of “partisans.” Sister Elsi Eichenberger walked through Donetsk (Stalino, Ukraine) in the winter of 1941. She saw dead people on the streets and Russian prisoners of war, whose eyes reminded her of those of animals.⁸⁵² She and the soldiers went from house to house, looking for partisans and escaped prisoners of war. When her group approached one house, a Jewish woman appeared. She was ordered to leave her home the next day. When Eichenberger asked why this woman had to go, the German soldier simply responded that she was Jewish.⁸⁵³ The episode, for Eichenberger, ended there. She reveals that nurses learned of the persecution of the Jews not just by passing through the streets, or by riding trains, or by working in the field hospitals, but by accompanying German soldiers in collection actions. Eichenberger, like Ochsenknecht, had earlier recorded in her diary that it did no good to ask any questions,⁸⁵⁴ but she continued to do so. However, she did not request a transfer home, although, being a Swiss nurse, she had come to the East voluntarily.

Beyond their experiences on the streets of German occupied Eastern Europe, nurses could also learn of the Holocaust by visiting the Jewish ghettos. Sister Ochsenknecht learned of the suffering of the Jews by personally visiting the ghetto in

⁸⁵² Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 125, 132. Eichenberger was cynical of the terms “partisans” and “rebels” because she did not understand how anyone who fought for freedom could be a rebel. The use of the word “animal” is used in another nurse’s description of Soviet prisoners of war, whom she saw while stationed in Vyazma, Russia. Descriptions of Russians as “animal-like” were common in German “colonialist rhetoric” of the time. See Lower, *Hitler’s Furies*, 76-77; Panke-Kochinke and Schaidhammer-Placke, *Frontschwester*, 191-192, 193-196; Wildenthal, *German Women for Empire*.

⁸⁵³ Eichenberger, *Als Rotkreuzschwester in Lazaretten der Ostfront*, 132.

⁸⁵⁴ *Ibid.*, 85.

Cracow. Her superiors ordered all of the nurses not to visit the ghetto. However, Ochsenknecht and her friend Imme, also a nurse, were curious. They teased the German soldiers guarding the entrance, promising kisses if they let the two young women inside.⁸⁵⁵ The men relented. But after walking around the ghetto, the nurses thought that maybe they made a mistake in going there. Ochsenknecht recalled, “They recognized our dress. Maybe they thought that we had come to help them. But we could do nothing for them. I felt terribly out of place and already regretted that I persuaded Imme to come accompany me.”⁸⁵⁶ Ochsenknecht recognized her identity as a caretaker and the gap between that identity and her other identity, as a German. The latter took priority over the former. Earlier, she had questioned her superiors about the treatment of the Jews; they shut down the discussion and told her to keep following orders. After visiting the ghetto, Ochsenknecht did not again question what she could or should do to help the Jews. She did acknowledge her identity as a nurse, but she did not extend her services to the Jews. Her desire to nurse the needy—which she emphasized so strongly as her motivation to join the Red Cross⁸⁵⁷—did not overcome her desire to follow orders. Instead, she left the responsibility to make decisions to someone above her, just as German Red Cross training had told her to do.⁸⁵⁸ Moreover, the visit to the ghetto also reinforced her sense of separateness from the Jews. She was both the observer and the occupier; they were objects to be seen, not people in need of help.⁸⁵⁹ Her presence in the

⁸⁵⁵ Nurses often flirted with soldiers, and formed romantic relationships with them. Chapter 3 provides an extended discussion of this topic and this particular incident.

⁸⁵⁶ Ochsenknecht, *Als ob der Schnee alles zudeckte*, 84.

⁸⁵⁷ *Ibid.*, 24-25.

⁸⁵⁸ Prof. Dr. Bruening, “Disziplin des Mutterhauses vom Roten Kreuz und seiner Schwestern” (von der Verbands-Tagung in Hamburg), 61- 63; Schwester Gertrud Koehm, “Unsere Werner-Schule im Licht der Volksgemeinschaft. Ein Rückblick.” 17.

⁸⁵⁹ Ochsenknecht, *Als ob der Schnee alles zudeckte*, 84-85.

ghetto mirrors the actions of other Germans who visited the Jewish ghettos in occupied Poland, especially in Lodz, who acted as “spectators” of the “eastern Jews.”⁸⁶⁰

Ochsenknecht’s actions also confirm the findings of other scholars who demonstrated that Reich German women clearly had the opportunity to witness Jewish suffering while they were working in the annexed and occupied territories.⁸⁶¹ Moreover, by examining a nurse’s reaction to the ghetto, one can see more clearly how humanitarian ideals had shifted under the Nazi regime.

Other nurses learned of the suffering of the Jews via the ghettos. They did not react as ambivalently as Sister Ochsenknecht. One nurse, like Ochsenknecht, acknowledged the poor condition of the Jews, but she demonstrated that her main focus lay with her work with the German soldiers. For example, in the summer of 1941, Sister Edith Haase received an assignment to work in a hospital in Częstochowa (Tschenstochau, Poland), and she recalled the presence of a Jewish ghetto there. She provides one sentence for a description of the Jewish ghetto in her diary, merely mentioning that out of the city’s total population of about 160,000, 80,000 were Jews, who lived “really terribly” (“*ganz schrecklich*”) in the ghetto. This matter-of-fact description contrasts with the following lengthier description of her workstation and daily tasks.⁸⁶² Thus, Haase’s own duties of nursing German soldiers took up almost all of her attention. She provides no evidence of what she thought about the impact of the ghetto’s terrible conditions upon its inhabitants. Her writings thus suggest that her humanitarian concerns were oriented to German needs.

⁸⁶⁰ Mazower, *Hitler’s Empire*, 95; Browning, *The Origins of the Final Solution*, 114-119, 151, 137, 167.

⁸⁶¹ Harvey, *Women and the Nazi East*, 300; Lower, *Hitler’s Furies*, 75-96.

⁸⁶² DTA 1601—“Schwester Harmonica.” June 16, 1941, 12.

Other nurses also prioritized their own situation over that of the Jews. For example, Sister Erika Summ discusses knowledge of Jews and a ghetto in her description of her arrival in Hungary in the summer of 1944.⁸⁶³ She says that when she arrived in Dombovar (or Fünfkirchen, near Pécs), the local population was not very welcoming. Summ learned that only a few days before her arrival all of the local Jews had been transported away. She reasoned that this action was partly to blame for the cold reception. At first, she and the other nurses occupied a convent and a school. But soon, she and others moved to apartments scattered throughout the city. It is not clear if Summ was quartered in houses of the Jews. But she writes that being in these homes was “a difficult and stressful situation” and that very close by was a ghetto full of women and children.⁸⁶⁴

Summ’s discussion of the Jews and the ghetto highlights her focus on German needs and the influence of Nazism racism on her thinking. On their first evening in these new accommodations, she and the other nurses saw that the window to their bathroom was half open, and that all of their toothbrushes had been stolen. They also determined that someone else had come into the other rooms of the house while they were gone at work. She suggests that she and the other nurses blamed the Jews who remained in the town and who lived in the nearby ghetto for stealing their belongings. She depicts Jews as thieves and threats to German welfare, thereby reinforcing

⁸⁶³ Raul Hilberg, *The Destruction of the European Jews*. Third Edition. Volume II (New Haven & London: Yale University Press, 2003), 853-919. Hungary, although already collaborating with Germany, was invaded in March 1944. The deportation and murder of the Hungarian Jews quickly followed.

⁸⁶⁴ Summ, *Schäfers Tochter*, 153. Also Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 209.

messages delivered by Nazi propaganda.⁸⁶⁵ Even more so than Haase, who focuses on the needs of soldiers, Summ's identity is primarily shaped by her position as a member of the conquering Reich.

Similar attitudes appear in the experiences of Sister Susi Gerloff. She observed the impoverishment of the Jews when she was stationed in a hospital in Warsaw. She was there from July 1942 through the spring of 1943, and later for shorter periods as well.⁸⁶⁶ Sister Gerloff first learned of the ghetto in Warsaw from her colleague, Sister Grete, who regularly went into the ghetto to purchase cosmetics, soap, and toothbrushes. Gerloff also knew of the local German physicians' recent visits to the ghetto, where they tried to learn more about the management and prevention of typhus from Jewish doctors. She comments that the doctors in the eastern territories possessed more knowledge on these kinds of diseases ("filth-based," such as typhus) than in the western lands, where they were "less common."⁸⁶⁷ Gerloff thus knew 1) that goods could be bought for inexpensive prices inside the ghetto where 2) Jewish doctors had to deal with typhus epidemics. But before the spring of 1943, her main concern, as far as the ghetto was concerned, was her ability to purchase cosmetics.⁸⁶⁸ Moreover, her comments about disease reveal the impact of Nazi racism on her perceptions and

⁸⁶⁵ See, for example, Evans, *The Third Reich in Power*, 536-554; Fritzsche, *Life and Death in the Third Reich*, 95.

⁸⁶⁶ Gerloff, *Kriegsschwestern*, 27.

⁸⁶⁷ Gerloff, *Kriegsschwestern*, 52. Prof. Dr. Wilhelm Hagen, who worked for the German city administration of Warsaw from 1940-1943, was deeply concerned about the state of health inside and outside of the ghetto. He complained to Hitler about continuing the threats to the local population and was removed from his post in 1943. His writings and work provides yet another example of how ordinary Germans did speak against the mistreatment of the Jews (even though his actions did not ultimately alter situation of the Jews). Hagen describes these experiences in his *Krieg, Hunger und Pestilenz in Warschau 1940-1943*. Institut für Zeitgeschichte München-Archiv. ED 66, Band 6. Repertorium Hagen.

⁸⁶⁸ Gerloff, *Kriegsschwestern*, 59. As in the case of other nurses, nurses could have taken the opportunity in their memoirs to make themselves appear more sensitive to the suffering of the Jews. But again we see this was not what happened. I provide more discussion of nurses' memories and postwar identities in Chapter 6.

language and they echo those of the Red Cross male members and female nurses who remarked upon the “lack of cleanliness” in the East. Gerloff’s focus on typhus, indeed, reiterates German wartime discourse which described the ghettos as “the breeding ground for the ‘spread of typhus’” and which renamed typhus (“louse-fever” or *fleck-fieber*) to “Jew Fever” (*Judenfieber*).⁸⁶⁹

Gerloff’s preoccupation with her own needs and her apathetic (and likely racist, given her language) attitudes about the Jews are further exemplified in her descriptions of Easter Sunday 1943 and the following days. This was the most violent period of the Warsaw Ghetto Uprising, when thousands of Jews rebelled against SS forces.⁸⁷⁰ Gerloff wrote that she heard lots of shooting and then silence, and that she watched the ghetto burn. To her, it was as if a small war had broken out. She said that no one could talk about this situation, but that people could only shrug their shoulders to one another.⁸⁷¹ The nurses had been informed that most Jews had been sent from the ghetto to the “Weichsel” (the Vistula River).⁸⁷² Gerloff suggests that the nurses did not fully understand what was going on, or that they were not consciously considering it. She did recall worrying about German victims of this violence. For her, the victims of the Warsaw Ghetto Uprising were the German soldiers and nurses, and her memoir even expressed a desire for revenge for these deaths.⁸⁷³ The language of Gerloff’s descriptions and commentary mirrors National Socialist propaganda about the “filth”

⁸⁶⁹ See Christopher Browning, “Genocide and Public Health: German Doctors and Polish Jews, 1939-1941,” *Holocaust and Genocide Studies*, vol. 3 (1988): 23, and Debórah Dwork and Robert Jan van Pelt, *Holocaust: A History* (New York and London: Norton & Company, 2002), 205, 243-244.

⁸⁷⁰ Hilberg, *The Destruction of the European Jews*, 535-540.

⁸⁷¹ Gerloff, *Kriegsschwester*, 75-56.

⁸⁷² Auschwitz was located near Vistula River, southwest of Warsaw.

⁸⁷³ Gerloff, *Kriegsschwester*, 79. According to Hilberg, the Germans and collaborators lost 16 men, with 85 wounded, in the battle for the ghetto. *The Destruction of the European Jews*, 535-540.

and “danger” of the Jews. These descriptions come from a nurse’s recollections, fifty years after the end of the war. So interpretation remains problematic. It is hard to distinguish between what she said she remembered and what she wanted to be remembered about her. But Gerloff’s writings illustrate that many years after the war, there was an image of a Red Cross nurse put forth who was only concerned with the treatment of German men and women. Her identity as German dominated her portrayal of her activities.

It is very difficult to determine the extent to which most German Red Cross nurses knew about the ghettos and the massacres of the Jews. It is even more difficult to determine what they knew about the camp system, since their writings remain silent on the matter. Indeed, overall, for many Germans, knowledge of the extermination camps was “more imprecise” compared to knowledge about the ghettos and mass shootings.⁸⁷⁴ However, nurses’ personal writings do reveal the many ways German women could learn about the persecution of the Jews while they were living and working Eastern Europe. Train rides, field hospitals, ghettos and city streets all served as important locations for transmitting knowledge about discrimination, mistreatment, and murder. The few nurses who chose to write about these topics, either at the time or years later, convey a range of attitudes. Some nurses, such as sisters Ochsenknecht, Eichenberger, and Gehlert felt uneasy about the persecution of the Jews and they found it difficult to ask questions when they tried to understand what was happening around them. Their unease, and in the case of Gehlert, shame, suggests the inability of Nazi propagandists to complete eradicate the Jews from nurses’ lens of who was considered as deserving

⁸⁷⁴ Fritzsche, *Life and Death in the Third Reich*, 250. Bankier, *The Germans and the Final Solution*, 111-112.

human feeling and humane treatment.⁸⁷⁵ Other nurses, such as sisters Haase, Summ, and Gerloff, suggested that even if the situation in the ghettos was difficult (in part because of the prevalence of disease, likely perceived through the lens of Nazi racism), the situation in the field hospitals and the condition of the German people was of paramount importance. Nurses focused on their own needs and on those of their patients. The larger silence about the persecution of the Jews, especially in the writings of the nurses who participated in the ethnic German resettlement program, seems to confirm this observation. Thus, by examining nurses' knowledge and reactions to the ghettos and mass murder of the Jews, one can gain a deeper understanding of ordinary German women's *perception* of the Holocaust.

In addition, an analysis of nurses' knowledge and attitudes about the Holocaust can reveal a more nuanced understanding of German nurses' *roles* in the Holocaust. Historians of German women's experiences in the war in the East have analyzed women's roles according to a range of categories: witness, accomplice, or perpetrator.⁸⁷⁶ Based on the evidence, German Red Cross nurses can fall into the first two categories. By simply riding trains to the East, walking down city streets there, visiting the ghettos, and conversing with German soldiers,⁸⁷⁷ nurses certainly witnessed

⁸⁷⁵ This attitude was also revealed with Honisch's discussion of the expulsion of the Jews from their homes in Lodz, and is confirmed by Fritzsche. *Life and Death in the Third Reich*, 251 and BA R 49, 2055— "Grosseinsatz Osten." Bankier, however, provides a different interpretation of the feeling of German shame, and argues that most criticism of the regime's mistreatment of the Jews derived not from humanitarian concerns, but from self-interest, fears of retribution, or the need for manpower to work in industry. Bankier, *The Germans and the Final Solution*, 134-5, 137.

⁸⁷⁶ See, for example, Lower, *Hitler's Furies*; Harvey, *Women in the Nazi East*; Schwarz, *Eine Frau an seiner Seite*. Also see Olaf Jensen and Claus-Christian W. Szejnmann, ed., *Ordinary People as Mass Murders: Perpetrators in Comparative Perspectives* (Houndmills, Basingstoke, Hampshire; New York: Palgrave Macmillan, 2008) and Maria Krauss and Dachauer Symposium zur Zeitgeschichte (8th: 2007: Dachau, Germany), ed., *Sie waren dabei: Mitläuferinnen, Täterinnen im Nationalsozialismus*.

⁸⁷⁷ As also discussed in detail in Chapter 3.

the persecution of the Jews and learned about the mass murders. But one could even argue that by visiting the ghetto, nurses also adopted the roles of accomplices (although in an indirect way) because they reinforced the strong distinction between Jews and Germans (thereby contributing to the persecution of the Jews) which helped make the Holocaust possible. Likewise, one could argue that nurses did so when they helped soldiers cope with the mental effects of mass murder.⁸⁷⁸ Moreover, in the case of the resettlement program, the mistreatment of the Poles and Jews was no secret, and nurses and ethnic Germans benefited from actions taken against them. There were thus a range of ways in which nurses participated in acts which highlighted the exclusion of the Jews (even if it was problematic) from their realm of medical care and humanitarian feeling. Thus, nurses' reactions to the Holocaust also reveal how the nature of humanitarianism changed on the Eastern Front. For while German Red Cross nursing offered German women the opportunity to contribute to the regime by acting as caretakers and "mothers" of soldiers and ethnic Germans beyond the borders of Germany, the same task also contributed to the alteration and restriction of what it meant to help others. In other words, to be a "humanitarian" in the Third Reich meant to be one who cared only for those who were considered current or potential (in the case of some ethnic Germans) members of the "people's community." Through processes of inclusion and exclusion, nurses helped create and serve this particular community; by doing so, they thereby contributed to the Nazi goal of creating an "Aryan" *Lebensraum* in Eastern Europe.

⁸⁷⁸ Ochsenknecht, *Als ob der Schnee alles zudeckte*, '99, 100, 167, 227. Martha Lohman likewise commented in her letters about the emotional instability and alcohol abuse among the doctors she worked with in Ukraine. Georges and Benedict, "Nursing Gaze on the Eastern Front," 147. See extended discussion in Chapter 3.

Conclusion

The “people’s community” was an ideal which had to be created, and how a “people’s community” was manifested depended on the experiences of its creators, their daily tasks, their ideological upbringing, and the larger historical context in which they operated. Ordinary Germans participated in the processes of forming the “people’s community,” whether they worked in the Reich or on the occupied territories, whether they were nurses or soldiers or had some other wartime task. The German Red Cross nurses who participated in the ethnic German resettlement program helped to create a community that was “racially” exclusive, but which was also hierarchical. As Reich Germans, nurses wielded authority over ethnic Germans, whom they saw as less “civilized” as those Germans who were born and raised inside Germany. Like the German Red Cross nurses who worked in the field hospitals, the nurses who cared for the ethnic Germans thus placed a special emphasis on their own experiences of empowerment, and to a lesser extent, of a specifically female community within the larger “people’s community.” At the same time, by examining nurses’ knowledge of and reactions to the persecution and murder of the Jews, one can see how nurses contributed to the exclusionary nature of the German “people’s community” on the Eastern Front. Through such actions, we can thus see how nurses also helped support the formation of an imperial racial order, which prioritized the needs of the “people’s community.”⁸⁷⁹ Nurses’ attitudes of uneasiness, ambivalence or antipathy towards the

⁸⁷⁹ In some ways my argument is thus similar to Wendy Lower’s analysis of female witnesses and accomplices in *Hitler’s Furies*, but I am also interested in not only how nurses fit into one category of

Jews also demonstrate how these caretakers' conceptions of "humanitarianism" were manifested in forms far different from those envisioned by the founders of the Red Cross movement.

German Red Cross nurses dedicated themselves, above all else, to their German patients. The dominance of this themes of nurses' writing reveals that nurses were first and foremost with alleviating German suffering. Moreover, most Germans had stopped talking and writing about the Jews by 1943. By this time, most Jews who had not emigrated from Germany to safety had been deported to the East, where the death camps were operating at high capacities. As Germans stopped mentioning the Jews, they focused increasingly on their own suffering. This was especially the case after the defeat of Stalingrad in February 1943, which cast a new sense of fear over the German people, especially those residing in the East.⁸⁸⁰ The community with which German Red Cross nurses identified would take on a new form as the Red Army moved closer and closer to the borders of the Reich.

actor or another, but how their actions and attitudes created a specific type of community and how the ideal of humanitarianism was altered on the Eastern Front.

⁸⁸⁰ Attention to and knowledge about the Final Solution was thus greatly shaped by the course of the war, with the result that "in an effort not to become accomplices to the murder of the Jews, Germans became accomplices to the dismemberment of the knowledge about murder." Fritzsche, *Life and Death in the Third Reich*, 230-252. Historians have debated the reasons for Germans' apathy towards the Jews. While Fritzsche points to German people's focus on their own suffering rather than directly confront their knowledge (and in some cases) complicity in the regime's crimes, Ian Kershaw argues that ordinary Germans' concerns of daily life took up all of their energy, leaving them with no energy to think about the Jews. Martin Broszat and David Bankier take a different view, and they argue that the "passive and apathetic" responses of the German public were in fact caused by the public's desire to repress their awareness of their role in Nazi crimes. Bankier builds on to Broszat by claiming that public indifferent was also caused by fear of Jewish retribution. See Ian Kershaw, *The Nazi Dictatorship: Problems and Perspectives of Interpretation* 4th ed. (London: Arnold; New York: co-published in the USA by Oxford University Press, 2000), 166-7; Martin Broszat, "Zur Struktur der NS-Massenbewegung," *Vierteljahrshäfte für Zeitgeschichte*, 31, no. 1 (1983): 76; Bankier, *The Germans and the Final Solution*, 145-6.

Chapter 5: Nursing the Defeated Nation: German Red Cross Nursing during Defeat and Occupation

The last two years of the Second World War witnessed the defeat of the German Army and Allied invasion of the Third Reich. The first major blow came with the German Army's defeat at Stalingrad in February 1943.⁸⁸¹ From thenceforth, the Army tried to maintain its control of the Eastern Front, but it never regained its previous dominance. High casualties, insufficient supplies, and increasingly brutal partisan warfare wore on the Germans, especially in Belorussia and Ukraine.⁸⁸² Allied activity escalated in June 1944, first with the British and American landings at Normandy Beach and then with the Soviet offensive, Operation Bagration, in the East. Beginning on June 22, 1944, almost two and a half million Soviet troops completely smashed the German army force stationed at a central section of the Belorussian front. From there, the Red Army pushed westwards, and within a few weeks Soviet tanks had reached the Gulf of Riga and Warsaw. By August, the Red Army had also destroyed the Wehrmacht Army Group North Ukraine.⁸⁸³ German losses soon amounted to over one half million casualties. Despite such losses and despite facing a war on two fronts, Hitler ordered his

⁸⁸¹ See Richard Bessel, *Germany 1945: From War to Peace* (New York: HarperCollins Publishers, 2009), 2. By March 1943, at least one third of the German Army's frontline units were gone, having been killed, wounded, or lost. Mazower, *Hitler's Army*, 139. Also see Bernd Wegner, "The War Against the Soviet Union 1942-1943," in *Germany and the Second World War. Vol. VI The Global War. Widening of the Shift of the Conflict into a World War and the Shift of the Initiative 1941-1943*, ed. Militärgeschichtliches Forschungsamt, Freiburg im Breisgau, Germany, trans. Ewald Osers et al. (Oxford: Clarendon Press, Oxford University Press, 2001), 1158-1172.

⁸⁸² Mazower, *Hitler's Empire*, 488-489. Approximately 345,000 civilians died in German anti-partisan operations in Belorussia. Also see Lower, *Nazi Empire-Building*, 197-198; and Shepherd, *War in the Wild East*, esp. 166-234.

⁸⁸³ Mazower, *Hitler's Empire*, 522-24. Mazower describes Operation Bagration as "perhaps the most overwhelming and devastating single military assault in history." The number of men lost in the summer of 1944 is more than total losses for the year 1942.

commanders to push on fighting. The Soviets pushed on as well. The January 1945 Soviet offensive, which brought the Red Army from the Vistula to the Oder in just weeks, truly brought the war home to German soil.⁸⁸⁴

Within this context of chaos and destruction, the “people’s community” of the Third Reich fell apart⁸⁸⁵, and so too did those fostered by German Red Cross nurses on the Eastern Front. Field hospitals were dismantled and medical units were dispersed. Ethnic German settler colonies fled westwards, fearing death or deportation at the hands of the partisan and Soviet forces.⁸⁸⁶ Like other Germans, one question of the time and for the years to come, for nurses was if and how they could re-create a community absent of National Socialist ideology.⁸⁸⁷ The same can be said in terms of how nurses

⁸⁸⁴ Bessel, *Germany 1945*, 11, 24-27. In January 1945, five Soviet Army groups confronted the Wehrmacht Army Group Center and Army Group A, with millions of Soviet soldiers facing hundreds of thousands of German soldiers and the Soviets broke the German front. However, as of January 1945, the military still maintained a fighting strength of at least seven and half million men and a 900 km front stretching from the Baltic Sea to the Carpathian mountain range. Then, in the last four months of the war, more German soldiers were killed than in 1942 and 1943 combined. The military lost 450,000 soldiers in January, and 280,000 in each of the next three months. Notably, Allied losses were probably even more severe. Also see Richard Lakowski, “Der Zusammenbruch der deutschen Verteidigung zwischen Ostsee und Karpaten,” in *Das Deutsche Reich und der Zweite Weltkrieg. Band 10. Erster Halbband. Der Zusammenbruch der deutschen Reiches 1945*, ed. Militärgeschichtliches Forschungsamt, Freiburg im Breisgau, Germany (Munich: Deutsche Verlags-Anstalt, 2008), 491-679.

⁸⁸⁵ See for example, Ian Kershaw, *The End: The Defiance and Destruction of Hitler’s Germany* (New York: Penguin Press, 2011).

⁸⁸⁶ Evacuations of ethnic Germans began in June 1943, as the Soviets invaded Ukraine. By the fall of 1944, hundreds of thousands of ethnic Germans were fleeing from the Banat and Backa (in Romania and Yugoslavia) and from Slovenia. Most recently, Douglas explains that calculating the mortality rate of those ethnic (and Reich) Germans expelled from the east remains a source of controversy. He estimates that between 500,000 and 1.5 million Germans lost their lives during the expulsions at the end of the war. See Douglas, *Orderly and Humane*, 1, 62-63. Also see Bessel, *Germany 1945*, 67-68; Lower, *Nazi Empire-Building*, 198-206. Himmler had waited until the last minute to evacuate ethnic Germans from the colony in Zhytomyr. Many ethnic Germans traveled from Ukraine to Warthegau in the fall of 1944. In January 1945 Soviet troops invaded the Warthegau, forced the ethnic Germans into trains, and sent them to the trans-Ural region. If the ethnic Germans did not die on the journey, they were deposited into “special settlements” for Germans.

⁸⁸⁷ Recent studies have focused precisely on this theme, that is, of the presence, changed nature, disappearance, and memory of the concept of the *Volksgemeinschaft* (“people’s community) after 1945, and of how Germans talked about the German collective in the postwar period. See, for example, Malte Thießen, “Schöne Zeiten? Erinnerungen an die ‘Volksgemeinschaft’ nach 1945” in *Volksgemeinschaft*:

would define their individual identities. As the tides of the war turned, nurses remained committed to the welfare of the German collective. But this collective became, in nurses' (not unlike other German's⁸⁸⁸) eyes, a *community of victims*. Nurses had a special position in this community, as the caretakers of their people, but also, because of their gender, as real and potential victims of foreign attackers. At the same time, nurses could connect to one another through their mutual membership in a German Red Cross sisterhood or motherhouse. Moreover, despite a sense of victimization, occasionally nurses displayed confidence in their abilities to cope with their changes in circumstances, thereby displaying the complexity of Red Cross nursing during the military defeat and its aftermath.

In the months and years after 1945, the sisterhoods and the motherhouses both functioned as concepts and institutions that nurses could use to sustain a sense of community and identity that they had developed during the war. These Red Cross associations allowed nurses to hold on to parts of their wartime identities they thought were important, most importantly service to soldiers and to their country. At the same time, the sisterhoods and motherhouses allowed nurses to create a sense of distance from the actions of the Nazi regime and its connections with the German Red Cross. After 1945, nurses' explicit dedication to the "people's community" weakened in the public eye. But it did not necessarily disappear. Instead, it was replaced by a dedication to a specific Red Cross association, which, in turn, served the German collective, which

Neue Forschungen zur Gesellschaft des Nationalsozialismus, ed. Frank Bajohr and Michael Wildt (Frankfurt am Main: Fischer Taschenbuch Verlag, 2009), 165-187; and Norbert Frei, *1945 und Wir*.

⁸⁸⁸ Bessel, *Germany 1945*, 167-8. Bessel argues that the revenge the Allies took on the Germans greatly contributed to the Germans' "victim mentality" after the war.

was, however, differently defined, having been stripped of its National Socialist leadership.

In this chapter, I analyze the experience of defeat and imprisonment from the perspective of German Red Cross nurses, with particular attention to the themes of victimization (regarding both the experience of victimization and claims to victim identity) and the special role of nurses in the last moments of the war and in the prison camps. Second, I consider how German Red Cross nurses found positions in postwar German society, and I focus on how they came together in nursing communities. The history of German Red Cross nurses after 1945 is part of the history of the German Red Cross as an institution. By tracing what occurred on the individual, group (in this case, the nursing sisterhood), and institutional level after the war, one can gain a more nuanced understanding of what kind of “break”—in terms of personnel, institutional culture, and tenets—occurred when the war ended. This chapter thus seeks out to answer important questions about how nurses experienced the end of the Second World War, how they adapted to life in occupied Germany, and what their position within the German Red Cross can tell us about how the voluntary aid society changed after the war. The scope of this chapter is from roughly the last year of the war until the formation of the new German Red Cross societies, in 1952 and 1954.⁸⁸⁹

German Red Cross Nurses' Experiences of Retreat and Imprisonment

⁸⁸⁹ Riesenberger, *Das Deutsche Rote Kreuz*, 390, 393.

Nurses each experienced the end of the war in a unique way, each with her own path of return to Germany and often facing imprisonment in American or Soviet controlled camps. Despite this variety, nurses who served on the Eastern Front offer a useful perspective for analysis because they moved or followed troops in the haphazard journey westward. By reconstructing nurses' flight from the East in the last year of the war, we can gain a more nuanced understanding of this experience as perceived by women who worked with the armed forces. In the last year of the war and the first year after its end, approximately four and one half million Germans fled from formerly German-occupied territories in Eastern Europe, and eventually from the eastern portions of the Reich itself. Most of these Germans were women and children.⁸⁹⁰ Eventually, between twelve and fourteen million people participated in what became known in the postwar period as "*Die Flucht*."⁸⁹¹ Within the context of defeat and flight, an estimated 100,000 to two million German women (the numbers are still uncertain) were raped by foreign, primarily Soviet, armies.⁸⁹² German Red Cross nurses fell into a unique

⁸⁹⁰ Heineman, "'The Hour of the Woman,'" 363-364. Also see Douglas, *Orderly and Humane*, esp. 63.

⁸⁹¹ Douglas, *Orderly and Humane*, 1.

⁸⁹² Elizabeth Heineman, "The Hour of the Woman," 363-364, 370. Moreover, after the war ended, references to rape among the German public did not disappear. But such references were used increasingly not to talk about German women's actual experiences, but about the "rape of Germany" by foreign armies, particularly from "a brutal Soviet or Asian culture." These discussions of rape thus reflected a postwar West German appropriation of the female experience of rape. For additional discussion of the mass rapes of German women at the end of the war, Elizabeth Heineman, "Introduction: The History of Sexual Violence in Conflict Zones," in *Sexual Violence in Conflict Zones: From the Ancient World to the Era of Human Rights*, ed. Elizabeth D. Heineman (Philadelphia & Oxford: University of Pennsylvania Press, 2011), 1-21; and Atina Grossmann, "The 'Big Rape': Sex and Sexual Violence, War and Occupation in Post-World War II Memory and Imagination," in *Sexual Violence in Conflict Zones: From the Ancient World to the Era of Human Rights*, 137-151. Also see Atina Grossmann, *Jews, Germans, and Allies: Close Encounters in Occupied Germany*, and "A Question of Silence: The Rape of German Women by Occupation Soldiers," in *West Germany under Construction: Politics, Society, and Culture in the Adenauer Era*, ed. Robert G. Moeller (Ann Arbor: University of Michigan Press, 1997), 33-52; Helke Sander and Barbara Johr, eds., *Befreier und Befreite: Krieg, Vergewaltigungen, Kinder* (Munich: A. Kunstmann, 1992), and Norman Naimark, *The Russians in Germany: A History of the Soviet Zone of Occupation, 1945-1949* (Cambridge, Mass.: Belknap Press of Harvard University Press, 1995), esp. 69-140.

category of women, for they were female followers, but not members, of the German Army. Their story of retreat and imprisonment cannot be adequately recovered by looking at a general “flight from the East” narrative,⁸⁹³ nor can it be recovered through a general military narrative.⁸⁹⁴

German Red Cross nurses’ experiences of the flight from the East reveal how, as the communities on the Eastern Front came under threat, German Red Cross nurses continued to be concerned about the security of their patients and co-workers and about nurses’ special role in the war effort. More specifically, nurses’ experiences of defeat were characterized by two themes. First, nurses perceived themselves and their patients as a community of victims of Allied armies. Nurses’ descriptions of the retreat and defeat in the East focus on chaos, shootings, and bombings; they were very much worried about the ability of Germans to defend themselves and about their personal ability to care for their patients. Second, nurses highlighted their special role in this community of victims, as women and as German Red Cross nurses. By continuing to work as nurses through the last year of the war, nurses had a specific perception of German victimization at the hands of the conquering armies and of their own position in relation to the rest of the German collective.

Retreating from the Eastern Front

⁸⁹³ Although Bessel’s and Douglas’ recent works provide very good detail about the expulsions from the east.

⁸⁹⁴ Such as the collected volumes of *Das Deutsche Reich und der Zweite Weltkrieg*, ed. Militärgeschichtlichen Forschungsamt (Stuttgart: Deutsche Verlags-Anstalt, 1979-), esp. Vol. 10 (Pts 1 & 2).

The military losses of the last year of the war⁸⁹⁵ and the chaotic retreat to Germany fostered an experience of defeat centered upon the theme of German victimization. If nurses previously had conceived of their communities as based on a shared “race,” wartime experiences, and the determination to protect German life, within the context of retreat the nature of this community changed. Red Army advances, constant relocations of the field hospitals, bombings, shootings, and the lack of organization within the German military medical establishment all worked to create a situation in which nurses felt victimized and which undermined the front field hospital community.

The communities of the German Red Cross nurses began to fall apart within the context of the Soviet advance into Ukraine in the spring of 1944.⁸⁹⁶ The experiences of Sister Irene Pauli, of the Baden Red Cross Sisterhood, illustrate how this disintegration occurred. Sister Pauli had been stationed in Proskurow(v) (Khmelnyskyi, Ukraine⁸⁹⁷) in March 1944.⁸⁹⁸ In her recollection,⁸⁹⁹ appearing in the form of a letter to her sisterhood, she wrote that she and her unit had gone through a “dangerous path” while traveling

⁸⁹⁵ Bessel, *Germany* 1945, 11. One-quarter of all German military losses occurred within the last four months of the war.

⁸⁹⁶ On March 5, 1944 the First and Second Ukrainian Fronts began their spring offensive in Ukraine. Soviet commanders Zhukov and Konev led “two massive parallel thrusts, each spearheaded by three tank armies.” On March 20, in order to prevent having his troops cut off between the Bug and Dniester Rivers, German commander Kleist allowed the Sixth Army to withdraw from its position. The subsequent Soviet attack to push the German Army out of Crimea lasted from April 7 to May 12. By May 1944, Hitler could only count on 2.2 million troops to fight for him in the East. See I.C.B. Dear, ed., *The Oxford Companion to World War II* (Oxford: Oxford University Press, 1995), 444-445.

⁸⁹⁷ Proskurow(v)/Khmelnyskyi, Ukraine is located in west, central Ukraine, about mid-way between Ternopil (to the west) and Vinnytsia (to the east).

⁸⁹⁸ Deutsches Tagebucharchiv (DTA) 1337— “Auszug aus einem Brief von Schwester Irene Pauli an Schwester Hildegard Buehler über die Verlegung eines Lazarettes,” 9, in “Treffen der Feldschwestern, 1939-1945” in der Badischen Schwesternschaft vom Roten Kreuz, Kochstr.2-4, Karlsruhe am 8. Mai 1991 zu Ehren des 90. Geburtstages von Oberin Anne Odenwald (1991)

⁸⁹⁹ Chapter 6 provides an extended discussion of nurses’ memories and commemoration of their war service.

from Ukraine to Poland. She and her colleagues left Proskurow on March 8. When riding through the city, they saw a “war-like image” of “Tiger tanks, armored scouts, *Sturmgeschützte*, large ammunition columns, scattered troops, refugees and *Panjefahrzeuge*, all in a colorful mess.”⁹⁰⁰ At that time, she recalled that the Russians stood with tanks 10 km outside of the city. The nurses and their unit moved away from their hospital, and then closer to it again, constantly trying to avoid Russian guns. The next day was spent doing the same activity as before.⁹⁰¹ During the day Russian reconnaissance aircraft flew over the city, and at night they dropped bombs. But Sister Pauli wrote that the bombs did not hit her unit. By the next morning, she and her unit were on the road again.

Sister Pauli’s “flight” from the East was thus characterized by a chaotic stop and go process, constant fear of the Russian army, and general military disorganization. Such themes highlighted a perception of victimization or threat of victimization, which continued to be relevant as Sister Pauli’s unit moved into western Ukraine. It took Sister Pauli’s unit a total of 14 days to travel from Proskurow(v) to Lviv (formerly the capital of Galicia, also known as Lemberg, now part of Ukraine).⁹⁰² Over their travels westward, their vehicles suffered from many attacks. Her unit was able to spend one night in Kamenz Podulsk (Kamianets-Podilsky, Ukraine), but the Russians followed quickly behind. From the perspective of the Air Force, which was waiting for the hospital staff in Lviv, her unit was 12 days overdue. The Air Force had received no

⁹⁰⁰ DTA 1337—“Auszug aus einem Brief von Schwester Irene Pauli an Schwester Hildegard Buehler über die Verlegung eines Lazarettes,” 9.

⁹⁰¹ *Ibid.*, 9.

⁹⁰² Their route was Proskurow(v)-Tarnopol-Lemberg/Lviv.

news of the delays or of the attacks.⁹⁰³ The situation thus reveals the chaotic nature of the military organization on the Eastern Front in the last year of the war. Moreover, the lack of communication between military units and their hospitals staffs, the bombings, and shootings all worked to threaten the existence of the field hospital and of individual nurses themselves. Although Sister Pauli's unit finally relocated to Polzno (120km from Cracow, in Poland) on April 12, 1944, its future was still uncertain.

Other nurses' experiences of retreat reveal the same tropes of chaos, poor military administration, and the threats by enemy guns. Each of these factors contributed to the perception of the victimization of the Germans and thereby the disintegration of the community of the front field hospital. For example, in July 1944, Sister Brigitte Penkert wrote that she was sleeping in the same house in Warsaw that she had slept in two years before, when she had been traveling to Russia.⁹⁰⁴ She wrote that it should be apparent about what was going to happen next, alluding to the impending Russian advance. This theme became even more obvious when she wrote a few days later that things were slowly becoming clear, as orders that were given were then being revoked, alluding to the chaotic nature of the military organization at the time. Of her circumstances, she wrote "The same place, the same rooms, and then under such changed circumstances. That would probably not become a pure joy."⁹⁰⁵ Here she makes both an explicit and implicit reference to her past work as a Red Cross nurse, for in her first months on the Eastern Front she had written to her mother precisely about

⁹⁰³ Ibid., 9.

⁹⁰⁴ Penkert, Warsaw, July 20, 1944, 216-217.

⁹⁰⁵ Penkert, Letter 104, Zyrardow b. Warschau, July 28, 1944, 220.

her joy in her work as a nurse to German soldiers.⁹⁰⁶ Penkert demonstrates that even for a nurse such as herself, who had found wartime nursing so rewarding, the loss of this joy was a consequence of the retreat and impending Russian invasion. Her personal fulfillment as a nurse was thus directly related to the course of the war and the changing situation of the front field hospital.

The experiences of Sister Käthe Stillbauer reflect a similar pattern of the loss of the field hospital because of the threat of enemy advance and the chaotic nature of the military administration. At the beginning of June 1944, Stillbauer received orders to replace an ill nurse in a hospital Libau/Lettland.⁹⁰⁷ But by the end of August this hospital was forced to dissolve in response to incoming Soviet troops who were moving forward with Operation Bagration.⁹⁰⁸ Fearing an attack by the Red Army, Stillbauer and the other hospital workers loaded all of their patients and supplies onto trucks. They were then driven under the escort of armored cruisers to Dansk. From there, she and her coworkers and patients traveled in trucks to Bremerhaven. Stillbauer wrote that air bombers shot at her and the others.⁹⁰⁹ Similar to Sister Pauli, Sister Stillbauer's retreat to Germany centered upon the threats to and potential victimization of herself, her patients, and her colleagues.

⁹⁰⁶ Penkert, Letter 10, Düsseldorf, 12 December 1940, 80. "What I have given them (the soldiers) in the last months, in many difficult hours of endless patience...the soldiers give this back to me a hundred times today. How could I not be happy if I have proof now that I was and am, from head to toe, a true sister of my soldiers."⁹⁰⁶

⁹⁰⁷ DTA 1337—"Bericht von Schwester Käthe Stillbauer über ihren Kriegseinsatz von November 1941 bis zu ihrer Entlassung aus Bergen-Belsen im August 1945," 10-11. From November 1941 through September 1943, she worked in France (in Paris-Clichy and Meudon) in an Air Force hospital, and then in a partial hospital. Stillbauer belonged to the Baden Red Cross sisterhood, the same sisterhood as Sister Pauli.

⁹⁰⁸ Mazower, *Hitler's Empire*, 522-24

⁹⁰⁹ DTA 1337—"Bericht von Schwester Käthe Stillbauer," 10-11.

Moreover, the stop and start retreat movement to Germany and the defeat resulted in the final dissolution of the front field hospital for Sister Stillbauer. More specifically, in Bremerhaven Stillbauer and the other German Red Cross nurses unloaded their patients and left them in this so-called “safe haven.” The nurses then moved on. Their community of the front effectively ceased to exist, but their roles as nurses did not, thereby suggesting that the existence of this community was not as essential to these women’s identities as their roles as nurses. By January 1945, Stillbauer and her colleagues found themselves helping set up a hospital in a former school in Stargard bei Stettin.⁹¹⁰ 42 people, including nurses, nursing assistants, staff assistants, and laboratory technicians were commanded to this assignment.⁹¹¹ Perhaps unsurprisingly, Stillbauer did not remain at this new post for long. At the train station in Stettin another Red Cross assistant was able to meet with her father, who was a general in the Air Force Command. He ordered that she and the nursing unit—including Stillbauer—be given room and board for the night, and then the next day the women were sent to Berlin. Nurses’ personal connections with the military therefore affected also their own assignments and their ability to reach Germany before the Soviet advance. In the case of this particular unit, the women did so without their patients.

This process of the victimization of the community of the field hospital could continue inside Germany proper. For example, in Berlin, Sister Stillbauer and her unit

⁹¹⁰ Stettin, which served as Germany’s Baltic port before the war, endured repeated Allied bombings during the war. From the beginning of 1945 its inhabitants faced “catastrophic problems of food supply” and of destruction. In February Germans began to leave the city in large numbers, fleeing the incoming Russian troops. The Red Army gained control of Stettin on April 26, 1945. Over the next year, the city became Polish (renamed Szcecin) and many Germans who had been living there died from starvation and violent attacks. Bessel, *Germany 1945*, 227-239.

⁹¹¹ DTA 1337—“Bericht von Schwester Käthe Stillbauer,” 11.

located the Air Force Command and from it received orders to register with a military doctor at the Neukloster at Wismar. The nurses were to establish a hospital there.⁹¹² Since leaving Stargard, Stillbauer's unit contained more than 100 people, who then worked at the new hospital in Wismar. This hospital operated for only eight weeks before being dissolved when French soldiers arrived. At this point, nurses loaded the patients onto trains that went to unnamed locations. Stillbauer and the other hospital staff walked to another school in the vicinity of Wismar. During their first night there, the colonel doctor and male medics left. Stillbauer does not provide a reason for their disappearance nor does she comment on its effect on the female hospital staff, but she makes it clear in her recollection that as her unit faced impending imprisonment, the nurses were abandoned by their male superiors and left alone.⁹¹³

An analysis of individual nurses' experiences of retreat thus reveals a more general pattern. Nurses and their patients became victims or potential victims of advancing enemy troops. Shootings and bombings, when combined with a sometimes-

⁹¹² Ibid., 11. This hospital was to be located in a former teacher training school.

⁹¹³ Ibid., 11. We can see similar themes in the recollections of Sister Edith Haase, who belonged to the Arnstadt Red Cross motherhouse. Sister Haase worked along the Eastern Front during most of the war until Soviet troops forced her and her hospital staff to retreat to Austria in 1945. For example, Sister Haase recalled that while moving her hospital unit from location to the next, all of the patients were loaded quickly, and that her group was the last to leave their prior hospital (in an unnamed location in eastern Austria). At that time, the Russians were approaching Bad Gleichenberg and the hospital convoy had to find a way around them. As the convoy approached Graz, Haase recalled that a "wall of fire" stood over it. The next day her unit stopped to rest in Leoben, but they were then attacked by aerial bombardments. Looking back on the experience, she wrote, "Normally such a ride through the Alps would have been nice. However, we were on the run." Her patients were on the run, so to speak, as well, and she worried about their condition because she knew that the hospital trains had been shot at. In the midst of the retreat, Haase thus focused not just on her well-being. She also focused on that of her patients, revealing the important role that her nursing identity played during the chaotic retreat. Haase later wrote that the experience was so chaotic that she did not have the time to write anything down until many years after the war. Because of this reliance on memory, it is difficult to know what really happened and what stuck out in their memory. However, the themes Haase focuses on are similar to other nurses' writings, revealing the common aspects of their individual experiences. DTA 1601—"Schwester Harmonica," 58.

confused military medical administration, often left nurses alone amongst themselves. The nursing sisterhood, even if its composition had changed over the course of the war (and in the case of some of these nurses, it is impossible to tell the extent of these changes), remained important to some German Red Cross nurses. But one may ask, to what extent did nurses identify with the larger German collective?

Nurses' rarely commented explicitly on their relationship to the larger German collective. They focused primarily on their own situations and that of their medical units. The case of Sister Brigitte Penkert offers a clear exception. In the last year of the war, as she found herself back in Poland after retreating from Russia, Penkert continued to identify herself as a nurse. At the same time, Sister Penkert's sense of community was very much that of a National Socialist "people's community." However, she prioritized the knowledge and determination of those Germans who were on the front in comparison to the Germans who lived on the home front. She believed that the war would touch every German, and she was highly critical of those who thought the military defeat or economic impact of the war would not affect them. Of this type of people, she wrote, "These poor fools! They only understand what it (the war) is about, when they feel the cold barrel (of a weapon) of a Bolshevik or an American 'Browning' in one's own neck."⁹¹⁴ In contrast, Penkert thought she had "real knowledge" about the situation of the war. But, at the same time, she thought that everyone in the German collective—men, women, children and the elderly—had to fight, as much as their strength would allow.⁹¹⁵ Of the upcoming battles inside Germany, she wrote:

⁹¹⁴ Penkert, Letter 105, August 24, 1944, 238.

⁹¹⁵ *Ibid.*, 238.

Now the front in the east and in the west is in part on German soil. The great attack of the Russians will start tomorrow or in days, at the longest in weeks. The coming near time will demand a struggle—military and morally—from our people, that is without precedent in their history... *Where we will fight is by the gods! ... As long as a strip of land in Germany is free from the enemies, that is as long as I will believe that the history of my people has not been given (spoken) the death sentence.*⁹¹⁶

In some ways, Sister Penkert thus reveals how she prioritized her own position in the war effort and how she distinguished herself from other Germans. In her writing, she displays an almost fanatical dedication to the war and concern about the attitudes and commitment of those on the home front. She highlighted her own (seemingly superior) knowledge and dedication to the war, in some ways mirroring her and other nurses' wartime self-confidence and their opinions regarding their knowledge of the conditions of the front versus that of their superiors and those who worked further away from the front.⁹¹⁷ In addition, like the other nurses, she emphasized her special role *as a woman* in the war and in Germany. Penkert wrote that she never really had a desire “for this kind of life” (life on the front as a nurse) and that she would rather be a mother of many children.⁹¹⁸ She wrote to her mother, “since I am in reality a barren aging girl, I try at this level to compensate for what I have not done naturally.”⁹¹⁹ Red Cross wartime nursing provided Penkert with the opportunity to serve her country as best she could when the “natural” path for women was cut off to her.

⁹¹⁶ Ibid., 238-239. “Schon steht die Front im Osten u. Westen zum Teil auf deutschem Boden. Der grosse Angriff der Russen wird morgen oder in Tagen, längstens in Wochen, beginnen. Die kommende nächste Zeit wird eine Anstrengungen—militärisch und moralisch—von unserem Volk verlangen, die ohne Beispiel ist seiner Geschichte... *Wo wir kämpfen werden steht bei den Goettern! . . . Solange noch eine Streifen Deutschland vom Feinde frei ist, solange werde ich nicht glauben, dass die Geschichte meinem Volk das Todesurteil gesprochen hat.*”

⁹¹⁷ See extended discussion of this theme in Chapter 3.

⁹¹⁸ Penkert was unable to have any more children after giving birth to one daughter.

⁹¹⁹ Penkert, 236. “Da ich aber in wirklichkeit nur ein unfruchtbares, älter werdendes Mädchen bin, versuche ich auf dieser Ebene auszugleichen, was ich auf der natürlichen nicht geleistet habe.”

Despite the ways in which Penkert claimed a special kind of female role in and knowledge of war, at the end of the war, Penkert considered her position within the larger German national community to be of prime importance, in contrast to a position within that of a front hospital or sisterhood. Indeed, what led her to choose and hold onto her life and her position as a nurse in the war was, “Nothing but a boundless love for my people (*Völk*) and a stronger sense of honor and shame for my country compared to women in general. From my childhood, from the sound of the bugles in the streets of Kattowiz (Katowice, Poland), up to every movement I’m doing here, leads a straight line.”⁹²⁰

Nurses thus reacted to the threat of the enemy armies in different ways. As the communities of the front field hospitals fell victim to enemy fire and disintegrated, nurses turned either to each other, to themselves, or to the larger German collective. Moreover, it is clear that when nurses felt victimized, they identified with what they perceived as a larger German community of victims, and, in some cases, one primarily made up of nurses. This pattern also appears when analyzing their experiences of imprisonment.

Nurses’ Experiences of Imprisonment

Whether German Red Cross nurses made it to the borders of the old Reich before May 1945 or whether enemy armies overcame them before reaching their

⁹²⁰ Ibid., 235-236. “Was mich dieses Leben im Kriege wählen u. durchhalten liess, ist nichts als eine mallose Liebe fuer mein Völk u. ein schärfer ausgeprägtes Gefühl für Ehre u. Schande meines Vaterlandes als es Frauen im allgemeinen haben. Aus meinen Kinderjahren, von dem Ton der Clarions in den Strassen von Kattowitz, bis zu jedem Handgriff, den ich hier tue führt eine gerade Linie.”

homeland, nurses' periods of imprisonment were shaped by the experience of perceived and real victimization by Allied Armies and those operating under Allied supervision. However, nurses' roles as caretakers and as women also influenced the nature of their experiences in the prison camps. As prisoners, nurses faced starvation, beatings, and rape. The women also maintained their roles as nurses and, given the right circumstances (i.e. the presence of other German Red Cross nurses), they could create a small sisterhood of nurses. An analysis of nurses' experiences as inmates in enemy prison camps—both inside and outside the borders of the Reich the Allies—thus adds to the historical understanding of how German women experienced the defeat in ways that were later overlooked in postwar Germany, at least in the Federal Republic.⁹²¹ Moreover, nurses' descriptions of imprisonment help to reveal to what extent prison camps run by the British and the Americans mirrored those overseen by Soviet forces.⁹²²

According to Articles Nine and Ten of the 1929 Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field, medical personnel were not to be treated as prisoners of war. This included the personnel of voluntary aid societies, such as the German Red Cross, given that the each “High

⁹²¹ Heineman, “The Hour of the Woman,” 370, 373.

⁹²² For example, Bessel argues that Germans had “high expectations” of the quality of life in American captivity, but many found their expectations fell below reality. At least initially, the American military was ill-equipped to care for some three million German soldiers. However, most German soldiers who were in American or British captivity were released relatively quickly (by the end of 1945) and fared better than those who found themselves in Soviet captivity. Bessel, *Germany 1945*, 200-202. Douglas discusses the conditions in the camps (in Eastern Europe and in Germany) that housed German expellees from Eastern Europe. *Orderly and Humane*, 132-153. 197-228. For a general comparison, see Rüdiger Overmans, “Das Schicksal der deutschen Kriegsgefangenen des Zweiten Weltkrieges,” in *Das Deutsche Reich und der Zweite Weltkrieg. Band 10. Zweiter Halbband. Die Folgen des Zweiten Weltkrieges*, ed. Militärgeschichtliches Forschungsamt, Freiburg im Breisgau, Germany (Munich: Deutsche Verlags-Anstalt, 2008), 415-507.

Contracting Party” (such as the government or its army) notify the other which voluntary aid societies it had authorized to provide medical assistance to its military.⁹²³ Germany and the Western Allies had signed the Geneva Convention of 1929.⁹²⁴ The Soviet Union was not a party to the Convention, and the country was thus not legally required to adhere to it. During the Second World War, the German Army and the SS violated many parts of this convention.⁹²⁵ After the war, Articles Nine and Ten did not necessarily protect German Red Cross nurses. In the West, in all likelihood, because the nurses had worked directly with the German Army, they were also subject to imprisonment after the war. We can assume that if the Allies found these women, while still with German troops, they would likely have been imprisoned at least temporarily.⁹²⁶ They were often released after a short time.⁹²⁷ It is difficult to know

⁹²³ “Practice Relating to Rule 25. Medical Personnel.” International Committee of the Red Cross. Customary International Humanitarian Logistics, accessed May 4, 2015. http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule25 Article 9 of the 1929 Geneva Convention provides: “The personnel engaged exclusively in the collection, transport and treatment of the wounded and sick, and in the administration of medical formations and establishments, . . . shall be respected and protected under all circumstances. If they fall into the hands of the enemy they shall not be treated as prisoners of war. Soldiers specially trained to be employed, in case of necessity, as auxiliary nurses or stretcher-bearers for the collection, transport and treatment of the wounded and sick, and furnished with a proof of identity, shall enjoy the same treatment as the permanent medical personnel if they are taken prisoners while carrying out these functions.” Article 10 of the 1929 Geneva Convention provides: “The personnel of Voluntary Aid Societies, duly recognized and authorized by their Government, who may be employed on the same duties as those of the personnel mentioned in the first paragraph of Article 9, are placed on the same footing as the personnel contemplated in that paragraph, provided that the personnel of such societies are subject to military law and regulations. Each High Contracting Party shall notify to the other, either in time of peace or at the commencement of or during the course of hostilities, but in every case before actually employing them, the names of the societies which it has authorized, under its responsibility, to render assistance to the regular medical service of its armed force.”

⁹²⁴ Favez, *The Red Cross and the Holocaust*, 4.

⁹²⁵ See Colin D. Heaton, *Occupation and Insurgency: A Selective Examination of The Hague and Geneva Conventions on the Eastern Front, 1939-1945*, ed. Steve Greer (New York: Algora Publishing, 2008), 47-55.

⁹²⁶ Maubach, *Die Stellung halten*, 275-276. This was the case for female army auxiliaries. Every nurse whose personal documents I do have does mention a brief period of imprisonment. Moreover, General Eisenhower issued an order on May 23, 1945 which declared that “women, under-age soldiers and representatives of various professional groups deemed crucial to post-war survival of Germany, subject to their not being politically or criminally tainted” were “eligible for release.” While some of the releases were then halted (temporarily) due to the French demand to use American prisoners as labor, this should

exactly how many nurses were imprisoned by the Western Allies or by the Soviet armed forces.⁹²⁸ However, based on available evidence, one can conclude that the ways nurses were treated in the camps, and the ways in which nurses thought about their position in the camps, were both affected by nurses' profession and by their gender. The location of the prison camp also necessarily affected nurses' experiences. I thus consider nurse's experiences in camps run under Soviet supervision, and then turn to the camps run by the British and American occupation authorities.

Imprisonment in Eastern Europe: A Case Study

German Red Cross nurses who found themselves prisoners of enemy armies in Eastern Europe had two common experiences during their periods of imprisonment. First, they were subjected to violence, rape, overwork, malnutrition, and poor living and working conditions. These experiences then provided the basis for their self-perception as victims, and for the perception of the German collective around them as a community

not have affected the release of female inmates. See Frederick Taylor, *Exorcising Hitler: The Occupation and Denazification of Germany* (London: Bloomsbury, 2011), 183. Also see Bessel, *Germany 1945*, 201.

⁹²⁷ Female army auxiliaries were also imprisoned at the end of the war if they had not removed their uniforms or if they had stayed with the German troops until being overtaken by an Allied army. However, in the case of women imprisoned by the American army, it was difficult to keep them in the prison camps long because the Americans did not know what to charge the women with, and because of assumptions about the innocence of women, despite their army uniforms. Maubach, *Die Stellung halten*, 276-277.

⁹²⁸ Maubach also remarks upon the difficulty of finding any evidence about female army auxiliaries imprisoned by the Soviets. Maubach, *Die Stellung halten*, 276. As mentioned above, part of the reason for the difficulty in documentation has to do with the definition of who was a prisoner and for what crimes. This is the case, more broadly speaking, for Germans taken prisoner by the Soviet Union. According to Rüdiger Overmans, "Trotz intensive Forschung in sowjetischen beziehungsweise russischen Archiven bleibt die Frage, wie viele Deutsche insgesamt in sowjetische Gefangenschaft geraten und in die UdSSR verbracht worden sind, bis zu einem gewissen Grad unbeantwortet. Die Gründe dafür sind vielfältig, sie beginnend mit den Definitionen." Including German civilians, perhaps 3.5 million were taken to the Soviet Union. Overmans, "Das Schicksal der deutschen Kriegsgefangenen des Zweiten Weltkrieges," 489.

of victims. Second, nurses focused on their roles as caretakers and as female camp inmates. These patterns are revealed through an analysis of German Red Cross nurses in prison camps in Czechoslovakia in the summer of 1945.

The choice of location is significant because of the important role Czechoslovakia played in the spring and summer of 1945. The country, which had first succumbed to German power in 1938, proved to be a location of intense fighting through the last days of the war.⁹²⁹ In Prague, on May 5, 1945, with the Red Army close by, the Czechs rebelled one final time against the German occupiers, resulting in a strong counterattack by the Waffen-SS. Battles between Czechs and Germans continued past V-E day, lasting as long as to May 11 in western Bohemia. Amidst this final conflict, Czech troops, police, and others engaged in intense “reprisals” against Germans, regardless of the status (i.e. civilian, military, SS) of the latter.⁹³⁰ Soldiers, “partisans,” and “Revolutionary guards” killed, raped, and robbed many Germans inside of Prague and in other Czech towns and cities. Some Germans were gathered and then shot in stadiums and hospitals. Known Nazis and collaborators were sent to local prisons. The most well-known revenge-taking against the Germans was the so-called “Brno Death March” of May 30, 1945 during which Germans were deported to Austria, many (one historian cites as many, if not more than 1,700) of whom died.⁹³¹ According another historian, “even the Red Army was shocked by the Czech’s humiliation of the

⁹²⁹ Mazower, *Hitler’s Empire*, 544-545.

⁹³⁰ Douglas, *Orderly and Humane*, 95-96.

⁹³¹ Douglas, *Orderly and Humane*, 98-99. The “Brno Death March” was later depicted in expellee literature as a “template” for the “wild expulsions” of 1945. However, because this act of expulsion was directed by local civilians, and not by Czech authorities, it was actually an exception to the “normal” process of expulsion during this period. Also see Mazower, *Hitler’s Empire*, 545.

Germans.”⁹³² An estimated 19,000-30,000 Germans died during the summer of 1945, when these so-called “wild expulsions” from Czechoslovakia occurred.⁹³³ The Czech government made no serious effort to reign in the actions of its people. Indeed, the practice of expulsion was formally authorized by the Potsdam Agreement, which allowed for the “orderly and humane” transfers of populations after the Second World War. These transfers were intended to remove dangerous German “Fifth Columnists” from formerly German-controlled territories.⁹³⁴ German Red Cross nurses were caught up in these expulsions and related violence in Czechoslovakia. But they found themselves not expelled directly to Germany; instead they were imprisoned.

Thousands of detention centers for Germans appeared in Czechoslovakia and central Europe after the German Army retreated. These centers had different manifestations—concentration camps, labor camps, “Assembly” or “displacement” camps. But for the most part the official title of the camp did not matter, as conditions were generally terrible for the inmates. These camps (referred to henceforth as “detention camps” for the purpose of the chapter) were essentially prisons. The detention camps were also distinct from military prisoner of war camps, as the Geneva Conventions of 1929 protected POWs.⁹³⁵

⁹³² Mazower, *Hitler's Empire*, 545.

⁹³³ *Ibid.*, 547. Of those, approximately 5,000 committed suicide, 6,000 were murdered. The rest died as a result of starvation and disease.

⁹³⁴ Douglas, *Orderly and Humane*, 93-100, 108-112, 207-217. Reich and ethnic Germans were expelled from Czechoslovakia, Hungary, Poland, Romania, and Yugoslavia.

⁹³⁵ *Ibid.*, 132-140.

Sister Friedel Duerr, a member of the Baden Red Cross Sisterhood, provided a particularly detailed account of her time in a detention camp in Czechoslovakia.⁹³⁶ Given the content of her report—including the presence of women and children in the camp and the forced labor of the inmates⁹³⁷—it is likely she was imprisoned in one of these detention centers. The theme of victimization marked each stage of her experience of imprisonment, from the period preceding her physical imprisonment through her liberation. Violence, in particular, became a defining aspect of her daily life from the last days of the war through late summer 1945. As of May 1, 1945, Sister Duerr was working with five other German Red Cross nurses in a recently opened hospital in Prague. They thus found themselves caught in the city when the rebellion began on May 5. Duerr recalled that the local Czech population tried to attack her, the supervising doctor, and the other Red Cross nurses.⁹³⁸ Her descriptions mirror the experiences of other Germans who found themselves in the city at that time.⁹³⁹ She wrote that the Czech police intervened in order to protect the medical workers from the civilians. However, on May 7, 1945 Duerr and her accompanying staff were officially brought into Czech captivity. She recounted that during the first week in prison she and the others had little food, but that they were also surrounded by barricaded school walls (they were first imprisoned in a school building).⁹⁴⁰ Therefore the hospital workers had

⁹³⁶ DTA 1337—“Treffen der Feldschwestern”: “In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 15. It is unclear when she first wrote this report. It was delivered to her nursing sisterhood in 1991.

⁹³⁷ Douglas, *Orderly and Humane*, 134, 137.

⁹³⁸ DTA 1337— “In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 16.

⁹³⁹ Douglas, *Orderly and Humane*, 95, 96, 97.

⁹⁴⁰ Such temporary locations of imprisonment were common in central Europe. Germans were detained in sports stadiums, abandoned factories, schools, churches, and private residences. Starvation in the detention centers was not uncommon. Douglas, *Orderly and Humane*, 137, 140.

some kind of protection from the “revolutionary flood” occurring in the city.⁹⁴¹ When the Russian troops arrived one week later, the situation of the German medical staff worsened. The Czech in charge of guarding the school building could not stop the troops from entering and leaving the building. Sister Duerr recalled that it would have been very bad (for the nurses) had not one nurse—a Baltic German—spoke perfect Russian. Duerr wrote that this nurse spoke with the Russians for hours so that they left in the morning without “having achieved anything.”⁹⁴² Duerr’s early experiences of captivity were thus characterized by violence, isolation, and then visits by Russians. She does not mention the word rape when discussing her initial imprisonment, but one can infer that if the Russians had not “achieved anything” this is very possibly what she meant. Each of these experiences provided the basis of a perception of victimization, and they illustrate how German nurses experienced the end of the war in formerly German-controlled territories.

Sister Duerr’s perception of victimization appears even more strongly in her discussion of the transport and experiences in her next location of captivity, a camp in Doorce by Lissa/Elbe (*Lysā nad Labem*). Although Sister Duerr does not specify the kind of camp this was, it is clear that for her, it constituted a location of continued captivity. On May 21, 1945 the Russian troops assembled a transport of 600 women and children and sent them to this larger camp.⁹⁴³ The Russians included all Red Cross members in this transport. Duerr recalled that there were a few (she is unclear how many) Red Cross nurses, about 50 female medics (*Sanitätshelferinnen*), 40 unassociated

⁹⁴¹ DTA 1337— “In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 16.

⁹⁴² *Ibid.*

⁹⁴³ The large presence of civilians in the transport also suggests that this camp was indeed a detention center for Germans. Douglas, *Orderly and Humane*, 137.

women, and 150 children. After arriving at the prison camp, all people capable of working were sent immediately to farms and factories in the area. Except for the older Red Cross nurses, most Red Cross members worked on farms, and according to Duerr, had to “put aside whatever they had remembered about the German Red Cross.”⁹⁴⁴ The nurses worked to have the paragraphs of the Geneva Conventions most relevant to them⁹⁴⁵ translated into Czech and put in front of their commanders. But these nurses and aids realized how little good such tenets and laws did in the camp despite their titles as medical workers. Because Dorce was not a formally military prisoner of war camp, nurses were treated as ordinary German civilians.⁹⁴⁶ Instead of receiving preferential treatment, the women received even more insults, threats, and attacks by local Czechs as the weeks progressed.⁹⁴⁷

While imprisoned in Dorce, the German inmates performed forced labor. Red Cross nurses’ tasks and the effects of such forced labor illustrate not only a perception of the difficulty of daily life as a prisoner; they also reveal nurses’ attitudes about the East and their position within it. Indeed, longstanding German ideas about the East lasted into the postwar period, and were reinforced by the material conditions of the (“detention center”) camps. In most of the camps in Czechoslovakia (or “detention centers”), the inmates had to “defray the costs of their incarceration either through

⁹⁴⁴ DTA 1337—“In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 16.

⁹⁴⁵ Duerr is not specific, but she is probably referring to Articles Nine and Ten of the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field. Geneva, 27 July 1929.

International Committee of the Red Cross. Customary International Humanitarian Law.

http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule25

⁹⁴⁶ Douglas, *Orderly and Humane*, 138. Because of the protections of the Geneva Conventions, POW camps often had “superior conditions” in comparison to civilian detention centers.

⁹⁴⁷ DTA 1337—“In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 16.

forced labor or by means of ransom payments.”⁹⁴⁸ A similar pattern appeared in Dorce. A few German Red Cross members worked in the camp while most worked in nearby farms or factories. Six nurses, three of whom were sick from the beginning of their captivity, took care of various tasks while the others were in the fields or factories. They looked after the children, some of whom had no parents. They cared for over 100 elderly women. They worked in the camp kitchen. They gathered firewood. And they made an attempt to clean the camps. According to Duerr, nurses had a difficult time keeping the living areas clean because of overcrowding and “primitive conditions,” including a lack of proper washing and toilet facilities. 450-500 people used just three washbowls.⁹⁴⁹ The language Duerr used to describe the conditions is almost exactly the same as the language used by nurses to describe the initial conditions of the field hospitals on the Eastern Front.⁹⁵⁰ This is significant because it shows the continuation of certain tropes about the East, but their use in different contexts. Such tropes and conceptions were reinforced when Duerr described the camp as being full of lice and vermin and that although there was no remedy, the nurses waged a “desperate battle” against the pests. Duerr wrote that she and the other nurses begged the camp administrators for an improvement of these conditions. Instead of receiving what they asked for, the captors mocked and scolded the nurses and other camp inmates and called them “German pigs.”⁹⁵¹ Nurses’ daily tasks in the camps thus reflected both a

⁹⁴⁸ Douglas, *Orderly and Humane*, 142.

⁹⁴⁹ DTA 1337—“In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 18.

⁹⁵⁰ For example, Sister Haase wrote: “Everything is so primitive and complicates our work. Especially in heavy casualties.” DTA 1601—“Schwester Harmonica,” November 26, 1941, 15. Also see Chapters 3 and 4 for extended discussions of this theme.

⁹⁵¹ DTA 1337—“In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 19.

perception of victimization and the persistence of long-held German national tropes about living conditions in the Eastern Europe.

Nurses also derived a sense of German victimization based off of the labor other female camp inmates were forced to perform. Duerr wrote that during the day, women had to complete heavy fieldwork. All the while, they received threats and insults from their captors. They also received little food. When the women returned to the camp from the fields, they were “a shadow of their former selves . . . collapsed, haggard and emaciated.”⁹⁵² In addition, the mothers who came back to the camps to be with their children at night could not always provide for their children, thereby illustrating how captivity led to the suffering of children and, in the process, deprived German women of motherhood and led to the suffering of children.⁹⁵³ Duerr therefore illustrates the many ways in which, from her point of view, Germans were victims immediately after the war.

Two types of victims stand out in Sister Duerr’s account of life in the camp: the rape victim and the victim of malnutrition and disease. Both types are directly related to Duerr and other nurses’ positions as *women* and as *nurses* in the detention camp. The threat of rape of German women by Russian soldiers was a common trope during and after the war, and rape was a common experience during and after the war for many German women.⁹⁵⁴ In the detention camps, rape and “ritualized sexual humiliation and

⁹⁵² Ibid., 16.

⁹⁵³ After the war ended, the new governments in Central and Eastern Europe did not make much effort to distinguish innocent and guilty Germans. They made only a few exceptions for German children, many of whom experienced by far the “worst conditions” in the detention centers. Starvation and related diseases were the main causes of German children’s deaths. Douglas, *Orderly and Humane*, 233-238.

⁹⁵⁴ Heineman, “The Hour of the Woman,” 364-365. Postwar narratives of victimization in West Germany drew on stories of female returnees from the USSR, and that these stories were usually those about rape, even though there was not much evidence to back up these stories. See Biess, *Homecomings*, 60. Here in

punishment” were prevalent, especially targeting German women.⁹⁵⁵ According to Duerr, the experience in Dorce was no exception; rapes constituted an important part of the female experience of captivity. Duerr claimed that Russians came into the barracks at night and assaulted and raped the female inmates.⁹⁵⁶ She wrote that some of the guards still had enough “human feeling” (“*menschliches Gefühl*”) and the confidence to shoot at the Russians, but that other guards were cowardly, allowed the Russians to enter the barracks, and sometimes received rewards for doing so. Duerr suggested that the situation changed when some of the women decided to give themselves “willingly” to the Russians. The result, for the women in the barracks, was a mixture of shame and relief.⁹⁵⁷ There was shame because of the act, but also relief because after women began to offer themselves to the Russians, there were fewer robberies and the (other women) slept much better.

The nurses continued perceive acts of brutality along with small acts of sympathy, both of which illustrated the powerlessness of the women in the face of non-German men. Moreover, these acts of exceptional kindness did not take away from a more general sense of victimization in the camp. Duerr wrote that a “small Mongol”⁹⁵⁸

my chapter, I look at how the experience or threat of rape provided the reason for nurses’ discourse of victimization, rather than the other way around.

⁹⁵⁵ Douglas, *Orderly and Humane*, 141. Investigators from the International Committee of the Red Cross also reported on the systematic sexual abuse of female inmates, both in Czechoslovakia and in Poland.

⁹⁵⁶ DTA 1337—“In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 17.

⁹⁵⁷ *Ibid.*, 18. “So verletzend und beschämend dies für uns alle war, waren wir doch nach den ersten Tagen froh darüber.”

⁹⁵⁸ The use of a racist term like “Mongol” demonstrated the continued persistence of Nazi-era racist categories after the war ended. Although Duerr refers to the Mongol as the exception to the norm of a violent Soviet soldier, the women who were raped by Soviet soldiers in Berlin also thought that people would believe their rape by Soviet or “Asiatic” soldiers to be a “particularly serious violation.” The actions of the Soviet soldiers, in effect, confirmed Nazi propaganda about the danger of the “drunken, primitive ‘Mongol’ who threatened German women with an “orgy of revenge.” Heineman, “Introduction: The History of Sexual Violence in Conflict Zones,” 6, and Grossmann, “The ‘Big Rape’: Sex and Violence, War, and Occupation in Post-World War II Memory and Imagination,” 137-140.

appeared in the camp and guarded the women's barracks.⁹⁵⁹ According to Duerr, he then witnessed one of the “worst nights in the camps” (alluding to Russian assaults and rapes); this event made him feel sympathetic for the nurses and prompted him to try to protect them in the future. She wrote that he did so for a short time before he disappeared from the camp.⁹⁶⁰ Other acts of “sympathy” also occurred because of the negative effects of the “nighttime excitement” (“*nächtlichen Aufregungen*”) upon the women's labor. Eventually, someone with authority in the camp decided to post a guard during the “worst nights” of Saturday/Sunday and Sunday/Monday so that the women could get more rest and thus be more productive during the way. According to Duerr, “These nights were perfect and for us a rest from the past horrors and we looked forward to them (these nights) all week.”⁹⁶¹ In Duerr's report on her camp experiences, rape therefore constituted an important and dangerous aspect of the lives of female inmates. Her descriptions of individual acts taken by camp guards to lessen the occurrence of rape mirror reports of rapes by Soviet soldiers inside of eastern parts of Germany, with tales of violent rape occasionally accompanied by tales of the kindness of individual Soviet soldiers.⁹⁶² However, in both cases, women were clearly targeted because of their gender.

While rape thus constituted one of the main forms of perceived German victimization in the camp, the other main form was that of the ill patient. Sister Duerr's focus on these patients reveals the strong role her nursing identity played during her period of captivity, thereby highlighting how her experience of imprisonment was

⁹⁵⁹ DTA 1337—“In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 18.

⁹⁶⁰ Ibid.

⁹⁶¹ Ibid.

⁹⁶² Naimark, *The Russians in Germany*, 75.

different from other German women. Duerr claimed that one of the tasks of the Red Cross nurses who worked in the camps (in contrast to the fields or factories) was that of managing the infirmary, which at any time had almost always 60 patients who lived in unfavorable conditions.⁹⁶³ According to Duerr, the hardest thing for nurses to deal with in the hospital was disease. Without proper beds, nurses laid patients upon beds of straw without any linen. And “even more terrible” for the nurses was to have to repeatedly put typhus patients down upon that same straw,⁹⁶⁴ which allowed for disease to spread easily. Duerr tried to demonstrate the efforts and ultimate helplessness of the nurses in fighting disease. She often asked (the camp administrators) for some kind of improvement of the hospital conditions, “But everything remained the same as it was, (for) the whole seven months.”⁹⁶⁵ Eventually, the nurses gave up their requests because they had learned that the guards would react with antipathy or violence.

Sister Duerr’s identity as a nurse also shaped her judgment of the worst problem of the camp. According to Duerr, the biggest problem in the camps was not the poor hospital conditions, the crowded and unsanitary living conditions, or the regular assaults and rapes by Russian soldiers. Instead, she thought the biggest problem in the camp was the lack of food, especially for infants and children. She wrote that, “Desperate mothers gave black coffee with soaked brown bread to their three to four month old infants” and that a total of 22 children died.⁹⁶⁶ After some type of “official visit” (she is unclear if

⁹⁶³ DTA 1337—“In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 19.

⁹⁶⁴ *Ibid.*, 19.

⁹⁶⁵ *Ibid.*, 19.

⁹⁶⁶ *Ibid.*, 20.

the visit was by the ICRC or from another organization),⁹⁶⁷ the food conditions improved slightly. However, Duerr claimed that over the course of her seven months of captivity, the inmates received no vegetables at all. Poor nutrition resulted deaths of both children and the elderly, confirming other historical studies.⁹⁶⁸ Duerr has a special perspective about the problems in the camps and the causes of the deaths because of her position as a Red Cross nurse. Although she does not explicitly write that she and the other inmates were victims, her focus on the suffering and death of Germans suggests as much.

This sense of victimization also appears, finally, in Duerr's discussion of how the camp conditions impacted her well-being. In October 1945, she fell ill with nephritis.⁹⁶⁹ She was so sick that the Czechs overseeing the camp decided that she needed to be taken to a real hospital. They took her to a hospital in Nymburk where Duerr was treated "not unkindly" for three days. It is not clear why the camp administrators allowed Duerr to leave the camp to receive treatment, for they had ignored all requests by Duerr and the other nurses for improved medical conditions in the camp infirmary. In any case, from Nymburk Duerr secured a ride to Germany in a larger transport of sick people. Again, it is not clear how she accomplished this. The camp doctor ordered two Czechs to accompany Duerr on the train and she later wrote, "they really took care of me" and these men were "the first Czechs who came to her

⁹⁶⁷ The brief discussion of the "official visit" is interesting because the Allies had desired that the ethnic Germans not receive "any form of international protection or assistance." This meant in practice that the Red Cross and other humanitarian agencies could not appeal to the expelling states or to the Allied military governments for improving the condition of the expellees. The main exception occurred in October 1946, when a revealing report by Richard Stoke created conditions in which the ICRC was able to help expellees in Czechoslovakia. Douglas, *Orderly and Humane*, 286.

⁹⁶⁸ Douglas, *Orderly and Humane*, 1, 227, 238.

⁹⁶⁹ DTA 1337—"In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr," 20.

benevolently (sympathetically).”⁹⁷⁰ The positive experience Duerr had with her male escorts signaled a role reversal from her own position as a female caregiver and it contrasted with the negative experience of life in a Czech and Soviet-controlled detention camp.

Duerr’s recollections about the work and conditions of the infirmary and the detention camp in general mirror other Red Cross nurses’ wartime writings about the field hospitals on the Eastern Front in important ways. In both cases, nurses faced a lack of supplies⁹⁷¹ and, according to their observations, a lack of cleanliness.⁹⁷² Disease and overcrowding were also paramount concerns within both contexts. Moreover, in both contexts, nurses displayed a sense of self-confidence. Duerr’s emphasis on nurses’ repeated requests to change the conditions of the hospitals suggests that nurses felt confident enough to ask for help from their captors. And more obvious assertions of confidence shine through when she wrote that nurses required “special powers of the nerves” (“*Besondere Nervenkraft*”) to cope with the situation.⁹⁷³ Such actions and descriptions echo those of nurses’ wartime experiences. For example, when writing about her experience in the field hospital during the war, one German Red Cross sister from Vienna, Sister Elizabeth M., recalled, “Looking back I think that we had at the time we had uncanny powers, none of us ever lost our nerves, neither doctors nor

⁹⁷⁰ Ibid., 20. “Sie waren die ersten Tschechen, die mir wohlwollend entgegenkamen.”

⁹⁷¹ Interview with Elizabeth M. who was born in 1920. In Margarete Doerr, “*Wer die Zeit nicht miterlebt hat . . .*,” 90-91.

⁹⁷² See Chapter 3 for extended discussion and BA-MA RL 26, 27—“Tätigkeitsbericht über den Osteinsatz der DRK-Schwester der Bereitschaft”; DTA 1601—“Schwester Harmonica,” 28 June 1941, 13; and 27 December 1941, 15-16.

⁹⁷³ DTA 1337—“In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 19.

nurses.”⁹⁷⁴ Based on their own descriptions, nurses’ confrontation with wartime difficulties thus prompted them to take on additional responsibilities and to remain calm in the face of stressful situations. Such experiences likely served as a source of confidence in the postwar period.

Nurses’ wartime experiences—and the communities with which they identified—also found corollaries in the detention camps of Czechoslovakia. Depending on the location, be it inside the field hospital or in an ethnic German village, nurses’ wartime communities of the front included their “Aryan” comrades and nurses worked to maintain the health and welfare of these individuals. In the detention camps, these front communities no longer existed. At the same time, nurses still saw it as their task to care for the German inmates, especially the very ill and the children. However, there are important differences between the two communities, i.e. that of the front and that of the detention camp. The first and most obvious distinction is one of power. On the front, German Red Cross nurses belonged to the ruling group and some had decision-making powers within the field hospitals and ethnic German villages. In the detention camps, nurses did oversee medical treatment of German inmates, but they had no authority in comparison to their captors. This reversal of power positions, perhaps more than any other, contributed to the sense of victimization among the nurses. Nurses viewed themselves as part of a community of victims, all subject to the whims of foreign authorities. But within this collective, nurses also experienced a particular type of

⁹⁷⁴ Interview with Elizabeth M., “*Wer die Zeit nicht miterlebt hat . . .*,” 90-91. Sister Penkert also suggested that women needed to have especially strong nerves to cope with life in a field hospital when she wrote, “I have lice and fleas daily . . . Water is, as probably everywhere in Russia, precious, and we have to do delousing. So I’m really grateful for the ability to overcome any feeling of disgust, i.e. to be able to do so. Because with such foolishness (or not being able to overcome disgust) a surgical nurse would not go far here.” Penkert, Letter 26, 6 October 1942, 102-103.

victimization—rape—specific to their gender. A second difference between the two communities was a lack of German men. Nurses' relationships with German soldiers played an important role in the dynamics of the community of the front. Their relationships were characterized by a sense of equality, in the sense that both held power over non-Germans, and by reciprocity, in that they provided companionship to one another.⁹⁷⁵ But in the case of the detention camp inhabited by these German Red Cross nurses in Czechoslovakia, there were no German men who could protect German women (and even if men were there, they would likely have been unable to do so). Instead, there were Czech and Russian men, who held power in the prison and who generally posed as threats to the nurses and other female inmate's well-being. With German men's absence, and with non-German men often acting as violent rapists, the experience of imprisonment was thus, for German Red Cross nurses, largely determined by their identities as *nurses* and as *women*.

Nurses' Experiences in British and American Prisoner of War Camps

Interestingly, a similar pattern appears in an analysis of German Red Cross nurses' experiences in American and British captivity. In prison camps in American and British-occupied Germany, nurses faced violence, rape, and starvation; these each created the basis for a perception of victimization and an identification with a German

⁹⁷⁵ As discussed in Chapter 3.

community of victims.⁹⁷⁶ At the same time, within this context, nurses' identities as nurses remained of paramount importance.

German Red Cross nurses imprisoned by the British and American armies did not necessarily find themselves in detention centers outside of Germany. Instead, they were placed in prisoner of war camps inside of Germany.⁹⁷⁷ But despite the difference in the types of the camps in Czechoslovakia and in Germany, nurses in the Western Allied POW camps emphasized their experience of victimization. In particular, nurses' personal reports focus on the negative treatment the women received. For example, Stillbauer estimated that British soldiers picked up her and the other female hospital staff on May 13, 1945 and transported the women to Lübeck.⁹⁷⁸ There, she and the others had to stand for four hours in "stifling heat" before the British army transported them to Bergen-Belsen, which was a concentration camp until its liberation, and which was later turned into a displaced person's camp. Stillbauer's status at Bergen-Belsen, which had just been liberated by the British Army in April 1945,⁹⁷⁹ is ambiguous. It is clear that she considered herself a prisoner of the British army, for she described how armed English soldiers "drove us into the compound" and how civilians took all of the women's belongings. Stillbauer wrote that if a woman wanted to keep something, a gun

⁹⁷⁶ This is a contrast to the recollections about imprisonment by female army auxiliaries. These women did not give this period much attention when recounting the immediate postwar period, and with a few exceptions, they did not recall being very harshly treated. One woman even valued her period in a western prisoner of war camp because it delayed her trip back home to East Germany, which was controlled by the Soviet Military Administration. Maubach, *Die Stellung halten*, 276-279.

⁹⁷⁷ Initially nurses, soldiers, and Luftwaffe auxiliaries were all put together in the same camps or collection areas. Later, female prisoners were placed in separate camps. However, as these personal stories show, there was much variety in nurses' experiences of imprisonment. Taylor, *Exorcising Hitler*, 182.

⁹⁷⁸ DTA 1337—"Bericht von Schwester Käthe Stillbauer," 11.

⁹⁷⁹ See Jo Reilly et al., eds., *Belsen in History and Memory* (London and Portland, OR: Frank Cass and CO. Ltd., 1997), 1. Also see Suzanne Bardgett and David Cesarani, eds., *Belsen 1945: New Historical Perspectives* (London and Portland, OR: Valentine Mitchell, 2006) Published in Association with the Imperial War Museum.

was used to swipe it from her hands.⁹⁸⁰ She thus placed particular emphasis on the force used against the nurses and she conveys a feeling of victimization.

This sense of victimization also appears in Sister Stillbauer's descriptions her living conditions and those of the hospitals. For example, the nurses were initially sent to the storehouses of empty homes and were detained there without any water or food.⁹⁸¹ Then on May 14, 1945 a Polish camp leader ordered her and the other nurses to take care of the seriously ill in the camp. She did not say if these patients were those who had been recently liberated.⁹⁸² Stillbauer reported that in the beginning of her service, most of the very sick inmates died from a lack of medicine, treatment material, and proper nutrition.⁹⁸³ Stillbauer did mention that things got better for "everyone" in the camp, and that the nurses were able to receive belongings that had been taken from them when they were first taken into captivity. But this point only reinforces her opinion of how bad things had been for the Germans. Notably, she offers no discussion of the history of Bergen-Belsen.⁹⁸⁴

⁹⁸⁰ DTA 1337—"Bericht von Schwester Käthe Stillbauer," 11.

⁹⁸¹ DTA 1337—"Bericht von Schwester Käthe Stillbauer," 11.

⁹⁸² Although Stillbauer is unclear of who were patients were, after the liberation of Bergen-Belsen by the British military, German nurses were drawn from a nearby German military hospital and they cleaned patients who had been liberated from the camp, washed them with DDT, and wrapped them in blankets. German nurses, from nearby towns, were also drafted by the British to work night shifts in the hospitals that cared for these patients. According to Jo Reilly, "German nurses were seen to be professional and motivated and so gained the respect of their British colleagues. Their patience also helped to break down language barriers and they were of particular value in explaining the use and dosage of German drugs." The scarcity of British nurses meant that they were not very sensitive to the attitude of the patients about the German nurses, and there were cases of patients humiliating German nurses. In one recorded incident, a group of Russian women stole the German nurses' uniforms, attacked them in their sleep, and cut off their hair. See Jo Reilly, "Cleaner, Carer and Occasional Dance Partner? Writing Women Back into the Liberation of Bergen-Belsen," *Belsen in History and Memory*, ed. Reilly et al., 151, 153.

⁹⁸³ DTA 1337—"Bericht von Schwester Käthe Stillbauer," 11.

⁹⁸⁴ Her descriptions of her captivity completely ignore the recent imprisonment and murder of tens of thousands of Jews, political prisoners, prisoners of war, and others at this concentration camp. Approximately 37,000 prisoners, mostly Jewish, died in Bergen-Belsen, and 13,000 died after the liberation. Soon after, Belsen became a "symbol to the world public" and a metaphor for the Holocaust.

In this brief discussion of captivity, there is thus a reversal of the position of victim. Stillbauer portrays herself as a victim, and she does not discuss the victims who had died in the concentration camp during the war. This perception of being a victim of occupying armies was common in West Germany in the postwar period.⁹⁸⁵ Sister Stillbauer's recollections of imprisonment, which were presented to fellow nurses and inevitably shaped by the politics of memory after 1945,⁹⁸⁶ demonstrate how this perception lasted well beyond the initial experience of imprisonment, and how it became a way of explaining one's experiences after the war ended. Her recollections also demonstrate how a discourse of victimization was not necessarily something that was solely constructed by postwar elites, but that it could be actually grounded in real, personal experiences.⁹⁸⁷ In the case of Red Cross nurses experiences, the experience provided a foundation for later recollections of suffering. Even while acknowledging the influence of the later discourse of victimization, common in the 1950s,⁹⁸⁸ one cannot simply disregard a nurses' own descriptions of her experiences. But here, it is still important to notice what is left out of the story—that is, Stillbauer leaves out the history of the many victims who died at Bergen-Belsen at the hands of the Germans.

Christine Lattek, "Bergen-Belsen: From 'Privileged' Camp to Death Camp," in *Belsen in History and Memory*, ed. Reilly et al., 37-39, 59.

⁹⁸⁵ See for example Robert Moeller, *War Stories*, and "'The Last Soldiers of the Great War' and Tales of Family Reunion in the Federal Republic of Germany," *Signs*, vol. 24, no. 1 (Autumn, 1998): 130, 133, 139.

⁹⁸⁶ There is a wide literature on the politics of memory after 1945 and the topic will receive more attention in Chapter 6. For now, see Heineman, "'The Hour of the Woman,'" Moeller, *War stories*; and for a comparative perspective, Richard Ned Lebow, Wulf Kansteiner, and Claudio Fogu, eds., *The Politics of Memory in Postwar Europe* (Durham: Duke University Press, 2006).

⁹⁸⁷ Frank Biess likewise argues that German suffering needs to be taken seriously as a formative force in shaping the postwar period. He also demonstrates how stories of suffering were also grounded in the social and emotional contexts of hardship and loss. See *Homecomings*, 6, 49, 53.

⁹⁸⁸ See Moeller, *War stories*; Douglas, *Orderly and Humane*, 351.

Sister Edith Haase likewise perceived herself and the other Germans as victims of the Allied forces during her period of captivity. For example, upon remembering when she and the rest of her remaining unit reached the American occupation zone and began the period of imprisonment, Sister Haase claimed, “We were no longer afraid.” Here she suggests the fear the nurses had of the Russian soldiers, likely resulting from circulating knowledge and propaganda about Russians raping German women and the sending of prisoners to camps in Siberia. But although Haase and her colleagues felt relief about their escape from Russian troops, they did not have a positive prison experience. Upon entering the American occupation zone, she and the other nurses were transported to Bad Gastein. There, all Germans were subject to a 6pm curfew. Mail service also stopped. The nurses received orders to work in the temporary hospitals that were pitched in and around the town. Haase was assigned to “Hospital Three”, which took care of all the wounded in the town. But she in particular was charged with caring for patients who were fresh from surgery. Haase’s memoir emphasizes the poor treatment of the Germans in her hospital. She and the patients there received “terrible food,” leading them to protest to the resident Surgeon-General.⁹⁸⁹ Haase could not recall if the protests made any difference. She recalled, “Bad Gastein was soon (already) known as the Hunger Hospital.”⁹⁹⁰ Haase and the patients were also envious of Hospital

⁹⁸⁹ DTA 1601—“Schwester Harmonica,” 59.

⁹⁹⁰ *Ibid.*, 59. Haase’s observations about American captivity echo the findings of Richard Bessel, who wrote that because the American military was so unprepared for a high number of prisoners of war, the military decided to enclose their prisoners into open fields surrounded by barbed wire, whether the prisoners were German soldier POWs, internees, civilians “arrested because they perhaps happened to be wearing the cap of some Nazi organization, women who had been in the Nazi Labor Service or who had operated anti-aircraft guns, and nurses.” During the month of June 1945, these prisoners had no latrines nor did they have sufficient food. However, conditions for the prisoners did improve after June, and overall conditions were better than for those in Red Army captivity. Bessel, *Germany 1945*, 201-202. The American position regarding German POW rations was formulated by Major General Robert M.

One, which was located near the food storage area. In her memoir, Haase, like Stillbauer, conveys a sense of victim-hood not only for herself, but also for her patients.

Haase's identity as a nurse also influenced her perception of the treatment of German POWs who also held important leadership positions in the Third Reich. She looked upon them from the point of view as a nurse, and saw these men as powerless victims of unfair Allied actions. Of these former Nazis, she wrote:

We also heard of the arrests of the former *Nazigrößten* that had fled here . . . The Americans studied the patients according to the known SS emblems (markings). We were shocked because they took different patients. Oh, where did the poor men go? We were powerless. No doctor, however, was able to do anything against it. We heard of large prison camps, where the soldiers had to lie on the ground. Could one sleep at all there?⁹⁹¹

In Haase's eyes, even in her recollection, former Nazi "big men" were patients first and foremost, and she believed they deserved proper treatment. Haase's identity as a nurse in the immediate postwar period thus reflects a particular conception of who deserved treatment—that is, she believed that Germans, no matter their backgrounds, should be cared for properly. And when they did not receive such treatment, Haase portrayed such decisions as unfair and harmful. Thus the theme of German victimization at the hands of the occupying American Army appears here as well. Indeed, when examining the cases of Haase and Stillbauer, all three major military powers—the American, the British, and the Russian—posed as threats to the Germans.

Littlejohn: "Definitely I do not intend to go along on a ration which will cause prisoners to starve to death, or throw them in our hospitals. Neither do I intend to be a party to a ration which will make the Germans fat." Overmans, "Das Schicksal der deutschen Kriegsgefangenen des Zweiten Weltkrieges," 420. Also see Taylor, *Exorcising Hitler*, 174-181.

⁹⁹¹ DTA 1601—"Schwester Harmonica," 59.

Gender also played a role in nurses' perception of victimization while they were in captivity inside of Germany. This perception derived from a continued fear of Russian aggression, mirroring nurses' experiences in Czechoslovakia. Take again the case of Sister Haase. By August 1945, most of Haase's patients were moved, and she decided to go to Bischofshofen (she was allowed to move around at this point, although she was not free either) to look for nursing work.⁹⁹² However, upon trying to reach her destination, she encountered the threat of rape by Russian soldiers. A jeep carrying a Russian officer and his driver appeared on the road. Since Haase learned a bit of Russian while working on the Eastern Front, she was able to ask for a ride. During the journey to Bischofshofen, the officer ordered the driver to stop. The driver then took out a basket and the officer invited Haase to join them for a picnic lunch. At the end of the meal the driver went back to the jeep, leaving Haase and the officer alone. In her recollection, she suggested that the officer had "something else in mind," but she wrote that she was able to resist him.⁹⁹³ They arrived in Bischofshofen without further incident. Haase did not write much else about the encounter or whether other nurses had experienced the same thing. But her experience clearly poses the clear perception of possible direct victimization and rape at the hands of the Russian soldiers, an occurrence that was very common among German women at the end of the war, inside of Germany and in detention camps in Central and Eastern Europe.⁹⁹⁴

⁹⁹² Ibid., 60.

⁹⁹³ Ibid., 60-61. She recalled that she ran to the car and "The officer was quite annoyed but I talked and talked and always pointed to my watch and said in Russian 'Quickly, quickly. I must be there for a surgery.'"

⁹⁹⁴ See for example, Heineman, "The Hour of the Woman," 363-364; Naimark, *The Russians in Germany*, 69-140; Douglas, *Orderly and Humane*, 141.

While nurses' experiences in American and British captivity thus could be characterized by a perception of personal and communal victimization at the hands of American, British, and Russian soldiers and governing authorities, nurses also focused on their positions as medical workers and caretakers. Both Sister Haase and Sister Stillbauer served as nurses during their captivity and they worried about the conditions of their patients. Thus, just as in the detention camps in Czechoslovakia, one's personal identity as a nurse continued to be of importance, as was the community of German patients. There were differences, however, in the experiences of imprisonment. First, German soldiers were strikingly absent in the Czech detention camps. Second, perhaps more clearly inside Germany than in Czechoslovakia, the title of "Red Cross Sister" held relevance for how nurses could connect to one another. More specifically, Red Cross Motherhouse associations proved to be important in bringing nurses together. For example, while working inside Bergen-Belsen, Sister Stillbauer met a woman who claimed to be a field matron of the Middle Section ("*Mittelabschnitt*") of the East and who originally belonged to the Karlsruhe Red Cross Motherhouse.⁹⁹⁵ Stillbauer belonged to the Baden Red Cross Sisterhood, and thus would have had an associational connection with this motherhouse. This particular field matron had heard that there were other Red Cross nurses inside of Bergen-Belsen; she wanted to learn more from Stillbauer about what had happened to these women. Stillbauer wrote later that this was the first time she was able to talk about her experiences.⁹⁹⁶ In a way then, the Red Cross sisterhood functioned as an important source of community for some nurses inside of

⁹⁹⁵ DTA 1337—"Bericht von Schwester Käthe Stillbauer," 11.

⁹⁹⁶ *Ibid.*

the prison camp. Pre-war Red Cross associations thus not only played an important role of nurses' wartime experiences;⁹⁹⁷ they did so in the immediate postwar period as well.

Where the information is available, one finds that nurses imprisoned in Germany, Austria and Czechoslovakia perceived themselves as victims in the camps ruled by conquering armies. Their experiences differed in scale and in kind, but the focus on victimization, the exclusion of non-Germans (especially Jews) from the category of victim, and the adherence to a nursing identity were prevalent across the different locations. This set of experiences also contributed to a shifting of the nature of community with which nurses identified themselves: it became one of nurses and other Germans, both of whom were victimized by foreign armies. But nurses, because of their titles and their gender, had specific roles and experiences. They maintained their positions as medical workers, sometimes demonstrating self-confidence in their actions; however, nurses' gender made them more likely to be victims of rape by enemy forces. Nurses thus demonstrated how, paradoxically, one could feel victimized and empowered within the same situation. Moreover, after the fighting stopped, some nurses began to congregate around and identify with a *specific* Red Cross nursing sisterhood. This practice would continue as nurses faced the dissolution of the national society of the German Red Cross in the immediate postwar period.

The German Red Cross and its Sisters after the end of the Second World War

⁹⁹⁷ As discussed in Chapter 4.

The German Red Cross Sisterhoods played an important role in the postwar period, for they provided much needed medical services and they allowed for nurses to maintain a sense of cohesion in this time of uncertainty. However, the participation of German Red Cross nurses in communal life after the war was not a given. The Allies knew of the cooperation of between the German Red Cross and the NS-regime, and the military occupation governments therefore restricted German Red Cross activity in the immediate postwar period.⁹⁹⁸ They temporarily prohibited the German Red Cross from providing any kind of medical relief and they ordered the dissolution of the society at the national level. Such prohibitions reflected the Allied leaders' goals to denazify Germany and to create a strong social, cultural, and political break with the Third Reich. Despite such goals, prevailing conditions—the need for medical care, the confusing nature of the occupation administration, and efforts to elide the recent past—fostered nurses' ability to maintain local associations. In the west, this came with the blessings of the military occupation authorities. But in the east, the persistence of the local Red Cross sisterhoods went against the wishes of the Soviet military government. Thus, an examination of German Red Cross nursing in the postwar period reveals the limits of denazification policies.

The political and administrative measures the Allies took in order to deal with the German Red Cross reflected each power's goals and practices of denazification. At the Yalta and Potsdam conferences of February and July 1945, respectively, the Allies agreed that some sort of denazification would be part of occupation policy.⁹⁹⁹ Each

⁹⁹⁸ Riesenberger, *Das Deutsche Rote Kreuz*, 376-377.

⁹⁹⁹ According to a statement issued at Potsdam, "All members of the Nazi Party who have been more than nominal participants in its activities and all other persons hostile to Allied purposes shall be removed

military occupation administration carried out these goals of removing Nazi influence from public life in different a different fashion. Notably, the Soviets wanted to remove those who they perceived as “hostile to the Soviet experiment,” while the Americans, assuming that the Germans possessed a collective guilt for the Nazi regime, undertook denazification as more of a “moral crusade.”¹⁰⁰⁰ However, despite these differing motives and viewpoints, in each occupation zone there were developmental similarities in the Allied programs, including an initial period of “rash dismissals, followed by a reassessment and realization of the need for a more long-term approach, and a subsequent codification of guidelines for a further purge with a prominent role assigned to German denazification commissions.”¹⁰⁰¹ There were also similarities in the results of the purges.¹⁰⁰²

from public office and semi-public office, and from positions of responsibility in important private undertakings. Such persons shall be replaced by persons who, by their political and moral qualities, are deemed capable of assisting in developing genuine democratic institutions in Germany.” Bessel, *Germany 1945*, 193, 199. Also see “A Decade of American Foreign Policy, 1941-1949. Potsdam Conference. The Berlin (Potsdam) Conference, July 17-August 2, 1945. (a) Protocol of the Proceedings, August 1, 1945, accessed on May 5, 2015. http://avalon.law.yale.edu/20th_century/decade17.asp
¹⁰⁰⁰ Bessel, *Germany 1945*, 193, 199. The British occupation administration also worked from the assumption of collective guilt, although it was more ready than the American administration to leave people at their posts for the sake of reconstruction. The French were more concerned with weakening Germany than with any kind of moral assessment. For a recent general history, see Perry Biddiscombe, *The Denazification of Germany. A history, 1945-1950* (Stroud, Gloucestershire: Tempus Publishing Limited, 2007). Also see, for the Soviet zone, Timothy R. Vogt, *Denazification in Soviet-Occupied Germany. Brandenburg, 1945-1948* (Cambridge, Mass. & London, England: Harvard University Press, 2000). For the British zone, Gisela Schwarze, *Eine Region im demokratischen Aufbau. Der Regierungsbezirk Münster* (Düsseldorf: Schwann, 1984), esp. 195-6, 199-200. For the French zone, see Klaus-Dietmar Henke, *Politische Säuberung unter französischer Besatzung* (Stuttgart: Deutsche Verlags Anstalt, 1981) and Irmgard Lange, ed. *Entnazifizierung in Nordrhein-Westfalen. Richtlinien, Anweisungen, Organisation* (Sieberg: Respublica, 1976). For the American zone, see Earl Frederick Ziemke, *The U.S. Army in the Occupation of Germany* (Center of Military History, United States Army: US Govt. Print Office, 1975) and Klaus-Dietmar Henke, *Die amerikanische Besetzung Deutschlands* (Munich: R. Oldenbourg Verlag 1995). Also see, importantly, Lutz Niethammer, *Die Mitläuferfabrik. Die Entnazifizierung am Beispiel Bayerns* (Berlin and Bonn: Dietz, 1982).

¹⁰⁰¹ Vogt, *Denazification in Soviet-Occupied Germany*, 4-6.

¹⁰⁰² *Ibid.*, 6. The purges included the summoning of tens of thousands of individuals before commissions and a preponderance of “nominal” over “activist” decisions.

Allied denazification processes directly impacted the position of the German Red Cross and its members in each occupied territory.¹⁰⁰³ In the French occupation zone, authorities wanted to combine a purge with a “re-education program” designed to “wean Germans from Nazism and instill them with sympathy for France.” French authorities thus wanted to remove what they understood as the “Prussianism” in the German mentality. However, this proved impractical and the French eventually retreated from the policy of the purge of Nazis as quickly as possible and instead they hoped their reeducation policies would be successful.¹⁰⁰⁴ It is more difficult to determine what happened to the German Red Cross in the French occupation zone because of the instability of the military administration’s leadership.¹⁰⁰⁵

It is clearer that in the British occupation zone, the German Red Cross did not undergo a thorough process of denazification. Historians have criticized British authorities for being the least interested in enacting a “far-reaching, punitive purge and most interested in pursuing a transformation of German hearts and minds through reeducation.”¹⁰⁰⁶ The British military administration had issued denazification laws, but in practice the ridding the zone of Nazis was considered by administrators to be “nonsense” and the denazification program was eventually abandoned, having barely

¹⁰⁰³ Here and in the rest of this chapter, my approach is influenced by Lutz Niethammer’s study of denazification in Bavaria, and Timothy Vogt’s later study of denazification in Brandenburg. In particular, I build off of the idea that denazification cannot be fully understood without giving detailed attention to the role played by local actors, on the level of everyday life. While Niethammer and Vogt look at the decisions made by local denazification commissions, I examine how occupying administrators, local German administrators, and health care workers influenced the denazification of the German Red Cross. See Lutz Niethammer, *Entnazifizierung in Bayern. Säuberung und Rehabilitierung unter amerikanischer Besatzung* (Frankfurt am Main: S. Fischer Verlag GmbH, 1972) and Vogt, *Denazification in Soviet-occupied Germany*, 13-14

¹⁰⁰⁴ Vogt, *Denazification in Soviet-Occupied Germany*, 6-7.

¹⁰⁰⁵ Riesenberger, *Das Deutsche Rote Kreuz*, 386.

¹⁰⁰⁶ Vogt, *Denazification in Soviet-Occupied Germany*, 7-8.

touched the German Red Cross and its members.¹⁰⁰⁷ However, as elsewhere, German Red Cross members in the British zone were affected by the society's dissolution as a national, centrally-organized institution.

The United States' occupation administration had an ambitious program designed to purge Nazis and to "eliminate the roots of militarism and Nazism" through education.¹⁰⁰⁸ But, in the American occupation zone, the German Red Cross, as an organization, did not undergo a thorough process of denazification. Instead, the military government enacted strong denazification policies aimed primarily at the higher levels of the German Red Cross administration. For example, on September 25, 1945 the Headquarters of the US Group Control Council released an order that relieved all presidents of the German Red Cross and other staff from their offices. The director, deputy director, and all other responsible people from each of the 21 German Red Cross provincial agencies in the US zone also lost their positions. However, the American military government allowed German Red Cross work at the local and county level and it allowed the merger of regional associations and one territorial association. These associations and agencies operated under the surveillance of the military administration. In addition, from September 16, 1945, two laws applied to the German Red Cross members residing in the American occupation zone: the denazification commandments of American JCS Directive 1067 and Act No. 8 of the American military government. National Socialists and "those with an equal status" were only allowed to perform

¹⁰⁰⁷ Riesenberger, *Das Deutsche Rote Kreuz*, 385.

¹⁰⁰⁸ Although the American denazification program has been highly criticized, and like the others, it was accused of being ineffective, one can also argue that in light of the later relationship between the USA and West Germany, the reeducation policies cannot be dismissed as having been completely ineffectual. Vogt, *Denazification in Soviet-Occupied Germany*, 8.

“common work.” Local German Red Cross associations had to check on the status of its leaders (especially those appointed after January 1, 1933) and active volunteers. But the German Red Cross was not a banned organization. Moreover, denazification efforts, which had been held by German tribunals since March 1946, barely touched the lower ranks of German Red Cross.¹⁰⁰⁹

Soviet occupation authorities approached the denazification of the German Red Cross in a different way compared to the Western powers. On September 19, 1945, by the order of Marshal Schokow (Zhukov), the German Red Cross as a national institution was dissolved in the Soviet occupation zone. This meant that the German Red Cross a banned organization.¹⁰¹⁰ And in contrast to western (especially American practices), Soviet authorities did not create a formal education program.¹⁰¹¹

These decisions greatly impacted the provisioning of medical care and the lives of German Red Cross members. To give an idea of how many people were impacted by

¹⁰⁰⁹ Riesenberger, *Das Deutsche Rote Kreuz*, 384.

¹⁰¹⁰ Contemporary observers in the western zones believed that the Soviet dissolution of the German Red Cross demonstrated that “the Russian military administration aimed to let the Red Cross organization disappear” in order to make a break with western associations. Specifically, one can interpret the dissolution and banning of the German Red Cross as a break from the International Federation of Red Cross Societies and the ICRC, which, in the opinion of the Soviet Union, was a “capitalist interest organization in the service of American imperialism.” In contrast, the Western Allied powers, and more specifically the American and the British, wanted to denazify, democratize, and de-centralize the German Red Cross. In other words, they wanted to integrate the German Red Cross into “western” ways of doing things. Riesenberger, *Das Deutsche Rote Kreuz*, 377-378, 380.

¹⁰¹¹ The denazification program was ultimately abandoned for the same reasons as in the western territories: the “primary causes were an inability to turn ideological assumptions into a workable program, an increasing reliance on German staffed denazification commissions whose decisions could not be controlled by the policy makers, a ballooning bureaucratic operation that quickly reached unmanageable proportions, and the intractable contradiction between the purge and reconstruction.” Vogt, *Denazification in Soviet-Occupied Germany*, 9. In addition, sometimes Soviet authorities accused the German courts of not being aggressive enough in pursuing prominent former Nazis. They also complained that the German courts had missed the point of Order no. 201, which drew a clear distinction between “nominal” Nazis who were to be cleared and allowed to work and former active Nazis, militarists, and war criminals. When the German justice system seemed inefficient, Soviet authorities would sometimes simply take over the trials and punish the accused. Naimark, *The Russians in Germany*, 66.

the dissolution of this society, consider the numbers of German Red Cross district associations (*DRK-Kreisstellen*), hospitals, and medical service units (*Bereitschaften*) in each of the four occupation zones. The French occupation zone contained 96 district associations, 310 men's and 325 women's medical service units, three hospitals, three old age homes, and four recreation homes. The American occupation zone contained 202 district associations, 443 men's and 430 women's medical service units, 20 hospitals, 15 old age, children's, and related homes, six recreation homes, two household schools, four schools, and 14 nursing sisterhoods. The British occupation zone had 210 district associations, 465 men's and 591 women's medical service units, 17 hospitals, 11 old age and children's homes, seven recreation homes, four schools and 18 nursing sisterhoods. Lastly, the Soviet occupation zone had 158 district associations, 450 men's and 736 women's medical service units, 18 hospitals, 22 old age and children's homes, five recreation homes, four schools, and 20 nursing sisterhoods.¹⁰¹² Thousands of men and women worked in these hospitals and homes, and hundreds of nurses could belong to just one sisterhood. When the nationalized leadership structure of the German Red Cross disappeared at the end of the war, each Red Cross institution, including nursing sisterhoods and motherhouses, had to undergo a process of re-organization (in the western occupied zones) or dissolution (in the Soviet occupation zone).

Nurses in the Western Occupation Zones

¹⁰¹² Riesenberger, *Das Deutsche Rote Kreuz*, 382, 550-551.

In the Western occupation zones, the Allied leaders desired to create a break between the German Red Cross and its Nazi past. However, the widespread need for civilian medical care worked to override efforts to dissociate German Red Cross from its Nazi ties. In the American zone in particular, military authorities' concerns about civilian healthcare led the authorities to depend on German voluntary aid associations, especially the German Red Cross. The result of this dependence was that German Red Cross nurses were able to maintain their local associations. While these associations allowed nurses to serve the German collective in an organized fashion, they also fostered a sense of continuity between wartime and peacetime nursing activities and personnel. Local circumstances and the continuing importance of pre-existing Red Cross institutions thus overrode Allied ideological goals to completely denazify the German Red Cross nursing associations.

In the American occupation zone, the military government found itself overseeing a population that lacked adequate food, medical supplies, shelter and infrastructure, conditions which made the government look to the German Red Cross for help. According to Lorraine Setzler, a nurse educator who worked for the staff of the US Military Government Public Health Division, medical care was key.¹⁰¹³ Insufficient food supplies and makeshift housing situations, combined with the lack of water and sewage systems, made disease a large concern of the civilian population and the military occupation governments.¹⁰¹⁴ In the months after Germany's defeat, cases of diphtheria, tuberculosis and typhus appeared at an alarming rate. In addition, millions of

¹⁰¹³ See Lorraine Setzler, "Nursing and Nursing Education in Germany," *The American Journal of Nursing*, vol. 45, no.12 (Dec., 1945): 993.

¹⁰¹⁴ Bessel, *Germany 1945*, 4.

expellees and refugees were arriving from the formerly German-ruled territories in the East, and they needed shelter and medical care.¹⁰¹⁵ However, the country lacked hospital space and beds,¹⁰¹⁶ as many hospitals had been destroyed by wartime bombings. Doctors and nurses were also in short supply, as many died during the bombings or had been later removed from their posts by the Allied military governments.¹⁰¹⁷ Given these circumstances, authorities had to be able to organize effective medical care and to “control and supervise nurses to prevent the spread of epidemics that might endanger the troops.”¹⁰¹⁸ Authorities planned to establish welfare and social service offices (or *Wohlfahrtsämter*) that would work at the local and regional level, under the supervision of the military government. Charitable and voluntary aid organizations such as *Caritas-Verband*, the Inner Mission, and *locally-based* German Red Cross groups could support the work of these welfare offices, but would play a subordinate role while doing so.¹⁰¹⁹

The officials Public Health Division tried to make as many nurses available as possible to work in the hospitals and welfare offices, but these officials also wanted to ensure that no Nazi party members were included in this group. These officials therefore attempted to denazify German nursing associations. More specifically, the Public Health Division screened German nurses for Nazi party affiliations, in

¹⁰¹⁵ Ibid., 90, 330. Most refugees and expellees who arrived in the American zone found new residences in Bavaria.

¹⁰¹⁶ Setzler, “Nursing and Nursing Education in Germany,” 995.

¹⁰¹⁷ Bessel, *Germany 1945*, 330-331.

¹⁰¹⁸ Setzler, “Nursing and Nursing Education in Germany,” 993.

¹⁰¹⁹ Riesenberger, *Das Deutsche Rote Kreuz*, 377, 384. The American supervision and use of existing German civilian welfare organizations mirrored the decisions taken by the Allied military governments to appoint Germans to take care of local and regional administrative duties. Bessel, *Germany 1945*, 177.

accordance with the military government policy.¹⁰²⁰ Potentially suspect nurses, especially any belonging to the German Red Cross or the National Socialist Sisterhood, received instructions by the military government to fill out a questionnaire.¹⁰²¹ If a nurse was found to be former Nazi or affiliated with the Nazi Party, her mother superior (of the respective nursing association) was supposed to dismiss the nurse from her position. The authorities placed particular attention upon nurses from the German Red Cross and the NS-Sisterhood.¹⁰²² They did so because of the affiliation between these two associations and the NS-regime. Setzler wrote that only a few NS-Sisters or “Brown Nurses” had been discovered working in hospitals and who had tried to hide their past by not wearing their former brown uniforms. Setzler found that the Brown nurses “seem to have been unpopular with other German nurses, and we have several reports which indicate that hospitals are refusing to employ them.”¹⁰²³ The Public Health Division remained suspicious of the German Red Cross nurses, but despite such suspicions, screenings suggested, “Nazism was not strongly established among the German nurses.”¹⁰²⁴

One reason why the denazification questionnaires and investigations had little impact beyond influencing the employment of Brown nurses was the pressing need for good medical care for the local population. Shortly after the war ended, Public Health Division officials began working to get local and regional German Red Cross

¹⁰²⁰ Setzler, “Nursing and Nursing Education in Germany,” 994.

¹⁰²¹ This questionnaire mirrored the denazification questionnaires (*Fragebogen*), of which sixteen million were filled out in the western occupation zones (but primarily in the American zone). See Tony Judt, *Postwar: A History of Europe since 1945* (London: Penguin Books, 2005), 56.

¹⁰²² Breiding, *Die Braune Schwestern*, esp. 1-9, 220-316. Brown Nurses belonged to the National Socialist Sisterhood, a Party-directed and ideologically infused organization.

¹⁰²³ Setzler, “Nursing and Nursing Education in Germany,” 994.

¹⁰²⁴ *Ibid.*, 994.

associations up and running again, so that they could provide for civilians. To do so, these officials turned to skilled nurses who also worked during the Nazi period. While local nurses could return to work quickly after the war ended, those women who had positions of leadership under the Nazis regained their positions within a few years.¹⁰²⁵ Foremost among them was Luise von Oertzen. From 1937-1945, von Oertzen was the head matron of the Sisterhood of the Red Cross in Germany, and during the war she worked with the Department of Voluntary Nursing to arrange the deployment of German Red Cross nurses in military hospitals.¹⁰²⁶ In addition, von Oertzen had been a member of the Nazi Party. After the war, however, she denied being an enthusiast. She claimed that she was only a “nominal member” and that she had only become a member in order to maintain her position in the Red Cross hierarchy.¹⁰²⁷ In 1952, two years after the German Red Cross was re-established in West Germany, she was named the *Generaloberin* of the Association of the Motherhouses of the Red Cross (*Verband Deutscher Mutterhäuser vom Roten Kreuz e. V.*, formed in 1948 in Hamburg).¹⁰²⁸ There was thus important continuity in leadership of the German Red Cross nurses between the Nazi period and into the postwar era. Concerns about National Socialist sympathies fell aside in the pursuit of having an experienced nurse at the top of the German Red Cross nursing hierarchy, who could oversee and organize regional nursing activities.¹⁰²⁹

Just as capable nursing leaders were needed, so too were educated nurses who could provide adequate medical care. To expedite such availability of personnel, the

¹⁰²⁵ Steppe, “Nursing under totalitarian regimes,” 23.

¹⁰²⁶ Riesenberger, *Das Deutsche Rote Kreuz*, 311, 317, 325,

¹⁰²⁷ Setzler, “Nursing and Nursing Education in Germany,” 995.

¹⁰²⁸ Riesenberger, *Das Deutsche Rote Kreuz*, 524, 530. Matron von Oertzen held this title until 1960

¹⁰²⁹ Steppe, “Nursing under totalitarian regimes,” 24.

Public Health Division worked to re-establish and re-structure nursing schools. After the war ended, US occupation officials closed down all of the nursing schools in the occupation zone, but according to Setzler, the Public Health Division hoped to have them up and running by December 15, 1945. The Public Health Division's actions for re-opening and creating new nursing schools also suggest a very mixed attitude about them. In an effort to make a new start, some US Army Public Health nurses established hospitals in Germany, which operated under army supervision.¹⁰³⁰ But the Public Health Division also wanted to reopen German-run nursing schools. The Division's treatment of these schools reveals an interesting and somewhat contradictory analysis of the school's connection to Nazism; such treatment suggests an effort to move forward with nursing training as quickly as possible. According to Setzler, "Nazism has touched German nursing schools very little" and many of the instructors in these schools had a "primary interest in nursing."¹⁰³¹ Her finding contrasts with a close reading of German Red Cross nursing school training and school materials, as presented in Chapter 2 of the dissertation. Nazism did affect nursing schools, especially at the level of leadership training.¹⁰³² However, despite Setzler's observation, US occupation officials also required that the schools delete all Nazi propaganda from the textbooks. This fact signals some recognition that Nazism *did* influence the nursing schools. It is possible that the difference between the two American attitudes about the Red Cross nursing schools lay in a distinction between explicit propaganda (i.e. Hitler's praise of the

¹⁰³⁰ Setzler, "Nursing and Nursing Education in Germany," 995.

¹⁰³¹ *Ibid.*

¹⁰³² See, for example, Schwester Gertrud Koehm(?), "Unsere Werner-Schule im Licht der Volksgemeinschaft. Ein Rückblick."; Kroeger, "Nursing in Germany," 483-485. See Chapter 2 for an extended discussion about nursing education during the Third Reich.

nurses and racist rhetoric) and more nuanced ways in which the Nazis influenced nursing training, such as the subtle adoption and alteration of older Red Cross nursing tenets, such as discipline and the importance of ensuring public health.¹⁰³³

Moreover, in the American occupation zone, some aspects of nursing in Nazi Germany were left the same. For example, from December 1945, the nursing schools were to “be conducted according to the regulations of the revised German edition of the *First Ordinance for the Practicing of Professional Nursing*.”¹⁰³⁴ This ordinance, which became effective in September 1938, standardized educational requirements for nurses throughout Germany.¹⁰³⁵ Postwar nursing school requirements were thus modeled on the very same requirements created by National Socialist health leaders, but they were then altered in order to remove explicit Nazi Party propaganda from textbooks. Thus, although the German Red Cross officially broke away from its ties to the Nazi Party and to the German Army, because of the demand for medical care among German civilians, other elements from the Third Reich continued to exist, in the form of local organizing, nursing education, and nursing personnel.¹⁰³⁶ In the American zone, specifically,

¹⁰³³ Again, see Chapter 2 for an analysis of nursing training.

¹⁰³⁴ Setzler, “Nursing and Nursing Education in Germany,” 995.

¹⁰³⁵ See BA-MA 12-23, 1041— “Gesetz zur Ordnung der Krankenpflege”

¹⁰³⁶ The persistence of Nazi era nursing regulations into the immediate postwar period raises the question of to what extent Nazism fostered the professionalization of nursing. Historians have tracked this question with respect to other professions and have found that the Third Reich fostered further professionalization developments, especially in medicine, psychology, and psychotherapy. At the same time, women faced some restriction in the professions. See, for example, Geoffrey Cocks, *Psychotherapy in the Third Reich* and “Psychiatry, Society, and the State in Nazi Germany”; Stephan Liebfried and Florian Tennstedt, “Health-Insurance Policy and *Berufsverbote* in the Nazi Takeover,” 127-84; Geoffrey Cocks and Konrad H. Jarausch, eds., *German Professions*; Konrad H. Jarausch, *The Unfree Professions*; Charles E. McClelland, *The German Experience of Professionalization*; and Christine Labonte-Roset, “‘Enter Modern Woman,’ 269-272. Regarding the question of whether the Third Reich fostered the professionalization of nursing, the answer is in some ways yes and in some ways no. As discussed in Chapters 1 and 2, nurses attempted to professionalize their work in the late 19th and early 20th century. The Third Reich witnessed first time that there was a nation-wide applicable and enforceable attempt to regulate the nursing profession with the Nursing Act of 1938. This act set educational standards for

military administrators needed German Red Cross nurses and their local sisterhoods to help provide medical care and to prevent outbreaks of disease. To an extent, necessity overrode ideological and political goals.¹⁰³⁷ In the years that followed, German Red Cross motherhouses continued to train new nurses. In particular, the motherhouses in Bavaria oversaw five training schools.¹⁰³⁸ As a result of these policies, German Red Cross nurses were allowed to maintain their association with their Red Cross sisterhoods and local Red Cross associations in order to care for the German population.¹⁰³⁹

Nurses in the Soviet Occupation Zone

different kinds of nurses and outlined nursing tasks. This is significant when considering the long-term trend of nursing professionalization in Germany, and signals an effort on the part of the state to regulate the profession. However, as discussed in Chapter 2, nursing schools and nurses themselves lost independence during the Third Reich in terms of how much of the curriculum nurses could control, who could be admitted into nursing schools, and where nurses could work. Moreover, during the war training standards were cut short, signaling a reverse in the trend towards professionalization, and a move towards the use of less experienced female volunteers. Steppe argues that after 1945, nursing was “marked more by continuity than by new beginnings,” especially because of the continuity of nurses in leadership positions and because of the small number of nurses put in trial for war crimes. “Nursing under totalitarian regimes,” 23-34. Although nursing schools were reopened quickly and utilized similar textbooks as during the war, more research is needed to determine what happened to nursing in Germany after the founding of the Federal Republic and the German Democratic Republic.

¹⁰³⁷ The focus on providing medical care rather than harsh denazification measures reflected a larger pattern in the American occupation zone. Law Nr. 8, issued by the American military government in September 1945 and applied to German Red Cross members since then, had been very unpopular among the Germans because it banned the employment of any former Nazi members in any occupation other than “ordinary worker.” But the law also allowed for an appeals process. Unsurprisingly, many people found themselves unemployed and filing appeals. This situation created more work for the Americans, who, along with the British, decided to relax their denazification policies by December 1945 and to depend more on the Germans to conduct denazification procedures and to look after the affairs of daily life. It is possible that nurses were in fact affected by this relaxation. Bessel, *Germany 1945*, 196-8.

¹⁰³⁸ See Elizabeth Kankel Wiegand, R.N, “Nurses of the German Red Cross,” *American Journal of Nursing*, vol. 49, no. 4 (Apr., 1949): 218-219. There were 2,000 registered nurses in Bavaria in the spring of 1949, who cared for a population of eight million Germans.

¹⁰³⁹ In addition to the German Red Cross Sisterhoods, five other German nursing associations existed in the western zone by 1950: the Caritas-Verband, the Diakoniegemeinschaft, the Agnes-Karll-Verband, the Bund freier Schwestern (the association of free nurses), and the Arbeitswohlfahrt (a new sisterhood, founded by a workers’ welfare organization). See Helene Blunk, “Nursing in Germany,” *American Journal of Nursing*, vol. 50, no. 8 (Aug., 1950): 12.

Just as in the American occupation zone, authorities in the Soviet occupation zone desired to make a break between the German Red Cross and its Nazi past. Soviet officials and the Germans who worked under their supervision believed they could create a sense of distance between Red Cross nurses and Nazism by dissolving the German Red Cross and by putting nurses under as much state control as possible. However, many nurses resisted the calls for dissolution and for the abandonment of their Red Cross membership. Nurses' actions reflected the failed efforts on the part of the military government to control the nurses, nurses' efforts to elide their connections with their pasts, the need to care for local nursing and civilian populations, and the general state of administrative confusion in the postwar period. Lastly, nurses' refusal to adhere to SMA policy reflected the importance these women attached to their Red Cross sisterhoods as sources of identity and of community. Moreover, the case of the German Red Cross nurses in the Soviet occupation zone reveals how local circumstances and the existence of long-standing city and provincial associations influenced the ability of the Allies to enforce denazification policies.

The denazification of the German Red Cross in the Soviet occupation zone took on a very different form in comparison to in the west. In addition to the dissolution of the German Red Cross as a centralized national institution, individual regional and state associations were also officially dissolved and prohibited. Such associations included nursing motherhouses and sisterhoods; membership in any German Red Cross institution was illegal, as was the wearing of any brooches which denoted

membership.¹⁰⁴⁰ The Soviet military administration (SMA) and the German civilian administrators¹⁰⁴¹ in the Soviet zone tried to enforce these prohibitions and to organize Red Cross nurses according to SMA policy. The central German administrations were to set policies, with the Central German Administration for Public Health overseeing all nursing matters and policies.¹⁰⁴² Provincial governments were responsible for implementing these policies and for taking care of everyday administration.¹⁰⁴³

Initially, both the SMA and the local administrations had a hard time forcing local Red Cross nursing associations to follow the orders for the dissolution of the sisterhoods. In particular, administrators from the Central German Administration for Public Health wanted to remove all German Red Cross nurses from their assigned posts, but this task proved difficult to carry out. For example, as of November 9, 1945, the Weissensee Sisterhood had already been dissolved.¹⁰⁴⁴ In contrast, other Red Cross nurses continued to work in Berlin and to associate with their motherhouses. Take the case of the *Charité* nursing staff in Berlin, which consisted of 490 *Charité* sisters and 112 Red Cross sisters from the Brandenburg Motherhouse (*Mutterhauses*

¹⁰⁴⁰ BA R 1508, 1162—“Betr.: Deutsche Rote Kreuz Schwestern.” By Dr. Zetkin. From the Deutsche Zentralverwaltung für das Gesundheitswesen in der Sowj.-Besatzungszone to the state and provincial government administrations in the Soviet occupation zone. Berlin, February 1, 1946. Located in file “Auflösung des Deutschen Roten Kreuz 1945; Auflösung der Mutterhäuser; Forderung an das DRK 1945-1948.”

¹⁰⁴¹ Naimark, *The Russians in Germany*, 11, 21. The SMA was established on June 6, 1945, and it was charged with supervising the surrender of Germany, of administrating the Soviet zone, and implementing Allied decisions. In order to facilitate the running of the zone, the SMA authorized the establishment of civilian provincial governments and 11 central German administrations (with five added in June 1947). Also see Bessel, *Germany 1945*, 176-77. Member of the German Communist Party often headed the local and regional administrations.

¹⁰⁴² BA R 1508, 1162—“Betr.: Deutsche Rote Kreuz Schwestern.”

¹⁰⁴³ Naimark, *The Russians in Germany*, 44-45. Until the middle of 1946, only the SMA was authorized to give orders to the provincial administrations.

¹⁰⁴⁴ BA R 1508, 1162—“1.Bericht vom 9.11.1945” By Schober. Scht/Mtt, Gez. 12.11. However, only the matron had been dismissed from her post and Soviet officials engaged in no further “clean-up” of party nurses.

Brandenburg), located in Mariendorf (in the American sector of Berlin).¹⁰⁴⁵ These nurses were known to be active Nazi Party members, and *Charité* administrators sent them back to their motherhouse (from their work locations in the Soviet sector) with the intention of replacing them with nurses who had no Nazi Party connections. The very fact that these women were sent back from their work locations to their motherhouse signals the continued existence and relevance of Red Cross institutions in the immediate postwar period and the difficulties the authorities faced in tracking Red Cross movement across sector lines.¹⁰⁴⁶

Thus, by mid-November 1945, individual nurses and sisterhoods in the Berlin area began to disband and dissociate from their motherhouses. However, many Red Cross nurses continued to work together in many hospitals in the Soviet zone. The failure to immediately dissolve German Red Cross connections and to make a clean break with the NS-regime speaks to the strength of Red Cross associations and of the ties between Red Cross members. In addition, the failure to dissolve Red Cross affiliations also highlights the ineffective nature of Soviet occupation authorities and their German administrative counterparts in the immediate postwar period with regards

¹⁰⁴⁵ Ibid. The presence of former “active Party members” in the Brandenburg Motherhouse also signals the limits to American efforts to denazify the German Red Cross.

¹⁰⁴⁶ Ibid. The limits to dissolution and to the removal of Red Cross sisters are also revealed in the case of the sisterhood “Märkisches Haus,” which was originally based in Berlin, with locations in the Soviet and in the American sector after May 1945. This sisterhood consisted of 800 nurses. Of these 800 nurses, some were ill, some worked in the western territory of the Reich and some had not yet returned from their wartime deployments. The rest of the nurses worked in hospitals in Berlin; some also worked with nursing schools associated with these hospitals. However, by November 1945, there had been no “clean-up” of Nazi Party members in the sisterhood, with the exception of the matron. Because of the dual locations of the sisterhood, its nurses worked across occupation lines, in both the American and Soviet zone. In this case, because of the four-power division of Berlin, Soviet authorities could not touch the “Märkisches Haus” Sisterhood that was located in the American zone. Moreover, the authorities had proved unable to remove Red Cross nurses from their assigned posts even within the Soviet zone.

to implementing their policies. Lastly, given the severe lack of food,¹⁰⁴⁷ housing, and infrastructure in Berlin, compiled with large epidemics of typhus and diphtheria¹⁰⁴⁸ and the flood of German refugees arriving from Eastern Europe,¹⁰⁴⁹ it is not surprising that German Red Cross nurses continued to work together in order to provide medical care for the German people.

The Soviet military administration therefore enacted new plans to try to place German Red Cross nurses under its control. One way SMA officials tried to do this was by setting out a clear set of guidelines for how nurses should be organized in the Soviet zone. Such guidelines appeared on a regional basis, reflecting how provincial administrators worked to carry out SMA dictates. For example, in December 1945, the state health office of Thuringia printed and ordered the distribution of a set of directions about what would happen to the main nursing associations in the region, which included those of the former German Red Cross, the former *Reichsbund-Schwesternschaft*, and the confessional orders.¹⁰⁵⁰ The Soviet military administration had ordered the dissolution of all of these associations. The following new rules applied to the sisterhoods of the former Red Cross and of the former *Reichsbund-Schwesternschaft*.

¹⁰⁴⁷ Germany experienced a severe food shortage in the winter of 1945/6. Bessel, *Germany 1945*, 353.

¹⁰⁴⁸ In the winter of 1945/1946, epidemic numbers in the Soviet occupation zone included 129,700 cases of typhus, 149,580 cases of diphtheria, and, notably, 193,730 cases of gonorrhea. Riesenberger, *Das Deutsche Rote Kreuz*, 554.

¹⁰⁴⁹ Indeed, by the summer of 1945, when the Potsdam Conference called for a halt to “wild expulsions” from the East, “Berlin had become an epicenter of an accelerating humanitarian crisis.” 550,000 expellees entered the city in July, and 260,000 expellees arrived just in the first half of August. The smaller towns and cities in the region also received expellees, resulting in severe overcrowding. Douglas, *Orderly and Humane*, 119.

¹⁰⁵⁰ BA R 1508, 1162—By Dr. Joussem, Oberregierungs- und Medizinrat. From Land Thüringen, Landesgesundheitsamt, IX, I,1, Weimar, December 1 1945. An Verteiler; Verteiler: An den. 1 Vizipräsidenten des Landes Thüringen, die Präsidialkanzlei, das Landesamt für Volksbildung, das Landesamt für Arbeit und Sozialwesen, den Freien Deutschen Gewerkschaftsband, Erfurt sämtliche Oberbürgermeister und Landräte, die 5 Mutterhäuser des ehemaligen Roten Kreuzes, die Schwesternschaft der Universität Jena, die Gesundheitsämter, alle Schwesternschulen; nachrichtlich an die Zentralverwaltung für das deutsche Gesundheitswesen Berlin.

First, the Main Office of the State Health Office for Sanitary and Auxiliary Service (*das Landesgesundheitsamt für Sanitäts- und Hilfsdienst*) was to immediately take over the handling of all nursing matters. All non-religious student and full-nurses were to report to the personnel department of the State Health Office. Second, payment to the nurses would not go, as before, through the nursing association, but directly to the nurses. Third, all nursing schools were to operate according to guidelines issued by the State Health Office.¹⁰⁵¹ Fourth, the State Health Office also wanted a complete list of all nursing students, active nurses, and non-active nurses.¹⁰⁵² Fifth, the requisition of nurses by hospitals and clinics was, in the future, supposed to take place through the State Health Department Main Office for Sanitary and Auxiliary Service. Sixth, the Free German Trade Union Federation (*Freier Deutscher Gewerkschaftsbund* or FDGB) Department of Health assumed the care of these nurses. Lastly, nursing uniforms were to remain the same, but without the badges and brooches of the German Red Cross.¹⁰⁵³ Thus, from early December 1945, clear orders were in place for how the nursing motherhouses and sisterhoods in Thuringia were to reorganize, with the goal of putting nurses under as much state control as possible.

Officials of the German Central Administration for Public Health in the Soviet occupation zone also believed that if German Red Cross nurses were to continue to work as nurses after the war, then they would have to be organized in a new and different way so that Nazi and wartime connections would be broken. One method of

¹⁰⁵¹ BA R 1508, 1162—By Dr. Joussem, Oberregierungs- und Medizinrat. From Land Thüringen, Landesgesundheitsamt, IX, I,1, Weimar, December 1 1945. This third point applied to confessional nurses as well.

¹⁰⁵² *Ibid.* This information was to be provided by the former motherhouses in Weimar, Gotha, Gera, Sassa and from the sisterhood at the university of Jena.

¹⁰⁵³ *Ibid.*

breaking up the German Red Cross sisterhoods was to force nurses to take up individual contracts with community, provincial, or state military government administrations.¹⁰⁵⁴ Such contracts would then place nurses in work locations with nurses who did not have any past or present connection with the German Red Cross. Public Health administration officials also urged hospitals to recruit nurses who had graduated from free (unassociated) nursing schools or who had always worked as free nurses. In addition, these officials urged hospitals to gradually exchange their nurses in order to create a workforce not primarily dependent on large groups of Red Cross nurses from individual sisterhoods.¹⁰⁵⁵ All of these efforts were designed to break up the surviving community of German Red Cross nurses who resided in the Soviet occupation zone and to force them to follow the SMA's dictates.

In April 1946, a new option arose for placing nurses under Soviet influence: nurses could be incorporated into the Free German Trade Union Federation (FDGB). The Federation included its own nursing sisterhood, so officials from Public Health administration the officials hoped Red Cross nurses would join it.¹⁰⁵⁶ Membership was supposed to be voluntary, but officials considered it "absolutely necessary to do everything possible to organize the former Red Cross sisters into the Sisterhood of the FDGB."¹⁰⁵⁷ Such membership would help the Socialist Unity Party (SED, created in the same month)¹⁰⁵⁸ extend control over these women, to create more of a political and

¹⁰⁵⁴ BA R 1508, 1162—"Deutsche Rote Kreuz Schwestern"; "Betr.: Schwesternschaften des ehemaligen Deutschen Roten Kreuz." By the Deutsche Zentralverwaltung für das Gesundheitswesen i. d. sowj. Besatzungszone, February 1946.

¹⁰⁵⁵ BA R 1508, 1162—"Betr.: Schwesternschaften des ehemaligen Deutschen Roten Kreuz."

¹⁰⁵⁶ BA R 1508, 1162—"Aktenvermerk! Betr.: Organisation der Schwestern." By Schober. April 3, 1946.

¹⁰⁵⁷ BA R 1508, 1162—"Aktenvermerk! Betr.: Organisation der Schwestern."

¹⁰⁵⁸ Naimark, *The Russians in Germany*, 6.

ideological break from the Third Reich, and to therefore facilitate the transition to Soviet-influenced Communist rule. Red Cross sisters were to be wooed to the FDGB with promises of benefits comparable to what sisters would have received by Red Cross motherhouses.¹⁰⁵⁹ The Public Health Administration officials also wanted to check to see if the sisterhoods of the FDGB could be located and operated from the very same plots of land and buildings of the recently dissolved German Red Cross motherhouses.¹⁰⁶⁰ Officials from the Central Administration of Public Health thus attempted to gain control over former German Red Cross nurses by offering a sense of continuity in work location and conditions, which would, in turn, help the SED gain more control over the country.

Some nursing motherhouses and their individual nurses did carry out the German and Soviet officials' desires for nurses' dissociation from the German Red Cross and integration into government administrations. For example, a visit from a representative from the German Central Administration for Public Health revealed that as of June 11, 1946, the nursing sisterhood in Weißwasser had somewhat complied with Soviet orders. At the end of the war, a hospital was erected there, and directed by one Dr. John. Six full nurses from the *Diakonissen*-Motherhouse Salem (based in Görlitz) and five former German Red Cross assistants worked in this hospital. These former German Red Cross members made individual contracts with the city and they wore no marking of any kind that signaled association with the German Red Cross.¹⁰⁶¹

¹⁰⁵⁹ BA R 1508, 1162—"Aktenvermerk! Betr.: Organisation der Schwestern." Such benefits included insurance, health care, and possibilities to use recreation, vacation, and retirement homes.

¹⁰⁶⁰ *Ibid.*

¹⁰⁶¹ BA R 1508, 1162—"Aktenvermerk! Betr.: Schwesternschaft in Weißwasser, Besprechung mit der Oberschwester des Städt. Krankenhauses, Elfriede Gaertner, und der Leiterin des Städt.

Despite the acquiescence of the German Red Cross nurses in Weißwasser, many other nurses refused to adhere to German and Soviet officials' demands to dissolve their sisterhoods and the officials' urgings to join new, SED-affiliated sisterhoods.¹⁰⁶² Their refusals demonstrated the limits of denazification policies and there are a number of reasons for this. First, some Red Cross nurses argued that they had no tangible connection to the Nazi regime, and that therefore there was no practical reason for dissolving the Red Cross associations. For example, in a report made to the Central German Administration for Public Health, various matrons from German Red Cross motherhouses justified the existence of the motherhouses by explaining their relationship with the Nazi regime in such a way that suggested a sense of innocence and neutrality. The matrons explained that that the motherhouses had originally been independent institutions, which financed themselves and provided care for old and sick nurses.¹⁰⁶³ They suggested that before Hitler took over the leadership of the German Red Cross, the motherhouses had only been related to the national German Red Cross as if they were members of a club, but that they still operated independently. The matrons stressed that the change of the relationship between the motherhouses and the national leadership of German Red Cross dated from 1938.¹⁰⁶⁴ The matrons argued that it was only then that the motherhouses lost their financial independence to the executive committee of the German Red Cross. It is true that at least from 1937, the motherhouses

Gesundheitswesens, Frl. Schmiedel beim Besuch am 11.6.46." 14.6.46, Scho.Be., Lenz 1/46(or 11/6) Stamp from 16.6.46) However, neither the doctors nor the city council knew anything about the possible re-training of these assistants.

¹⁰⁶² BA R 1508, 1162—"Betr.: Schwesternschaften des ehemaligen Deutschen Roten Kreuz."

¹⁰⁶³ BA R 1508, 1162—"Das Verhältnis der Mutterhäuser, Das DRK zum Präsidium," Schober, gez. Schober, December 1, 1945, Sch/Mitt).

¹⁰⁶⁴ BA R 1508, 1162—"Das Verhältnis der Mutterhäuser, Das DRK zum Präsidium"

had lost some control over their finances.¹⁰⁶⁵ The matrons thus glossed over some of the nuanced ways in which German Red Cross motherhouses became incorporated into the national German Red Cross.¹⁰⁶⁶ They also claimed that the motherhouses again became financially independent after the war, and that the matrons considered the decrees of 1938 (i.e. those instituted by the Nazis) to be no longer valid. Because the motherhouses were no longer officially bound to the executive committee of the German Red Cross, the matrons believed there was no reason why they should be dissolved.¹⁰⁶⁷

The report on the condition of the motherhouses in the Soviet occupation zone is interesting because it frames the relationship between the German Red Cross Executive Committee and the motherhouses purely in terms of patronage and finances. This explanation about the relationship between the Nazis and the motherhouses suggests a desire to portray the German Red Cross nurses' separation and differences from the NS-regime. This explanation also sets forth a Red Cross identity that elided Nazi ideological influence and nurses' wartime contributions. This kind of attitude came from motherhouses located outside of the Soviet sector, so there was nothing the military administration or the Public Health officials could do about it. But these officials' notation of matron's opinions of the history of their motherhouses speaks to the ways in which Red Cross nursing leaders conceived of their relationship to the Third Reich. The report also demonstrates that nurses' active resistance to efforts to limit German Red Cross associations occurred inside and outside of the Soviet occupation

¹⁰⁶⁵ Seithe and Hagemann, *Das Deutsche Rote Kreuz im Dritten*, 183, and BA-MA RH 12-23, 1041 – “Betr.: Satzung des Deutschen Roten Kreuzes vom 24. Dezember 1937.”

¹⁰⁶⁶ Chapter 1 and Chapter 2 provide an extended discussion of how the Nazis influenced the structure, educational policy, and activities of German Red Cross members.

¹⁰⁶⁷ BA R 1508, 1162—“Das Verhältnis der Mutterhäuser, Das DRK zum Präsidium.”

zone. Resistance to dissolution was a particular concern for Soviet authorities because nurses from motherhouses located *outside* of the Soviet sector continued to work *inside* of it, and they were subject to its laws.¹⁰⁶⁸

Red Cross sisterhoods based *within* Soviet-controlled territory also made the case for their continued operation based upon their supposedly superficial connections to the NS-regime, but also based upon the immediate needs of postwar society. For example, the Sophienhaus Sisterhood, in Weimar, was a long-standing institution (founded in the 19th century) and as of November 1945, counted 500 nurses as members.¹⁰⁶⁹ Of those nurses who had returned from their wartime service and of who worked in Germany, many worked in the 95 medical stations distributed throughout Thuringia. The Sophienhaus Sisterhood also continued to direct a state-approved nursing school. This sisterhood thus played an important role in providing medical care for the region. However, with the dissolution of the German Red Cross, the sisterhood also lost its legal status as an independent corporation and the nurses “floated about in the air,” so to speak, without an official and legal institutional affiliation. Given the importance of these nurses for the region’s medical institutions, representatives from the sisterhood argued that someone (i.e. the Sophienhaus) needed to oversee the employment and living arrangements of the nurses.

¹⁰⁶⁸ This was suggested in a report about another case of nurses based in the American sector of Berlin but who worked in the Soviet zone. BA R 1508, 1162—“Aktenvermerk. Betr.: Schwesternschaft in Gardelegen, Feststellung und Besprechungen beim Besuch im März 1946.” By Schober. April 1, 1946. Scho/Be. Herrn Präsidenten & Ruckspr.’etzte Rentsein (??)

¹⁰⁶⁹ BA R 1508, 1162—“Betr.: Auflösung des Deutschen Roten Kreuzes. Ohne Vorgang.” To Treuhaender Loesche, Berlin, from Tucher (sp, Lueher) and the Managing Board of the Foundation at Sophienhaus zu Weimar, Milde Stiftung, Weimar, November 12, 1945.

In arguing for the necessity of the Sophienhaus, the representatives, like the matrons of the motherhouses, downplayed the connections between their institution and the NS-regime. The representatives claimed that the independence of the sisterhood was lost only in 1939, when the board of the sisterhood and the German Red Cross reached an agreement in which the sisterhood was (legally and organizationally) detached from the foundation of the Sophienhaus and then attached to that of the German Red Cross.¹⁰⁷⁰ According to the representatives of the sisterhood, this change occurred because of “the extraordinarily strong pressure of the political parties in the state of Thuringia to incorporate the sisterhood into the Party and the National Socialist People’s Welfare organization (NSV).”¹⁰⁷¹ In the case of the Sophienhaus Sisterhood, a Red Cross association served a purpose for the present state of affairs (to provide employment and living arrangements for nurses, so that they could serve the local population), and the distinction made between the sisterhood and the national leadership of the German Red Cross allowed the sisterhood’s representatives to create a sense of distance between the sisterhood and the Nazi regime.¹⁰⁷²

While a sense of distance from the NS-regime and civilian medical needs represented two factors in nurses’ refusal to follow the October 1945 Soviet orders for dissolution, the general state of administrative confusion in the Soviet occupation zone

¹⁰⁷⁰ BA R 1508, 1162—“Betr.: Auflösung des Deutschen Roten Kreuzes. Ohne Vorgang.” This meant that from 1939, the nurses received their payments from the national leadership German Red Cross, which was based in and controlled from Berlin.

¹⁰⁷¹ BA R 1508, 1162—“Betr.: Auflösung des Deutschen Roten Kreuzes. Ohne Vorgang.”

¹⁰⁷² The pattern of overlooking the past was not unique to nurses. Indeed, in December 1945 in Thuringia, “nearly three-fifths of all the people still working in the *Land* administration had been Nazi Party members.” Bessel, *Germany 1945*, 199. Also see Clemens Vollnhals, ‘Einleitung’, in Clemens Vollnhals, ed., *Entnazifizierung. Politische Säuberung und Rehabilitierung in den vier Besatzungszonen 1945-1949* (Munich, 1991), 46.

also fostered a situation in which nurses could and did refuse to comply with Soviet and German officials' dictates. For example, in early February 1946 Prof. Med. W.H. Viel, the director of Medicine at the University Clinic of Jena, wrote a letter to the German Central Administration for Public Health about the matron of the German Red Cross motherhouse in Meiningen and the concerns about what would happen to her and her nurses.¹⁰⁷³ Viel described Matron Elisabeth Apel as "one of the most reliable and wisest Red Cross matrons" and her motherhouse as "one of the best motherhouses in Thuringia." But he wanted to know what to tell her about what her nurses should be doing at this point in time. Thus there was some confusion among doctors and matrons about what nurses should do given the occupation and given the official order to dissolve all German Red Cross associations in the Soviet zone. This confusion speaks to the tenuous connections between the Central Administration and local offices, which was a significant problem in the immediate postwar period in the Soviet zone.¹⁰⁷⁴ In a response from the Central Administration for Public Health, dated on February 14, it was ordered that Matron Apel was to be instructed that there were to be no more Red Cross sisterhoods, motherhouses, or nursing schools.¹⁰⁷⁵ Instead, as explained in other summaries of the orders for dissolution, all nurses from Red Cross organizations were supposed to act as free nurses and to take out new placement contracts (as free nurses) at their place of work. The refurbishment of the nursing schools, the transformation of

¹⁰⁷³ BA R 1508, 1162—Letter from Prof. Med. W.H. Viel, Direktor der Mediz. Universitätsklinik Jena to Präsident (likely of the Zentralverwaltung für das Gesundheitswesen). Stamp receipt from February 14, 1946; 1) Vermerk! By Lenz, February 14, 1946, Lz./Ha., VI, 2d /23/46).

¹⁰⁷⁴ Naimark, *The Russians in Germany*, 45-50.

¹⁰⁷⁵ BA R 1508, 1162—Letter from Prof. Med. W.H. Viel, Direktor der Mediz. Universitätsklinik Jena to Präsident (likely of the Zentralverwaltung für das Gesundheitswesen). Stamp receipt from February 14, 1946; 1) Vermerk! By Lenz, February 14, 1946, Lz./Ha., VI, 2d /23/46).

Red Cross nurses to the title and position of state nurses, and these nurses' employment in nursing schools was supposed to be a matter for the state administration.¹⁰⁷⁶ Thus, in February 1946, at least one matron of a major motherhouse was notified of the practical effects of the dissolution and ban of the German Red Cross. Almost five months had passed since the society was made illegal in the Soviet zone, and in the meantime, the Meiningen motherhouse had continued to operate.

German Red Cross sisterhoods and motherhouses therefore continued to maintain their organizations and activities well into the postwar period. The need for medical care, the desire to distance nurses from their pasts, and administrative confusion all served as reasons for this persistence of Red Cross communities and identities. However, in some cases, these communities and identities persisted not because of outside, or rather, circumstantial reasons, but because of the very real importance of the Red Cross sisterhoods to the nurses. The sisterhoods provided a sense of identity and a stable community at a time when nurses could not turn to a community of the front, be it a field hospital or an ethnic German village, nor could nurses look to the German collective with a sense of racial pride or, perhaps more importantly, security. Indeed, during the defeat, nurses, like the German collective, perceived themselves as being members of a community of victims. However, when nurses, either as individuals or as united members of a sisterhood, dismissed the SMA orders for dissolution, they illustrated a sense of confidence and empowerment at a time when their nation was powerless. Their actions suggest that perhaps the confidence they gained during the war lasted after the defeat.

¹⁰⁷⁶ Ibid. Red Cross property was also to be handed over to the state.

Well into 1946, many German Red Cross nurses continued to work together as a group to maintain some sort of Red Cross community. For example, the Red Cross sisterhood of Magdeburg renamed itself the “Provincial Sisterhood” of the Halle Province Health Office.¹⁰⁷⁷ But nothing changed with regard to the terms of employment or the composition of the nurses. The sisterhood included 135 full nurses, 50 student nurses, and 18 retired nurses. According to one report, they lived exactly the same as they had before, that is, as motherhouse sisters. They maintained a closed community, received the same low pocket money, and continued to occupy their previously held out-stations in Magdeburg and the surrounding regions.¹⁰⁷⁸ There was no evidence that these nurses continued to wear their Red Cross badges, but the continued closed association reveals the continued importance of the Red Cross community, if not in name than in practice, in the Soviet occupation zone.

The same patterns occurred in the postwar histories of other German Red Cross nurses. Motherhouses, as discussed above, continued to operate in the Western occupation zones. This became a problem when nurses from these motherhouses wanted to work in the Soviet occupation zone because these nurses refused to put aside their association with the Red Cross. For example, district hospitals in Gardelegen¹⁰⁷⁹

¹⁰⁷⁷ BA R 1508, 1162—“Aktenvermerk! Betr.: Schwesternschaft in Magdeburg, Feststellung und Besprechung beim Besuch am 9. Mai 1946” 13 May 1946, Sch./Be. Rücksprache mit Präs. 14/5. The sisterhood in Magdeburg had received financial support from the Kahlenbergstift Magdeburg. Since its founding the Kahlenbergstift had maintained its own motherhouse. It was only in the 1920s when this motherhouse was taken over by the Patriotic Women’s Association and then it officially became a sisterhood of the German Red Cross.

¹⁰⁷⁸ BA R 1508, 1162—“Aktenvermerk! Betr.: Schwesternschaft in Magdeburg”

¹⁰⁷⁹ Gardelegen was also a location of the violent murder of concentration camp inmates who had been evacuated from their camps by the SS near the end of the war and forced into death marches. On April 13, 1945, SS officers and local auxiliaries forced over a thousand inmates into a barn where they were burned to death. US Holocaust Memorial Museum.

<http://www.ushmm.org/wlc/en/article.php?ModuleId=10006173>

(in Letzlingen, in Saxony-Anhalt) employed nurses who demonstrated continued allegiance to their motherhouse, the Ritterberghaus (Rittberghaus) of the Red Cross in Berlin-Lichterfelde, located in the American-controlled sector of Berlin. The Gardelegen district hospitals were relatively small, and they employed 21 full nurses, 10 nursing assistants, and 10 nursing students. An interview between Frl. Schober, a delegate from the Central Administration for Public Health, and Sister Edith Namslav, the senior head nurse in Letzlingen, revealed that the nurses who worked in the hospitals in Gardelegen felt exactly as they did (before the end of the war).¹⁰⁸⁰ That is, they felt as though they belonged to the Ritterberghaus (Rittberghaus) of the Red Cross in Berlin-Lichterfelde.¹⁰⁸¹ Payment still came from the motherhouse, and the nurses received pocket allowances according to pre-war standards (for example, full sisters received 36 RM per month). When considering the question of how it was possible that the district hospitals experienced no consequences from the SMA's decision to dissolve the German Red Cross, the answer provided during this interview was that the hospital administrators never received a written order they were to follow. According to Frl. Schober's report on her interview, the Health Office had only been dictated the following arrangement verbally: the sisterhood should no longer be called the Red Cross but everything else was to remain the same. So practically, "nothing has changed" for the Rittberg Red Cross nurses in Gardelegen. Each nurse still wore her old

¹⁰⁸⁰ BA R 1508, 1162—"Aktenvermerk. Betr.: Schwesternschaft in Gardelegen, Feststellung und Besprechungen beim Besuch im März 1946." By Schober. April 1, 1946. Scho/Be. Herrn Präsidenten & Ruckspr. 'etzte Rentsein (??)

¹⁰⁸¹ BA R 1508, 1162—"Aktenvermerk. Betr.: Schwesternschaft in Gardelegen. "Die Schwestern des Kreiskrankenhauses Gardelegen fühlen sich nach wie vor zum Ritterberghauses vom Roten Kreuz, Berlin-Lichterfelde, gehörig."

motherhouse brooch with the emblem painted over and the hood stripe had an abbreviated, but not absent, marking.¹⁰⁸²

Central and provincial government authorities worked to come to a solution to this situation. Frl. Schober recorded a conversation between Sister Namslav and Secretary (*Verwaltungsleiter*) Nachtigall, during which it was conveyed that if the nurses (allegedly) intended to keep their workplaces inside the Soviet zone, then they would need to comply with the orders of the Soviet military administration, leave their community of the German Red Cross motherhouse, and then conclude individual contracts with the district administration in Gardelegen. If they would not do these things, then they were to be removed from their hospital posts, sent back to their motherhouse in Berlin-Lichterfelde, and replaced by free nurses. Moreover, it was reiterated that in the Soviet zone, the activity of the Red Cross was prohibited.¹⁰⁸³ According to Frl. Schober's report, the head nurse and the secretary promised to quickly comply with these orders and to make a final report to the Central Administration for Public Health on the final exit of the Red Cross nurses from their sisterhood.¹⁰⁸⁴ The district administrator, Mr. Roeller, previously had been under the impression that Red Cross nurses who were based in a non-Soviet zone were allowed to work in the Soviet zone. But he agreed to terminate the (hospital) contract with the Ritterberghaus (Rittberghaus) and he hoped that the nurses would take up individual contracts with the district of Gardelegen.¹⁰⁸⁵

¹⁰⁸² Ibid. "...der Haubenstreifen zeigt an Stelle des 'DRL(K?)' nur noch 'RK.'"

¹⁰⁸³ Ibid.

¹⁰⁸⁴ Ibid.

¹⁰⁸⁵ Ibid. He said he would also be sorry if such productive nurses were lost.

The case of the nurses in of the Ritterberghaus (Rittberghaus) is significant for several reasons. First, it shows that Red Cross nurses from Western occupation zones worked in the Soviet zone, and when they did so they refused to comply with Soviet orders. The lines between the occupation zones, especially in the areas surrounding Berlin, were fluid in the immediate postwar period. This pattern also exemplifies the chaotic nature of the Soviet occupation of Germany and the confusion between administrative offices in the immediate postwar period.¹⁰⁸⁶ Second, this refusal demonstrates the continued importance of Red Cross membership in the postwar period, as the Red Cross motherhouse provided pay and a home base for nurses working outside of the motherhouse itself. Third, the presence of Red Cross nurses in the Soviet zone was a concern of Soviet health administrators, who hoped to place all nurses under Soviet control, and who wanted to make a complete break with the Red Cross. One can interpret from this report that the presence of cross-zonal associational ties presented a symbolic threat to the power of the military administration.

Another kind of symbolic threat to the power of the Soviet military administration appears in cases of individual nurses who refused to hide their loyalties to the German Red Cross. Such refusals demonstrate the importance of the Red Cross as a source of identity and community in the postwar period. For example, the German Central Administration for Public Health received notifications that German Red Cross nurses were working in re-settler or evacuation camps (*Umsiedlerlagern*)¹⁰⁸⁷ in

¹⁰⁸⁶ A pattern also found by Naimark in *The Russians in Germany*, 12, 27, 45.

¹⁰⁸⁷ Such camps housed German expellees who were forced out of Eastern Europe within the context of the "Organized Expulsions" of 1946-1947. The American, British, and Soviet occupation zones received millions of expellees, most of whom were women and children and in need of "urgent medical care." Douglas, *Orderly and Humane*, 159-160, 192-193, 198, 202.

Thuringia; these women continued to wear their old badges, brooches and armbands.¹⁰⁸⁸ “Supposedly” they knew nothing of the dissolution of the German Red Cross or the banning of the sisterhoods. Officials from the Central Administration for Public Health urged Thuringian public health administrators to notify all subordinate authorities that one could not legally operated Red Cross facilities or wear Red Cross badges.¹⁰⁸⁹ If nurses did continue to work in the camps, they should only do so as free (unassociated) sisters and that they were not permitted, under any circumstances, to wear the badges of dissolved organizations. The language of the report is interesting because it starts off with “as noted,” which suggests that this was not the first document to refer to these nurses’ illegal behavior—in other words, this was an ongoing problem. Second, the writer of the report also used “supposedly” (“reportedly” or “*angeblich*”) when referring to the nurses’ lack of knowledge about the prohibitions.¹⁰⁹⁰ This suggests a skeptical attitude about nurses’ profession of ignorance and that these nurses possibly consciously violated the decrees of the Soviet military government. Given the earlier notifications to one of the matrons of the region, this skepticism was not completely unreasonable and it further underscores the limited power of the Central Administration over local affairs. This report thus also suggests that after the war ended, nurses continued to exhibit self-confidence and to maintain their Red Cross identities and

¹⁰⁸⁸ BA R 1508, 1162—Untitled Document. To the Landesverwaltung Thüringen, Abtlg. Gesundheitswesen (15) Weimar. Nachrichtlich an: Landesverwaltung: Sachsen-Dresden; Mecklenburg-Schwerin; Provinzialverwaltung: Sachsen-Halle; Brandenburg-Potsdam. From the Deutsches Zentralverwaltung für das Gesundheitswesen, gez. Dr. Konitzer, begl. Schwe. Berlin, March 13, 1946.

¹⁰⁸⁹ BA R 1508, 1162—Untitled Document, March 13, 1946. “...das Tragen von Abzeichen des ehemaligen Roten Kreuzes strengstens untersagt ist.”

¹⁰⁹⁰ Ibid.

association with one another, even to the extent of disobeying the decrees of the occupation authorities.

These individual nurses were not alone in their acts of defiance and in their allegiance to their Red Cross identities. In the spring of 1946, a well-respected nurse of the Städtische Hilfskrankenhaus at Arneburger Tor (located in Stendal, Saxony-Anhalt)¹⁰⁹¹ refused to hide her loyalty to the German Red Cross. The Städtische Hilfskrankenhaus employed eight full nurses and eight nursing assistants.¹⁰⁹² Some of these nurses were free sisters from different backgrounds. There was one Red Cross nurse among this group, Ella Hohmann, who came from the Red Cross Motherhouse Frankfurt/Oder and who served as a head nurse at the hospital. In April 1946, a “well-known” incident occurred during which Sister Hohmann wore her Red Cross brooch in a way that the label and insignia were not made “sufficiently unrecognizable.” She did so during a visit by a representative of the SMA. The Stendal city administrators felt compelled to summarily dismiss Sister Homann. This happened despite the fact that the district doctor and nurses did not think that Hohmann was in any way politically suspicious, and on the contrary, they described her as anti-fascist. According to a report about the general status of nursing in Stendal in May 1946, the SMA also seemed to have not required Hohmann’s dismissal. Ironically, the replacement for Sister Hohmann

¹⁰⁹¹ By the winter of 1946, Stendal was one of the many East German towns flooded with German expellees. For example, on December 21, trains full of sick and dying expellees arrived in Stendal. Most of the 248 people in need of medical care were immediately admitted to the local hospital. Douglas, *Orderly and Humane*, 197.

¹⁰⁹² BA R 1508, 1162—“Aktenvermerk! 1)Betr.: Schwesternschaft in Stendal, Feststellung und Besprechungen beim Besuch am 8. Mai 1946”. By Schober. Scho/Be. 13.5.46 Gez. Lz. 5/6/46, 2)Osg (abt?) an Provincialverwaltung Halle, 3)Wiedervorlage 22.6.46

was one Sister Erna Schwarzlose, who was a former Brown Sister and “nominal Party member.”¹⁰⁹³

In the cases of the permissibility of wearing painted over brooches, there was also confusion among the ranks of authority figures. One perspective comes from Frl. Schober, who later visited Stendal. She claimed that at the time, it was a common practice among former Red Cross nurses to continue to wear their old German Red Cross brooch, as Hohmann had done. But usually nurses would only do so after painting or writing over the German Red Cross symbols. Frl. Schober also suggested that it was not illegal for a nurse to simply have a feeling of connectedness with the German Red Cross; instead, it was illegal to show this feeling openly, with an uncovered brooch on the collar of a blouse or dress.¹⁰⁹⁴ In order to counter the continued wearing of the German Red Cross brooch, she suggested 2 solutions: 1) Completely forbid the wearing of the brooch, even if it was painted over or 2) The FDGB should immediately create a new brooch for its “unified sisterhood.”¹⁰⁹⁵ A handwritten note on the side of this report stated that such a brooch had already been made. Thus health office administrators had noted the common practice of nurses’ wearing their German Red Cross brooches and observed the consequences. Administrators also recognized that this problem was present, but not universal.¹⁰⁹⁶

¹⁰⁹³ BA R 1508, 1162—“Aktenvermerk! 1)Betr.: Schwesternschaft in Stendal. This incident suggests a parallel with the treatment of nurses in the American zone, for just as in the case of *Generaloberin* Luise von Oertzen, in the Soviet zone “nominal members” of the Nazi Party could be rehabilitated if they broke “with their political task.” Bessel, *Germany 1945*, 199. Also see Vollnhals, ‘Einleitung,’ 46.

¹⁰⁹⁴ BA R 1508, 1162—“Aktenvermerk! 1)Betr.: Schwesternschaft in Stendal.”

¹⁰⁹⁵ *Ibid.*

¹⁰⁹⁶ For example, former German Red Cross nurses worked in the main hospital of Stendal, the Johanniter-Krankenhaus (St. John’s Hospital) and did not wear their brooches or any other kind of German Red Cross marking.

Another perspective of these same Red Cross nurses' actions is offered in a statement from the President (of the Central Administration for Public Health) in Berlin.¹⁰⁹⁷ This statement was sent to the Provincial Administration in Sachsen, Halle/Saale and was about Red Cross nurses working in the Auxiliary Hospital "Altmark" in Stendal, on Arneburger Tor. The statement described Red Cross nurses as still being active and as wearing their society's badges. The President also referred specifically to Sister Ella Hohmann. His conclusion was not the same as Schober's, who had actually visited Stendal. He argued that despite the order from the ZV (Zentralverwaltung or Central Administration for Public Health), the subordinate authorities in the Halle Province had still not received instructions about the complete dissolution of all former Red Cross facilities and about the ban on the wearing of the badges of the former Red Cross.¹⁰⁹⁸ This is thus a completely different interpretation of the Red Cross nurses' actions. This official did not openly recognize the existence of the option that people would disobey orders from the military government. In contrast, Frl. Schober recognized that nurses refused to follow such orders because of these women's personal connection with the German Red Cross. Authority figures from within the same administration therefore had conflicting opinions about the policies regarding the wearing of German Red Cross brooches, signifying their differing connections to Red Cross nurses and willingness to enforce the Soviet military government's orders.

¹⁰⁹⁷ BA R 1508, 1162-Untitlted Document. E. VI 2/3/9 1 i/ 46 Lz. Ha. Vgf. 1)An die Provinzialverwaltung Sachsen, Halle/Saale, Berlin, 2.5.1946 (Präs.)

¹⁰⁹⁸ BA R 1508, 1162—Untitlted Document. Berlin, 2.5.1946 (Präs.)

The case of Sister Hohman, and the following discussions about the permissibility of wearing Red Cross brooches, reflects number of patterns found in occupied Germany. First, it show the inconsistency in the Soviet efforts to create a break with the Third Reich among Germans.¹⁰⁹⁹ Second, the incident demonstrates how events and decisions made on the local level did not necessarily line up with orders given by commanding occupation authorities. Such patterns also appeared repeatedly in Soviet denazification programs.¹¹⁰⁰ In this case, the SMA had set forth a law that prohibited the wearing of brooches with Red Cross insignias, while the SMA authorities aware of this incident did not require Hohmann's dismissal. However, local authorities did. Third, the decisions of the local authorities suggest that, for East German officials, one's loyalty in the present was valued more than past behavior.¹¹⁰¹

Amidst this confusion, German Red Cross nurses' continued to refuse to follow these orders into fall of 1946. In September, Frl. Schober discovered more cases of German Red Cross nurses who continued to wear painted-over Red Cross brooches.¹¹⁰²

¹⁰⁹⁹ Indeed, in the Soviet zone, sometimes those with direct Party affiliations did not necessarily (or even often) lose their jobs. For example, by the end of 1946, 21% of all of Brandenburg's provincial administration employees were former Nazis. Vogt, *Denazification in Soviet-Occupied Germany*, 52-55.

¹¹⁰⁰ Vogt, *Denazification in Soviet-Occupied Germany*, 52. Vogt argues that in the months following Germany's defeat, the unique circumstances in the individual communities transformed the implementation of Soviet denazification policies. Accusations of former Nazi activity merged with charges of corruption and cronyism, and the "pressing issues of everyday life, such as food and housing shortages, became part of the process and produced a volatile combination of grassroots activism and the politics of the purge." Adding to the many voices was that of the Soviet commander, whose decisions "often undermined the course of denazification."

¹¹⁰¹ The case of Sister Schwarzlose confirms other findings which show that the Soviets "offered rehabilitation to nominal members of the Nazi Party if they would 'break with their political past' and devote themselves to the task of reconstruction. Bessel, *Germany 1945*, 198-9. This incident also confirms Niethammer's argument about denazification in the west, where "the process of denazification, in which the vast majority of those complicit in the Nazi regime were classified as nominal members (*Mitläufer*), became a matter more of rehabilitation than of removing the guilty from public life." *Die Mitläuferfabrik*.

¹¹⁰² BA R 1508, 1162—Abt.V/RK, Tgb.Nr. 4379/46 Entwurf, 1)An die Landesverwaltung Mecklenburg-Abt. Gesundheitswesen, Schwerin (am am 2.11.1946 Poststelle), Betr.: Ehemalige DRK-Schwwestern, Bezug: Hiesigues schreiben vom 12.9.1946 (V/RK 1629/46) Berlin 30.10.1936)

She also found that neither the nurses nor the supervising authorities knew anything about the prohibition against wearing these markings. Frl. Schober also found pockets of Red Cross loyalty when she visited the University Clinic in Greifswald and the City Hospital in Anklam (in northeastern Germany). In response to these findings, supervisors from the ZV in Berlin wanted the authorities at these hospitals to follow through with the orders for the banning of the brooches and to report back to the ZV by November 15, 1946.¹¹⁰³ Over a year after the Soviet administration's original orders to dissolve and prohibit any public display of the German Red Cross, Red Cross nurses continued to identify themselves as such.

German Red Cross nurses' persistent wearing of their badges, pins and armbands, and their continued association with their long-standing sisterhoods, provide a snapshot into the complicated nature of the Soviet occupation, its denazification policies, and the ways these policies influenced local organizations and their members. Soviet and East German administrators wanted to make a break with the past and with the Western world. The inconsistency in the application of the policies intended to eliminate German Red Cross activity and loyalty in the Soviet zone reflected the general state of administrative confusion in the postwar period and the inconsistent nature of Soviet policies to eliminate the German people's connection to the Nazi past. At the same time, nurses' actions reveal nurses' self-confidence and a commitment to long-standing communities and identities, and to the welfare of German civilians. Nurses argued for the necessity of their existence based on the poor material conditions of postwar German society. They also insisted on the validity of their identities. These

¹¹⁰³ BA R 1508, 1162—Abt.V/RK, Tgb.Nr. 4379/46 Entwurf

identities were not based not on a Nazi past for which nurses felt responsible; instead, such identities derived from nurses' membership in long-standing nursing sisterhoods and motherhouses.

Conclusion

According to historian Richard Bessel, when the Allies defeated Germany in May 1945, "collective identities, social solidarities and the sense of peace and security were undermined."¹¹⁰⁴ Germans became "objects of violence," of rape, bombings, reprisals, theft, and looting; these experiences directly contributed to a widespread sense of victimization among Germans.¹¹⁰⁵ After losing their communities in the front field hospitals, German Red Cross nurses also perceived themselves as victims of the Allied armies and of those who sought to remove them from formerly German-held territories, particularly the Czechs. Nurses' descriptions of their retreat from the Eastern Front and their subsequent imprisonment thus provide insight into how German women who worked with the armed forces experienced the end of the war.

Amidst nurses' stories of suffering, another pattern emerges, which has been overlooked in other histories of the defeat and the occupation of Germany. Nurses did not just worry about themselves. They focused on how they could help those around them, thereby revealing that nurses did not act as passive members of a community of victims. Their service other Germans (although, notably, with no mention of the suffering of non-Germans) demonstrates that nurses maintained a sense of purpose and

¹¹⁰⁴ Bessel, *Germany 1945*, 7.

¹¹⁰⁵ *Ibid.*, 148, 167-8.

even self-confidence when the war ended. In addition, nurses' continued commitment to German Red Cross associations in the postwar period demonstrated their desire to protect their own "families." Especially in the Soviet zone, when the nursing motherhouses came under threat, nurses fought to defend their family of nursing sisters and their home. Nurses' actions in this period therefore demonstrate how Germans could take control of some part of their life and try to rebuild a sense of community at a time when "settled society and community seem to have been obliterated."¹¹⁰⁶ Moreover, nurses' focus on the status of their motherhouse demonstrates the importance of long-standing institutions for creating a sense of stability and identity in a time of flux. For just as the nursing sisterhood provided an anchor within the front field hospital, it did the same for nurses after the war ended.

As time went on, the German Red Cross and its nurses found more secure positions in postwar Germany. On February 26, 1951 the German Red Cross received formal recognition from the government of the Federal Republic of Germany. Then, on June 26, 1952, the International Committee of the Red Cross gave official recognition to the society. That same year, the German Red Cross in the German Democratic Republic was founded, and in 1954, the society received official recognition from the ICRC.¹¹⁰⁷ By this time, the sisterhoods in the GDR had been dissolved. However, Red Cross nurses continued to work under the leadership of the national society. In January 1956, 35 Red Cross nurses from Magdeburg wrote an appeal to the Central Committee of the German Red Cross, asking whether or not a nursing sisterhood might be formed in order to provide nurses a sense of community and guidance. This request was

¹¹⁰⁶ Ibid., 248.

¹¹⁰⁷ Riesenberger, *Das Deutsche Rote Kreuz*, 390, 393.

ignored. As a result, in the years that immediately followed, many German Red Cross nurses left to West Germany.¹¹⁰⁸ Thus, with the creation of the two German countries and two German Red Cross societies, Germans—including nurses—could continue to rebuild their lives, but not necessarily in the way they desired. Moreover, it would take many years before Red Cross nurses would once again receive public attention for their wartime and postwar experiences.

¹¹⁰⁸ *Ibid.*, 557-8, 590-591.

Chapter 6: Memories of German Red Cross Nursing in the Second World War

In the opening section of her 2004 memoir, Red Cross Sister Ingeborg Ochsenknecht wrote, “This war lays almost sixty years behind. Many people want to know what it was like then. I am no longer a young woman. My memory leaves me sometimes. I have forgotten a lot. Sometimes I switch locations or names. But that is not important. I can tell about the war, as I experienced it as a young girl and nurse, as an inconceivably intense time.”¹¹⁰⁹ Her statement reveals an important fact about how nurses’ remembered the war. They sometimes forgot the details, but the impact the war made on these nurses was lasting. So much so, that they felt as though it was important enough to share their past with a wider public. However, this act of sharing their experiences could only occur within a specific set certain personal, cultural, and social circumstances, which did not arise until the last two decades of the twentieth century.

In the immediate postwar period, from 1945-1949, the war and its consequences were still very present. German Red Cross nurses faced imprisonment by the Allied armies. Some nurses continued to work as providers of medical care, under more or less supervision by the military occupation administrations. Facing such difficulties and an uncertain future, few nurses decided at that time to publicly discuss their memories of the war. Instead, recollections of wartime nursing were filtered through social and political contexts and discourses, and they only reached more widespread public attention from the 1980s.¹¹¹⁰ By examining nurses’ memories, as portrayed in memoirs,

¹¹⁰⁹ Ochsenknecht, *Als ob der Schnee alles zudeckte.* 19.

¹¹¹⁰ For a good overview of the overarching patterns and changes in the memory culture in Germany, see Jarausch and Geyer, *Shattered Past*, and Robert G. Moeller, “Germans as Victims?: Thoughts on a Post-

gatherings, historical accounts, and exhibitions, I demonstrate how nurses remembered the war as an exciting and meaningful time in their lives. At the same time, while the nurses highlighted their participation in the war effort in the East, they minimized their connections with National Socialist ideology and war crimes. In some cases, the experience of a nursing sisterhood, rather than of the individual or nation, became the primary way in which nurses conceived of their past.

“Memory” as a topic of historical inquiry has gained much attention over the past two decades, and scholars from history¹¹¹¹ and cognitive science¹¹¹² have developed ways for studying how people remember and how personal memories relate to those of social and national groups. Among the most influential writers for the study of memory is Maurice Halbwachs. In *On Collective Memory*, he argues that memory is “socially framed.” This means that when people talk about their past in a public space, their language and conceptions of this past are shaped by the social world in which they live.¹¹¹³ Collective memory, then, is “the matrix of socially positioned individual

Cold War History of World War II’s Legacies,” *History & Memory*, vol. 17, no. ½ (Spring/Summer 2005): 147-194.

¹¹¹¹ See, for example, Jarausch and Geyer, *Shattered Past*; Jeffrey Herf, *Divided Memory: The Nazi Past in Two Germanys* (Cambridge: Harvard University Press, 1997); Lebow, Kansteiner, and Fogu, eds., *The Politics of Memory in postwar Europe*; Biess, *Homecomings*; Christina Morina, *Legacies of Stalingrad: Remembering the Eastern Front in Germany since 1945* (Cambridge: Cambridge University Press, 2011); Alon Confino and Peter Fritzsche, eds., *The Work of Memory: New Directions for the Study of German Society and Culture* (Urbana: University of Illinois Press, 2002); Moeller, *War Stories*, and Michael Geyer, “The Place of the Second World War in German Memory and History,” *New German Critique*, no. 71 (1997): 5-40.

¹¹¹² See, for example, Daniel L. Schacter, *Searching for Memory: The Brain, the Mind, and the Past* (New York: Basic Books, 1996).

¹¹¹³ Halbwachs, *On Collective Memory*. In his preface, Halbwachs claims that “Yet is in society that people normally acquire their memories. It is also in society that they recall, recognize, and localize their memories.” For more recent elaborations and challenges, see Winter and Sivan, “Setting the Framework,” 7; Iwona Irwin-Zarecki, *Frames of Remembrance: The Dynamics of Collective Memory* (New Brunswick: Transaction, 1994); and Peter Burke, “History as social memory,” 97-183.

memories.”¹¹¹⁴ While Halbwachs’ theory proved important for the study of memory within social groups, I agree with other historians who argue against Halbwachs’ assertion that there is no such thing as a personal, individual memory and who find his theory of collective memory to be useful as a starting point, but also limiting in terms of studying different forms of memory. Thus, in my analysis of nurses’ memories, I utilize Halbwachs’ theory in some particularly relevant cases, but I also incorporate the approaches of authors interested in the relationship between individual, social, and collective memories. For example, I also use theoretical framework proposed by Jay Winter and Emmanuel Sivan, who propose that popular or official memories exist as “collective remembrances” of groups that actively construct memories and present them in a public place. Different populations often possess varying and competing memories for the same event, and thus the group with the most power (in the form of money, numbers, and reputation) elevates its memory to a larger collective remembrance.¹¹¹⁵ “Collective remembrance” works well as a concept for discussing nurses’ memories because nurses competed with other groups to find a space in the German memory culture.

Below, I examine how nurses’ memoirs, institutional acts of commemoration, and educational exhibits appeared in the German public and how these public acts of remembering made known previously overlooked female experiences of Nazism and

¹¹¹⁴ Winter and Sivan, “Setting the Framework,” 24; Maurice Halbwachs, *The Collective Memory*, trans. F.I. and V.Y. Ditter (New York: Harper & Row, 1980), 51.

¹¹¹⁵ Winter and Sivan, “Setting the Framework,” 6, 10. Winter and Sivan use this framework as an alternative to Halbwachs’ idea of collective memory because they want to avoid making generalizations about entire social groups or populations and because they believe one must account for individual action within social groups “constructed for the purpose of commemoration.” In other words, Winter and Sivan “stand at midpoint between those who argue that private memories are ineffable and individual and those who see them as entirely socially determined, and therefore not present whether or not anyone acts on them.”

the Second World War. I treat these manifestations of memory as “sites of memory,” thereby integrating the terminology of Pierre Nora.¹¹¹⁶ I consider the goals of the producers of these “sites of memory” as well as the larger social, cultural, and political environments in which these writers and creators lived and worked, for as historian Peter Burke argues, these factors directly influence the construction of memory.¹¹¹⁷ In particular, I demonstrate the changing relationship between nurses’ personal memories and that of the dominant German commemorative culture.

There are not very many examples of nurses’ public, and more importantly, *first-person*, memories of their wartime past.¹¹¹⁸ Much of the reason for this fact, as will be discussed below, has to do with the history of Germany’s post-1945 commemorative culture. However, there in all likelihood other factors at work here, which we as historians cannot necessarily uncover, such as personal life circumstances, career changes, and differing attitudes about how and if one should necessarily “come to terms with the past.” Thus, I do not claim to make a representative case for *all* nurses’ memories of their work in the Second World War. Rather, the following discussion provides an *exemplary* analysis of individual nurses and nursing institutions who chose

¹¹¹⁶ See Pierre Nora, “Between Memory and History: *Les Lieux de Memoire*,” *Representations*, no. 26, Special Issue: Memory and Counter-Memory (Spring, 1989): 7-24. This term is most useful for identifying nurses’ public memories because these women made an active effort so that they *and* those around them would not forget the past. Originally termed “*lieux de memoire*” or “sites of memory,” these phenomena “originate with the sense that there is no spontaneous memory, that we must deliberately create archives, maintain anniversaries, organize celebrations, pronounce eulogies, and notarize bills because such activities no longer occur naturally.” “Sites” exist in three senses of the word: they are material, symbolic, and functional. They arise when there is a will to remember. But while they are meant to “stop time, they also have the ability to take on new meanings over time. “Sites” may include, but are not limited to, history books, veterans’ associations, manuals, dictionaries, monuments, and memoirs. Also see Pierre Nora, ed., *Realms of memory. The Construction of the French Past. I. Conflicts and Divisions*, trans. Arthur Goldhammer (New York: Columbia University Press, 1996).

¹¹¹⁷ Burke, “History as Social Memory,” 99.

¹¹¹⁸ Harvey found a similar pattern in the memories of former BDM members who worked in the East. *Women and the Nazi East*, 29.

to strongly make their memories heard and to alter the landscape of the dominant German commemorative culture.¹¹¹⁹

German Commemorative Culture and German Red Cross Nurses

German Red Cross nurses' efforts to position their memories in the larger German memory culture resulted from a combination of personal motives, local circumstances, and broader cultural developments. One of the most important set of factors for determining when and how nurses' memories appeared in public are the changes which occurred within Germany's commemorative culture. When discussing this culture, I am referring to organized forms of memory that different groups utilize to create a sense of community and identity. However, as Jay Winter argues, this kind of memory culture is "politically contested" and as a result, there are both dominant and marginal memory cultures.¹¹²⁰ Because of their experiences at the front, their contributions to the Second World War and National Socialist goals, and their

¹¹¹⁹ As such, this analysis therefore provides many suggestions for further research. In addition, this chapter is written with the awareness that some of the sources, in particular the nurses' memoirs, have also been included in the other chapters in order to reconstruct nurses' experiences on the Eastern Front. In the previous chapters, I have noted as much as possible how the distance of time may have influenced the content of what nurses said and thought. In this chapter, I focus, first, on the content of the memoirs which is written with an explicitly reflective aim. The authors often wrote about their attitudes towards politics, ideology, the war as an impactful experience, and the mass murders and the Holocaust in this way, thus the emphasis on these themes in the chapter and on the language the authors use to describe this part of their past. Second, I focus on how the authors provide competing depictions of the past, sometimes within their own work. In other words, I look for inconsistencies between and within the texts. Third, when possible, I focus on depictions of the war and its aftermath which were different from wartime accounts.

¹¹²⁰ See Winter, *Remembering War*, 1-13; and Sylvia Schraut and Sylvia Paletschek, "Gender and Memory Culture in Europe—female representations in historical perspective," in *The Gender of Memory: Cultures of Remembrance in Nineteenth- and Twentieth century Europe*, ed. Sylvia Schraut and Sylvia Paletschek (Frankfurt and New York: Campus Verlag, 2008), 9.

gender,¹¹²¹ it took many years for German Red Cross nursing memories to become more than a marginal aspect of Germany's dominant memory culture.

The following analysis focuses primarily on the memory culture in occupied Germany, the Federal Republic, and then united Germany. As such, this chapter does not provide an in-depth examination of the memory culture of the German Democratic Republic. The reasons for this choice are due primarily to the nature of the East German official memory culture. Most significantly, while space for competing memories of the past existed in the immediate postwar period,¹¹²² once it came to power, the East German Communist dictatorship allowed only specific memories of the war to enter the public sphere. These memories were strongly shaped by the political goals of the new Communist leaders who wanted to create legitimize their power and to create a strong, male-dominated antifascist state. As a result, in the foundational narratives and histories of the Second World War, East German writers emphasized that Communists and the Soviet Union were the main victims of fascism.¹¹²³ These same writers offered almost no attention to the suffering of the Jews¹¹²⁴ or the experiences of German women in the

¹¹²¹ As discussed in detail in chapters 3, 4, and 5.

¹¹²² Herf, *Divided Memory*, 69-71; Morina, *Legacies of Stalingrad*, 25-44.

¹¹²³ Morina, *Legacies of Stalingrad*, esp. 1-10. Also see Rainer M. Lepsius, "Das Erbe des Nationalsozialismus und die politische Kultur der Nachfolgestaaten des 'Grossdeutschen Reiches,'" in *Kultur und Gesellschaft*, ed. Max Haller, Hans-Joachim Hoffmann-Nowotny, and Wolfgang Zapf (Frankfurt am Main: Campus, 1989), 247-64; and "Mythen des Anfangs," *Aus Politik und Zeitgeschichte* 18-19 (2005): 12-18.

¹¹²⁴ Herf, *Divided Memory*, esp. 3, 6, 13-161. Herf argues that six main themes strongly influenced the political memory culture of East Germany: 1) the assumption on the part of the Comintern that fascism was a dictatorial, terrorist, and imperialist version of capitalism; 2) the German Communists accepted no responsibility for the fall of Weimar or for the Third Reich; 3) a "dialectically inspired inclination to see political disasters as preludes to subsequent Communist success"; 4) the KPD wanted to assert itself as a national front and not as a defender of the Jews; 5) the "Marxist-Leninist economic reductionism and a view of ideology as primarily an instrument for other purposes also contributed to the marginalization of the Jewish question; and 6) basic Marxist and Communist assumptions about religion suggested that there "was no need to devote particular attention to the Jewish question any more than to any other religious matter."

Third Reich.¹¹²⁵ In the 1970s and the 1980s, official state memories remained largely the same in the German Democratic Republic.¹¹²⁶ Cracks in the memory culture did begin to appear through two main avenues: from political dissidents¹¹²⁷ and from literature.¹¹²⁸ However, even within this space, it would have been difficult for women writers to share their personal memories of nursing on the Eastern Front, because by doing so they might implicitly suggest that their past loyalties mattered more than their current loyalties to the regime.¹¹²⁹ Thus, throughout the existence of the German Democratic Republic, the official memory culture remained much more stagnant than in

¹¹²⁵ As a result, anti-fascism in the GDR developed into a “distinctly masculine concept,” which emphasized militaristic language and actions, such as ‘struggle’ and ‘fighting.’ Such language conveyed to East Germans that the Communist struggle against fascism continued after the war ended; at the same time, this language allowed men to maintain a masculine identity. This sense of masculinity was especially important for former Communists who had been incarcerated in concentration camps, and for German men who had just lost the war. Similarly, foundational narratives also focused on the experiences of German families, especially of the fathers. As the father of Communism, Joseph Stalin, lived outside of Germany, SED cultural functionaries constructed narratives based on an ideal anti-fascist father to fill the void of the lack of a *national* Communist leader. In the early novels of the GDR, writers portrayed men as leaders and women as apolitical mothers. The foundational narratives of the GDR therefore overlooked women’s wartime experiences of political action and of the mass rape, which occurred primarily at the hands of Soviet soldiers. See Biess, *Homecomings*, esp. 129-130; Julia Hell, *Post-Fascist Fantasies: Psychoanalysis, History, and the Literature of East Germany* (Durham & London: Duke University Press, 1997), 26-36.

¹¹²⁶ Herf, *Divided Memory*, esp. 162-200.

¹¹²⁷ Herf, *Divided Memory*, 363. Herf also cites Markus Meckel and Martin Gutzeit, *Opposition in der DDR: Zehn Jahre kirchliche Friedensarbeit—kommentierte Quellentexte* (Cologne: Bund Verlag, 1994).

¹¹²⁸ The latter is significant for changing public memories of women’s lives in the Third Reich. In these years women writers began writing fictional and autobiographical works concerning female experiences and everyday life under the Nazis. Their texts functioned as alternative sources of memories of Nazism and they challenged official GDR historiographies. In particular, novelist Christa Wolf spoke out for herself and others about memories of female and children’s experiences under the Nazi regime. Her 1976 novel *A Model Childhood (Patterns of Childhood)* depicted the memory of women under the Nazi regime from the perspective of an East German socialist. See Helen Bridge, *Women’s Writing and Historiography in the GDR* (Oxford: Clarendon Press and New York: Oxford University Press, 2002), 18, 28-29.

¹¹²⁹ Current loyalty was paramount for those living in East Germany. Herf, *Divided Memory*, 110.

West Germany, and it only allowed for limited discussion of women's wartime experiences.¹¹³⁰

The Nuremberg Interregnum¹¹³¹

Between 1945 and 1949, the German memory culture was characterized by competing ideas about the Nazi past, and space existed for discussion for nurses' experience of rape and of nurses' participation in war crimes in the "euthanasia" program. However, the focus on victimization, on the one hand, and extreme brutality on the other, left little room for how most *German Red Cross* nurses had served the NS-regime through their actions on the Eastern Front.

In the immediate postwar period, two versions of the Nazi past existed in the German memory culture, one of which received much broader support than the other. The first and more widely supported version was one in which portrayed the Third Reich in a relatively positive light. For example, many among the German public recalled the Third Reich as a period of "order and prosperity" and superior to the preceding governments. Many believed that the war and the murder of the Jews had been a "mistake" or a "flaw of the regime." Moreover, most Germans preferred to dwell not on the crimes the Nazis committed against non-Germans; instead, they focused on

¹¹³⁰ Further research is needed, however, to determine whether there were other spaces through which memories of the past could have been discussed. An examination of the actions and publications of the East German Red Cross Society would be especially useful.

¹¹³¹ I borrow this term from Jeffrey Herf, who uses it to mark the period from 1945-49. *Divided Memory*, 1, 69-105.

their own suffering.¹¹³² There were some exceptions to this discourse of German victimization, thereby highlighting an alternative memory about the recent past. Egon Kogon, for example, wrote an early account of the Nazi concentration camps, *Der NS-Staat: Das System der deutschen Konzentrationslager*.¹¹³³ He criticized his fellow countrymen for focusing on their own suffering while ignoring the concentration camp survivors and for comparing the expulsion of the Germans from Eastern Europe to the Nazi murder of non-Germans during the war.¹¹³⁴ However, voices of criticism, such as Kogon's, remained a "distinct minority" in immediate postwar German society.¹¹³⁵

Within this memory culture, there was little room for German Red Cross women to make their memories of the war heard by a larger public. It is highly possible that German Red Cross nurses discussed their war experiences amongst each other or with their families.¹¹³⁶ But these experiences did not become part of the dominant memory culture. There are a number of reasons for this development. First, many nurses were working.¹¹³⁷ The widespread need for medical care and the demands of rebuilding the

¹¹³² See, for example, Bessel, *Germany 1945*, 167. This theme is discussed in much detail (for the years 1945-6) in Chapter 5.

¹¹³³ See Egon Kogon, *Der NS-Staat: Das System der deutschen Konzentrationslager* (Munich: Alber, 1946). A second edition came out in 1947, with 100,000 copies. Moeller, *War Stories*, 4. Kogon survived seven years in Bergen-Belsen, where he was sent for participating in resistance activities against the Nazi regime.

¹¹³⁴ See Egon Kogon, "Gericht und Gewissen," *Frankfurter Hefte* I, no. 1 (1946): 29-31 and in dem, "Über die Situation," *Frankfurter Hefte* 2, no. 1 (1947): 39, 34. Moeller, *War Stories*, 4. For additional critiques of postwar attitudes about their own sense of victimization and that of the Jews, see Hannah Arendt, "The Aftermath of Nazi Rule: Report from Germany," *Commentary* 10 (1950): 342-53, and Karl Jaspers, *The Question of German Guilt*, trans. E. B. Ashton (New York: Capricorn Books, 1951). The German edition of the book was published in 1946.

¹¹³⁵ Jarausch and Geyer, *Shattered Past*, 8. Also see Moeller, *War Stories*, 4, and Moller, "War Stories: The Search for a Usable Past in the Federal Republic of Germany," *American Historical Review* 101 (1996): 1008-48; and Mary Fulbrook, *German National Identity after the Holocaust* (Cambridge, UK: Polity Press; Malden, MA: Blackwell, 1999).

¹¹³⁶ Indeed, as Chapter 5 demonstrates, nurses did speak their wartime activities with one another while they were in prisoner of war camps.

¹¹³⁷ See Wiegand, "Nurses of the German Red Cross," 218-219. There were 2,000 registered nurses in Bavaria in the spring of 1949, who cared for a population of eight million Germans.

country¹¹³⁸ meant that these women did not necessarily have time to write memoirs or create monuments or museum exhibits. For example, Sister Erika Summ continued to work as a nurse long after 1945, and not until she reached old age and retirement did she write a memoir.¹¹³⁹ Second, the specific nature of nurses' wartime experiences did not lend themselves to an atmosphere and memory culture characterized by an attempt to distance the population from its Nazi past. For example, during the war, the front field hospital was the center of nurses' daily lives, and within the hospital, nurses created a kind of National Socialist "people's community" in a very active way. Nurses also helped form racialized "people's communities" when they aided in the ethnic German resettlement program. In the immediate postwar period, most Germans did not openly accept their responsibility for or knowledge of Nazi crimes, so it was thus unlikely that nurses would publicly declare their role in forming communities structured by notions of "race."¹¹⁴⁰

This is not to say that there was no public attention given to nurses' wartime actions or nurses' participation in Nazi crimes. To the contrary, in the Meseritz-Obrawalde and Hadamar Trials, the Allies tried nurses for crimes committed inside mental health institutions. These trials represented an important early effort to punish Germans for crimes against humanity. Before and during the war, nurses assisted in killing many German and foreign civilians for supposed mental and hereditary "defects." These nurses were primarily professional psychiatric nurses, in contrast to

¹¹³⁸ Bessel, *Germany 1945*, 4, 330-331.

¹¹³⁹ Summ, *Schäfers Tochter*.

¹¹⁴⁰ Recent studies have focused precisely on this theme, that is, of the presence, changed nature, disappearance, and memory of the concept of the *Volksgemeinschaft* ("people's community") after 1945. See, for example, Malte Thießen, "Schöne Zeiten? Erinnerungen an die 'Volksgemeinschaft' nach 1945," 165-187; and Norbert Frei, *1945 und Wir*.

German Red Cross nurses who worked with the military.¹¹⁴¹ An estimated 10,000 patients were killed by nurses at the psychiatric hospital Meseritz-Obrawalde.¹¹⁴² Sister Ratajczak, the hospital's senior nurse, poisoned between 1000 and 1500 patients during the Second World War. When the Russian army arrived at the hospital, soldiers forced Sister Ratajczak to re-enact the killings. After the re-enactment, Russian soldiers shot her, along with an orderly. Later, in 1946, other Obrawalde hospital workers were put on trial. At the end of the trial, Chief Doctor Hilde Wernicke and Sister Helene Wiczorek received the death sentence.¹¹⁴³

In the first Hadamar Trial, which began on October 8, 1945, three nurses (one of which was a woman) were charged with violating international law for murdering almost 500 people.¹¹⁴⁴ This one female nurse, Sister Huber, had been the chief female nurse at Hadamar. She was found guilty and sentenced to 25 years in prison. The two male nurses were sentenced to death. In 1948, six female nurses and one male nurse were also tried and found guilty for also violating international law while working at Hadamar; they were sentenced to two-four years in prison.¹¹⁴⁵ Sister Huber was released from prison in 1952.¹¹⁴⁶ These trials highlighted how a small number of nurses had participated directly in crimes against humanity. However, the severity of these nurses' crimes fostered an atmosphere in which a large number of ordinary Germans

¹¹⁴¹ McFarland-Icke, *Nurses in Nazi Germany*, esp. 210-256. Also see Lower, *Hitler's Furies*, 120-124, 153-154.

¹¹⁴² This is now a functioning hospital in Poland.

¹¹⁴³ See Hilde Steppe, "Mit Tränen in den Augen haben wir dann diese Spritzen aufgezogen," 166. Also see McFarland-Icke, *Nursing in Nazi Germany*, for a more comprehensive analysis of psychiatric nurses' participation in the T-4 "euthanasia" program.

¹¹⁴⁴ Bessel, *Germany 1945*, 208.

³⁸ Steppe, "Mit Tränen in den Augen haben wir dann diese Spritzen aufgezogen," 166.

¹¹⁴⁶ See Mary D. Lagerway, "The Nurses' Trial at Hadamar and the Ethical Implications of Health Care Values," in *Experience and Expression: Women, the Nazis, and the Holocaust*, ed. Elizabeth R. Bauer and Myrna Goldenberg (Detroit: Wayne State University Press, 2003), 111-123.

could distinguish themselves from the Nazis. Thus, the trials could shift attention away from how hundreds of thousands of German Red Cross nurses had worked for the war effort and built racist communities on the Eastern Front, thereby providing another reason why nurses' wartime actions did not enter into popular consciousness in the immediate postwar period.¹¹⁴⁷

There is one exception to this silence about nurses' experiences in the immediate postwar period: the talk of rape. Nurses emphasized the threat of rape they faced while living in prison camps abroad and within occupied Germany.¹¹⁴⁸ Rape constituted a specifically female experience of the defeat. As such, the violence nurses faced resembled that of many—anywhere from one to two million—German women. Moreover, in the years following the defeat, “there was no lack of speech or documentation about rape.” Rape stories appeared in diaries, memoirs, and even in novels of the period, “rape stories are omnipresent, told matter of factly, told as tragedy, told with ironic humor and flourish.”¹¹⁴⁹ Women wrote about their experiences and

¹¹⁴⁷ In effect, the Hadamar Trials mirrored the other war crimes trials which occurred in 1945, all of which were overseen by Allied authorities. On October 7, 1945 a British military court tried the camp personnel of Bergen-Belsen for war crimes. On November 16, 40 Germans were also put on trial for crimes committed at Dachau. In Lueneberg, on November 17, a British military court then gave out sentences for 44 SS members for crimes committed at Auschwitz and Bergen-Belsen. Eleven of these people received the death penalty. Perhaps the most well-known postwar trials—the Nuremberg Trials—began on November 20, 1945, at the behest of the American military occupation. All of these trials represented important efforts to punish Nazis for their crimes and to make a record of the recent German past. At the same time, the trials had the effect of distancing the horrendous crimes of a relative few from the rest of the German population. Bessel, *Germany 1945*, 206-8. For a more extensive discussion of the persecution of individuals (in the Soviet occupation zone and GDR) accused of participating in the “euthanasia” program, see Franz Hirschinger, “Die Strafverfolgung von NS-Euthanasieverbrechen in der SBZ/DDR,” in *Tödliche Medizin im Nationalsozialismus: von der Rassenhygiene zum Massenmord*, ed. Klaus-Dietmar Henke (Cologne, Weimar and Vienna: Böhlau Verlag, 2008), 225-246.

¹¹⁴⁸ DTA 1337—“In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 17-18; DTA 1601—“Schwester Harmonica,” 60-61. This theme is discussed in detail in Chapter 5.

¹¹⁴⁹ See Atina Grossman, “The ‘Big Rape,’” 137, 139, 143. For additional discussion about the number of rape victims, see Barbara Johr, “Die Ereignisse in Zahlen,” in *Befreier und Befreite: Krieg, Vergewaltigungen, Kinder*, ed. Helke Sander and Barbara Johr (Munich: A. Kunstman, 1992), 48, 54-55,

spoke of it to one another. Journalists commented on the widespread occurrence of rape. In the Soviet zone, and especially in Berlin, where rapes occurred on a mass scale, German Communist and SMA authorities did not try to silence talk about the rape. Instead, they tried to deny, justify, or trivialize the crime. Such efforts did not block public discussions about rape.¹¹⁵⁰ As such, there was room within the postwar public discourse for German nurses to discuss one of their most significant experiences of defeat and imprisonment.

Before the formation of the two German states in 1949, there was thus only a small amount of public discussion about German Red Cross nurses' experiences of the war and its aftermath. The need for medical care combined with the desire of the German population to distance itself from the Nazi regime meant that nurses' experiences, especially of working on the field hospitals on the Eastern Front, could not find a place in public discussion. When nurses did receive public attention, it was for the actions of a small number of women whose horrific crimes did not represent the wartime actions of nurses who worked with the military. The one exception to this more general silence about nurses' experiences was the postwar discussion of rape.

Memories of the War in the Federal Republic of Germany, 1949-1959

In the decade following the creation of the Federal Republic of Germany, the wartime experiences of nurses did appear in public recollections. However, widespread

59; Erich Kuby, *Die Russen in Berlin 1945* (Bern and Munich: Scherz, 1965), 312-13; and Naimark, *The Russians in Germany*, 69-90.

¹¹⁵⁰ Grossmann, "The 'Big Rape,'" 139-144.

attempts to rebuild the country and to re-establish a traditional, nuclear family-based gender order heavily influenced the ways in which nurses' wartime actions appeared in the German memory culture. As a result, certain nurses' experiences of the war, particularly of self-confidence, of rape, and of the female nursing community, were overshadowed. Other experiences were highlighted, especially of providing medical and moral support for German soldiers.

In the 1950s, gender played an important role in the construction of West German memories of the Second World War and of German Red Cross nurses' roles in the conflict. With many more women than men living in Germany in the postwar period, the pre-war gender order was noticeably disrupted. The West German government focused on bringing prisoners of war home and therefore on rebuilding this older gender order.¹¹⁵¹ By 1955/1956, all of the German POWs, who were publicly depicted as examples of men who had suffered without reason and survived, returned home to rejoin their families and to let women return to their sphere of motherhood and the home. These men not only could help rebuild "healthy" families (with women restricted to the private world of the home); they could also restore an overall sense of masculinity to German society and to that of the men themselves. These men were depicted as survivors, thereby providing a contrast to the postwar discourse of vicimitization.¹¹⁵² Memories of the war which highlighted female empowerment or,

¹¹⁵¹ Moeller, "'The Last Soldiers of the Great War,'" 132. Also see Moeller, *Protecting Motherhood: Women and the Family in the Politics of Postwar West Germany* (Berkeley: University of California Press, 1993); *War Stories*, and Elizabeth Heineman, "Complete Families, Half Families, No Families at All: Female-Headed Households and the Reconstruction of the Family in the Early Federal Republic," *Central European History* 29 (1996): 29-60.

¹¹⁵² Moeller, "'The Last Soldiers,'" 136-137. According to Frank Biess, the responses to these returning POWs also served as "primary sites for the formation of new 'hegemonic masculinities'" in East and West Germany. In West Germany in the 1950s, "Postwar ideals of masculinity did not draw on the front

conversely, victimization in the absence of German men, could be perceived as challenges to the patriarchal system of the young Federal Republic, and therefore they could not find a place in public discussions.

During the Second World War, German Red Cross nurses made important contributions to the war effort, and some of them gained much self-confidence through their work on the Eastern Front.¹¹⁵³ They had also forged strong female nursing communities, which sometimes operated in the absence of German men.¹¹⁵⁴ In the 1950s, nurses' wartime agency, independence, and sense of sisterhood did not align with the goals of a government which aimed to place women back inside the home. The West German treatment of this memory of the war in some ways echoed the government's (and public's) appropriation of the memories of the "woman of the rubble." In the immediate postwar period, the "woman of the rubble" represented German women who had cleared away broke bricks and who helped rebuild German cities. In the 1950s, however, this woman became a symbol of the larger effort of reconstruction in the German Federal Republic. In the process, individual women's experiences were overlooked in public discussions about the recent past.¹¹⁵⁵ Discussions of female independence and confidence, of nurses and of German women in general, did not have a place in this new Germany.

experience but rather on survival under conditions of extreme adversity; they were based not on military service but on the adherence to allegedly timeless and essential German values such as *Heimat*, family, and Freedom. Transformed and re-Christianized returnees were to prove their masculinity not as soldiers on the battlefields but as fathers and husbands within reconstructed families." Many soldiers could not or would not live up to this ideal. *Homecomings*, 12, 98-125 (esp. 102).

¹¹⁵³ The theme of self-confidence is discussed in detail in chapters 3 and 4. See, for example, DTA 1601—"Schwester Harmonica," 26 November 1941, 15; Penkert, Letter 26, 6 October 1942, 102-103; BA R 49, 2055—"Briefe der Schwesternhelferin Irmela Kiehne."

¹¹⁵⁴ As discussed extensively in chapters 3, 4, and 5.

¹¹⁵⁵ Elizabeth Heineman, "'The Hour of the Woman,'" 354-395.

Likewise, concerns about gender and Germany's future also influenced the public memory of rape in West Germany. As discussed above, with the mass Soviet rape of German women at the end of the war, the connotation between German women and the rape victim became ubiquitous, especially in Berlin.¹¹⁵⁶ In contrast, in the 1950s, the individual experiences of all of these women became overshadowed by the way people talked about the fate of the German nation. The experience of the female victim became a metaphor for talking about the "rape" of Germany by the Allies. In effect, many women's—including many nurses'—experiences of the war were overlooked in an effort on the part of West German leaders and the public to find appropriate ways to characterize the nation's past and future.¹¹⁵⁷ Public discussion of individual women's experiences of self-reliance or rape would only further highlight the extent to which German masculinity was in fact threatened in the immediate postwar period.¹¹⁵⁸ Thus, nurses' and many women's wartime experiences, especially of independence, self-confidence, or rape, could not become part of the *dominant* discourse in the early years of the Federal Republic.¹¹⁵⁹

By the mid 1950s, the memory of Nazism and the Second World War in the Federal Republic shifted away from women's experiences of the war which could challenge patriarchal social, cultural and political outlook of the newly-founded

¹¹⁵⁶ See Heineman, "Introduction: The History of Sexual Violence in Conflict Zones," 6; Grossmann, "The 'Big Rape,'" 137-145.

¹¹⁵⁷ Heineman, "The Hour of the Woman," 354-395.

¹¹⁵⁸ Moeller, "The Last Soldiers of the Great War," *Protecting Motherhood, and War Stories*; Heineman, "Complete Families, Half Families, No Families at All"; Grossmann, "The Big Rape," 144-145. According to Grossmann, "With the return of prisoners of war and the 'remasculinization' of German society, the topic was suppressed, deemed humiliating for German men and too risky for women who feared—with much justification given the reports of estrangement and even murder—the reactions of their menfolk."

¹¹⁵⁹ Grossmann however, points out that "rape stories continued to circulate and indeed were repeatedly invoked or alluded to by contemporary chroniclers, both German and occupier." "The Big Rape," 145.

country. However, there was some room for public discussion of nurses' wartime actions. One reason for this has to do with the actions of the West German Red Cross Society. Up through 1955/56, when the last German prisoners of war returned home, the German Red Cross and its tracing services played an important role in trying to locate and repatriate German soldiers as well as families that had been deported to the Soviet Union.¹¹⁶⁰ The society and its nurses received significant media attention, and the ways in which nurses cared for German soldiers and families (by providing medical and "spiritual care", and by acting as "mothers" to Germans in need) echoed similar wartime actions. The German Red Cross also took a leadership position in training civilians to protect themselves in the case of (atom bomb) air raids.¹¹⁶¹ These programs

¹¹⁶⁰ The German Red Cross established the Munich Tracing Service in January 1950. This institution brought pre-existing organizations dedicated to finding missing soldiers and POWs into one main group, and throughout the 1950s the Tracing Service attempted to find and record the fate of German POWs who served on the Eastern Front. However, according to Biess, "In the end, the results of these considerable organizational efforts remained limited. They did not clarify the fate of the vast majority of more than one million MIAs. It was not until 1966 that the Red Cross began to compile final reports on each case, which informed family members that their missing relative had most likely been killed on the Eastern Front." Moreover, the intense focus on recovering lost relatives spoke to the ways in which Germans had not yet fully come to terms with the human costs of the war. *Homecomings*, 183-4. Biess also cites Klaus Mittermaier, *Vermisst wird... Die Arbeit des deutschen Suchdienstes* (Berlin: Links, 2002), 48-52; Kurt W. Böhme, *Gesucht wird... Die dramatische Geschichte des Suchdienstes* (Munich: Suddeutscher Verlag, 1965), 301-4; and Monika Ampferl, "Verschollen im Zweiten Weltkrieg: die Entwicklung des Suchdienstes des Deutschen Roten Kreuzes," *Zeitschrift für Geschichtswissenschaft* 50 (2002): 527-542. Also see Riesenberger, *Das Deutsche Rote Kreuz*, 424-446 and Riesenberger, ed., *Das Deutsche Rote Kreuz, Konrad Adenauer und das Kriegsgefangenenproblem*.

¹¹⁶¹ Such actions contributed to the idea that Germans were potential victims of the Cold War. In 1951, the Allied High Commission decided to allow West Germany create civil air defense procedures and organizations to protect its citizens. That year, the government created the Federal Civilian Defense League. In 1953, the Federal Office for Civilian Air defense was founded, and this office became the Federal Agency for Civil Defense in 1957. The increased attention given to civil defense was caused by the increasing "nuclearization of NATO military strategy" and created a looming sense of fear and insecurity among the West German population. However, although the federal government created a civil defense program, no "significant public funds" were ever delegated to program activities. The government thus relied on civilian volunteers. See Frank Biess, "'Everybody has a chance': Nuclear Angst, Civil Defense, and the History of Emotions in Postwar Germany," *German History*, vol. 27, no. 2: 215-243. Also see *Das Deutsche Rote Kreuz*, 400-423. The actions of the German Red Cross constituted one of the main civilian air defense voluntary efforts. The West German Red Cross Vice President Walter Bargatzky, who played an important role in the development of the civilian air raid preparedness program, became increasingly critical of the effects of the program. In a speech from June 1956,

also fostered the sentiment that the German Red Cross and its members remained dedicated to the welfare of the German people, just as the society and its nurses had been during the war. Thus, the society's focus on German welfare and past (in the form of POWs and expellees) and future (in the context of a potential air raid) victims of foreign aggression provided the context in which the West German public could think of nurses in terms of their traditional traits of femininity and caring while neglecting other traits or experiences nurses had during the Second World War.¹¹⁶²

Therefore, in the form of memoirs and fictional accounts, public memories of nurses' wartime provision of medical care and moral support for German soldiers could find a position within the Federal Republic's memory culture. But they could only do so if they described women as acting within roles which seemed to mirror contemporary German Red Cross work, if such memories did not counter efforts to rebuild a patriarchal gender order, and if the memories elided a critical examination of the relationship between ordinary German people and the Nazi regime. Such patterns appear when considering depictions of nursing on the homefront, in the field hospitals, and in prisoner of war camps.

delivered in Berlin, he claimed, "What is the result? As we prepare ourselves for the outer catastrophe, the internal, the spiritual (catastrophe) is in the making. Without the light of peace we sink down to mere bone-setters (*Heilgehilfen*) of human misery, to members of a gigantic pilot, a dressing-station in the largest sense, accustomed to the thunder of the front ... We work constantly, year after year, we meet the target of our programs, but innate in the task of the Red Cross, in the militant spread of humanity, we grow weary. We work, but we get nothing out." Walter Bargatzky later became influential in the development of human rights laws.

¹¹⁶² Similarly, the activities which the German Red Cross, as a national society, focused on during the 1950s helped distract attention from its complicity in Nazi crimes, especially at the higher levels of leadership. For discussions of the complicity of the German Red Cross in the crimes of the Third Reich, see Biege, *Helfer unter Hitler*; Morgenbrod and Merkenich, *Das Deutsche Rote Kreuz unter der NS-Diktatur 1933-1945*; Riesenberger, *Das Deutsche Rote Kreuz*; Seithe and Hagemann, *Das Deutsche Rote Kreuz*; Poguntke, *Gleichgeschaltet: Rotkreuzgemeinschaften im NS-Staat*; Wicke, *SS und DRK*; and Favez, *The Red Cross and the Holocaust*, xiv-xviii.

Depictions of nursing on the homefront conveyed to the German public how nurses had helped heal the past suffering of their nation without breaking any gender norms. For example, German Red Cross Sister Helene Mierisch published a memoir of her nursing career in 1953 *Ein Griff ins Leben: Aus meiner Schwesternarbeit*.¹¹⁶³ This book recalled with detail her experiences of working as a Red Cross nurse inside Germany after the First World War. Mierisch also published *Ärzte, Schwestern und Soldaten. Erlebtes aus Zwei Weltkriegen*.¹¹⁶⁴ This book served as a follow-up to her popular 1934 memoir *Kamerad Schwester 1914-1918*.¹¹⁶⁵ *Ärzte, Schwestern und Soldaten* is split into two parts, and it is structured by years and individual diary entries, sometimes with additional commentary. The first part focused on Mierisch's experiences as a field nurse during the First World War. It was similar, even in its title, to her 1934 memoir. The second part of the memoir focused on her experiences as a Red Cross nurse working in reserve hospitals *inside* of Germany during the Second World War. However, near the end of the memoir, Mierisch includes a letter from a friend, Sister Else, about her imprisonment in a Czech-Russian prison camp.¹¹⁶⁶ This is one of the few public references to and memories of Red Cross nurses' imprisonment at the end of the war, with a focus on the difficulties of life in the prison camp, and the threat of rape. However, this is the only mention of nurses' imprisonment, and the rest of the memoir focuses on wartime nursing inside of Germany rather than on the war front. Mierisch's memoir represents an attempt to bring Red Cross nurses' wartime

¹¹⁶³ See Helene Mierisch, *Ein Griff ins Leben: Aus meiner Schwesternarbeit* (Biberach an der Riß: Koehlers Verlagsgesellschaft: 1953).

¹¹⁶⁴ Mierisch, *Ärzte, Schwestern und Soldaten*. .

¹¹⁶⁵ Mierisch, *Kamerad Schwester*.

¹¹⁶⁶ Mierisch, *Ärzte, Schwestern und Soldaten*, 368-380.

memories to the public, and it was one of the few to provide such a personal perspective in the 1950s. Mierisch's pre-war standing as a published author and nurse no doubt increased the likelihood of her postwar publications, and her wartime actions as a caring and motherlike nurse who served her men within the borders of Germany made it more likely for her memories to reach the wider West German public.

Nurses' experiences in the field hospitals in the Second World War were also represented in fiction in the 1950s. Similar to Mierisch's memoirs, nurses' past actions were depicted in such a way so that they would support the rebuilding of the male-dominated gender order. Such depictions also contributed to the goals of the new West German government to make a break with its recent past. For example, in '*Das Licht in der Händen.*' *Die Geschichte der Schwester Bettina*,¹¹⁶⁷ author Herta Cabanis presents an image of a Red Cross nurse as a literary character and as an ideal unpolitical nurse.¹¹⁶⁸ The title alone elicits traditional, explicitly feminine images of nursing, especially of Florence Nightingale, who is generally known "the lady with the lamp."¹¹⁶⁹ The novel presents one kind of public memory of nurses' experiences on the front. Cabanis created a nurse who was "not rich, not poor, not a mistress, not a servant. She was a sister to all those who suffered, who came from either huts or palaces." Sister

¹¹⁶⁷ See Herta Cabanis, '*Das Licht in der Händen.*' *Die Geschichte der Schwester Bettina* (Stuttgart. 1st ed: 1951, 2nd ed.: 1956). Other works by Herta Cabanis include *Die Verborgene Kraft* (1951) and *Lebendiges Handwerk* (1964). Cabanis was born in Itzehoe (in Steinberg, Schleswig-Holstein). See extended discussion in Panke-Kochinke and Schaidhammer-Plack, *Frontschwester und Friedensengel*, 189.

¹¹⁶⁸ Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 189.

¹¹⁶⁹ See, for example, Mark Bostridge, *Florence Nightingale: The Making of an Icon* (New York: Farrar, Straus and Giroux, 2008), xxi, 223, 502-507. Florence Nightingale has perhaps the strongest resonance in the national memory of Great Britain. According to historian Raphael Samuel, the "Lady with the Lamp is one of the stock images our (Great Britain's) island story." Nightingale's ministering to soldiers during the Crimean War led to a myth about her, as a woman who cared for the wounded and dying in the battlefield. But her tasks in the war was also to help reform the provision of British Army medicine, and this is something she also took up after the war, in addition to trying to reform British nursing education.

Bettina thus represented a type of nurse who was an “ordinary person” and who aimed to serve everyone, no matter his or her background. She also wished for justice for “all people” and “all creatures.”¹¹⁷⁰ But even though this image of a nurse was universalized in terms of class and whom she helped, Cabanis still presented a nurse dedicated to Germany. Bettina was described as loving her home and her language. However, Cabanis emphasizes that Bettina’s love for Germany does not prevent her from helping those from elsewhere. For example, Bettina once helps a black person; this incident represents a break from Germany’s most recent past. The descriptions of Bettina’s background, ideals, and values thus present a public memory of a Red Cross nurse that corresponded to nurses’ wartime focus on their “feminine” roles, especially as mothers. At the same time, Sister Bettina’s universal humanitarian ideals did not necessarily correspond to one important part of nurses’ experiences, for during the war, categories of “race” and ethnicity played an important role in distinguishing who nurses did or did not help.¹¹⁷¹

One important part of nurses’ experiences on the front does stand out in *Schwester Bettina*: nursing in the field hospitals on the Eastern Front. Cabanis’ novel presents a picture of daily life in the hospital that is similar to nurses’ personal descriptions of their work. Cabanis emphasizes the long shifts and gruesome conditions of the field hospital. Lines such as “Blood flows over Bettina’s hands” and “Those dying of thirst call out for their mother”¹¹⁷² mirror nurses’ experiences in the field

¹¹⁷⁰ Cabanis, *Schwester Bettina*, 211; Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 188.

¹¹⁷¹ Chapters 3 and 4 provide much discussion on this subject.

¹¹⁷² Cabanis, *Schwester Bettina*, 230-231, Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 188-189.

hospitals.¹¹⁷³ Just like in nurses' letters, Sister Bettina is described as being dead tired from her work.¹¹⁷⁴ However, in one scene, when Bettina returns from a break to assist the "skillful hands of the doctor at the operating table, her exhaustion has gone away."¹¹⁷⁵ Cabanis thus presents a memory of the field hospitals that does contain some realistic descriptions of nurses' work, but she idealizes the nurse herself and she remains silent on nurses' struggles to maintain their mental clarity and to fulfill their tasks without the adequate training.¹¹⁷⁶ The novel thus does not provide a completely accurate or representative account of Red Cross nurses or their experiences on the Eastern Front. The *personal* memories of nurses who worked in military field hospitals, and especially of their sense of confidence, thus remained relatively relatively in the public sphere in the 1950s.

¹¹⁷³ For example, Sister Brigitte Penkert wrote in a wartime letter how, in the field hospital, "One splashes about really only in blood and pus, shredded flesh and splintered bones. After a few hours the smell in the room is indescribable." See Penkert, Letter 26, October 6, 1942, 102-103. Also see pp. 7-53, 250-261. The mother-son relationship is expressed well by Sister Edith Haase, who wrote that, "My patients are very sweet. I am the mother for them! At 19 years [myself]! Some are like babies . . . They have such complicated wounds, that they need my special care." See DTA 1601—"Schwester Harmonica," November 24, 1941, 15.

¹¹⁷⁴ Cabanis *Schwester Bettina*, 240, Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 188-189. When recalling her work in the field hospital, one nurse explained that "We worked night service completely alone, and that lasted for fourteen days non-stop." Interview with Herta H., in "Selbstzeugnis der Herta K" in "Dokumentation lebensgeschichtlicher Aufzeichnungen", 34, 39, in Friederike Butta-Bieck, "'Ich war so stolz auf meine Uniform'! DRK-Schwester im Zweiten Weltkrieg," 107-108.

¹¹⁷⁵ Cabanis, *Schwester Bettina*, 246-247, Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 188-189.

¹¹⁷⁶ Indeed, as discussed in Chapter 3, nurses did experience nervous breakdowns during the war, and many nurses did not have the proper training needed for work in the field hospitals. Hospital administrators were particularly frustrated with nurses' unpreparedness. See BA-MA RH 55, 118—"Betr.: Schwester Minna Grunwald" Res.-Laz.XV Breslau, 1 February 1945, z.Zt. Chemnitz 9, Wehrkreisarzt VIII; "Dienstleistungszeugnis" Res.Laz. XV Breslau, z.Zt. Chemnitz 9, 1 February 1945. Sister Grunwald experienced depression and physical exhaustion; Penkert, Letter 29, Kursk, 23 November 1942, 111; DTA 1601—"Schwester Harmonica," 66; BA-MA RH 12-23, 4—Betr.: "Selbstmordversuche bei Einsatzkräften der Freiwilligen Krankenpflege." Chef des Wehrmacht-Sanitätswesens. Tbg.Nr. 231/43 KFK/1, 13 February 1943; BA-MA RH 12-23, 1040—Berlin, 29. August 1944, "Betr.: Ausbildung von DRK-Helferinnen zu Schwesternhelferinnen"; Attachment to letter: "Betr.: Ausbildung von DRK-Helferinnen zu Schwesternhelferinnen."

West German concerns about the gender order and about the relationship between the country and the Third Reich also influenced depictions of nurses in prisoner of war memoirs and films. For example, in Helmut Fehling's 1951 publication, *One Great Prison. The Story behind Russian's Unreleased POWs*, the author represents the general West German interest in the fate of German prisoners of war in the Soviet Union in the 1950s.¹¹⁷⁷ Within this book, German Red Cross nurses do receive a small amount of attention.¹¹⁷⁸ As part of a group of German women in the Soviet camps, these nurses were represented as small islands of femininity among a brutal, masculine world that was the Soviet Union camp system. In a chapter about the prisoners in Brest-Litovsk, Fehling describes "The First Meeting with German women":

How often you have imagined, after more than five years of complete isolation, of world-wide separation from everything that is motherly and feminine, what the first meeting would be like with women of your own

¹¹⁷⁷ See Helmut M. Fehling, *One Great Prison. The story behind Russia's unreleased POWs*, trans. Charles R. Joy. With documents and official announcements concerning German and Japanese War Prisoners in the Soviet Union. Compiled by Charles R. Joy. (Boston: The Beacon Press, 1951). Also see BA-MA MSG 194, 460—H.M. Fehling, *Ich kommen soeben aus Sowjet Russland*. Tatschenbericht aus 6 Jahren sowjetischer Kriegsgefangenenschaft. (Cologne: Wort und Werk, 1952). This book was part of "Heimkehrerberichte" collected by the *Evangelisches Hilfswerk* (EHIK) in the 1950s, an organization that contributed to a large documentation project about the experiences of deported Germans and German prisoners of war, and therefore it also contributed to the pervasive idea in the 1950s that Germans had been victims of (primarily) Soviet aggression. The West German state was also committed to creating a detailed record of German loss and suffering. It sponsored two projects that aimed to collect the memories of prisoners of war and expellees, which could then be used to write a "contemporary history" of the postwar period. The Ministry for Expellees, Refugees and War-Damaged started an effort to document the "expulsion of the Germans from the East" not long after Konrad Adenauer became chancellor. The result as a collection of eight volumes, including three full-length diaries, titled *Documentation of the Expulsion of Germans from East-Central Europe (Dokumentation der Vertreibung der Deutschen aus Ost-Mitteleuropa)*, edited by Theodor Schieder. *Documentation* included about 11,000 eyewitness accounts by expellees themselves, which often had been collected with the cooperation of their interest groups. The Federal government also assembled a large collection of testimonies from prisoners of war. See Robert Moeller, "War Stories: The Search for a Usable Past in the Federal Republic of Germany," *The American Historical Review*, vol. 101, no. 4 (Oct., 1996): 1023-1024. Interestingly, some women, who worked in the Warthegau (as teachers or settlement workers) during the war, provided their own stories the loss of the East to the *Dokumentation der Vertreibung*, particularly of "German wartime 'constructions' and 'achievements' in the East." Harvey, *Women and the Nazi East*, 292.

¹¹⁷⁸ As such, the document implicitly calls attention to the actions the German Red Cross society (especially the Munich Tracing Service) undertook to bring German soldiers home.

kind, with a language that you understand, and a kindness for which you can be grateful.

Now they are there before you.

...

The German prisoners of war, unloaded from the home transport, look with dead eyes through the barbed wire from the outside... They see women, and children, and well-dressed men. A Russian camp for internees? A punishment camp? Whatever it is, here behind the barbed wire are really women. And children.

There you stand before (stands before you) a German woman. She wears the clothing of the Red Cross sisters and is called Mathilde. You have never before found that name particularly attractive, but now it will remain lovely and precious through all the upsetting and cursedly bitter life that is to follow.¹¹⁷⁹

Sister Mathilde merely serves as a representative of German womanhood for the German soldier, not unlike one of the functions Red Cross nurses served during the Second World War.¹¹⁸⁰

While Fehling does describe German women—including Red Cross nurses—as residing in a Soviet prison camp, he provides few details about how they came to be there. Sister Mathilde, from Langerich, Sister Irmgard from Limberg, Sister Cilla from Oberbayern, and five other nurses arrived in Brest at an unnamed time, hoping to return home. According to Fehling, they had been captured in Romania in 1945 and then they were “placed in war prisoners’ hospitals after many experiences about which it is better not to speak”.¹¹⁸¹ Given the Soviet soldiers’ treatment of German women at the end of the war, it is not unreasonable to assume that Fehling was referring to rape. However,

¹¹⁷⁹ Fehling, *One Great Prison*, 57-58.

¹¹⁸⁰ German soldiers viewed German Red Cross nurses in a number of ways, such as sisters, mothers, and lovers. But above all these nurses were objects of fascination because they represented German womanhood. Sister Erika Summ recalled that wherever she went in the East, soldiers would always ask her the same question, as if with disbelief: “Sisters, where do you come from?” German soldiers found Sister Edith Haase to be an item of fascination simply because of her gender. After returning home, one soldier even sent her a poem praising Haase and her motherly nature. See Erika Summ, *Schäfers Tochter*, 146, and DTA 1601—“Schwester Harmonica”, November 24, 1941, pp.15 and April 2, 1942, pp.23.

¹¹⁸¹ Fehling, *One Great Prison*, 58.

the allusion was just that, rape remained something that was literally unspeakable, and nurses' experiences at the end of the war were not presented from their own point of view. All that is revealed to the reader is the fact that the nurses have not been allowed to return home, despite the fact that "Nothing, so the Soviets say, stands against them."¹¹⁸² They thus wait in a prison camp in Litovsk, occasionally talking shop with ten German doctors who were also imprisoned there. Fehling's descriptions of German women suggest the theme of female victimhood, but he connects that theme back to the idea that many Germans had been victims of the Soviets, and that they were being unfairly detained. Only five pages later, in the same chapter, he includes former SS men among this group of people.¹¹⁸³

One Great Prison serves multiple purposes. On the most general level, it provides a perspective of how Germans, both civilian and former military members, had been unfairly imprisoned and mistreated by the Soviet Union in the postwar period. The memoir thereby contributes to the more general West German discourse about POWs, a discourse which focused on their innocence and undeserved suffering.¹¹⁸⁴ Within this discussion appear memories of the last year of the war and of how Germans found themselves in Soviet captivity. On both levels, the past and contemporary situation of individual Red Cross nurses receives attention. But such attention is cursory, and it lacks much detail and references to the *nurses'* point of view.¹¹⁸⁵ Nurses represented

¹¹⁸² Ibid., 58-59.

¹¹⁸³ Ibid., 64.

¹¹⁸⁴ Moeller, "The Last Soldiers of the Great War," 139-140. Also see *War Stories*, esp. 3-19. According to Biess, 'Redemptive narratives' of postwar imprisonment, in a sense, absolved former soldiers from their wartime activities. *Homecomings*, 102-105.

¹¹⁸⁵ A similar pattern appears in other POW memoirs, such as Eugen Heim, *Viel Steine, wenig Brot: Erlebnisse eines Soldaten und Kriegsgefangenen im suedosten Europas zwischen 1944 und 1947* (Hecht-Verlag, 1947), 100-101, 328.

femininity, which was so rarely seen in prisoner of war camps, which were often “a world without women.”¹¹⁸⁶

Thus, in West Germany in the 1950s, there existed a certain space for public discussion about German Red Cross nurses’ wartime experiences. Memories of nursing on the homefront, in the field hospitals, and in prisoner of war camps conveyed to Germans that nurses had displayed femininity and a dedication to the German people during the war. While these public forms of memories did contain an element of truth, especially in terms of nurses acting out feminine roles during the war, such memories clearly had their limits, especially since these memories were not put forth by German Red Cross nurses who served on the Eastern Front during the war. Public discussion nurses’ experiences of self-confidence and of their participation in creating an exclusively German “people’s community” on the front remained silent in these years. Such exclusions came about because of the specifically gendered nature of these women’s experiences. Moreover, in general West Germans were not yet ready to conduct a critical examination of their own past.

Changes in the Commemorative Culture in the Federal Republic from the late 1950s

Beginning in the late 1950s, West Germans began to look at their Nazi past from an increasingly critical perspective. A more varied and honest public discussion of German Red Cross nurses did not occur immediately. However, political, social and

¹¹⁸⁶ Moeller, *War Stories*, 7.

cultural developments of the next three decades set the stage for a wide range of nurses' memories to enter the West German public stage. This was a period of flux in the German commemorative culture, and it made room for more pluralistic discussions about the past. Specifically, two new and related avenues opened for ways of remembering the Third Reich. First, there was a more honest—though not completely so—examination of the causes and consequences of the Third Reich, especially of the Holocaust. Second, a space opened in German public and intellectual culture for the discussion of women's lives, both past and contemporary.

In the late 1950s, West Germans signaled a willingness to examine their Nazi past in a more critical light in comparison to the previous decade. First, in the spring and summer of 1948 the *Einsatzgruppen* Trial in Ulm brought public attention to Nazi war crimes.¹¹⁸⁷ In December of the same year, the Central Office of Judicial Administration was established in Ludwigsburg; it was charged with investigating crimes which occurred during the Third Reich.¹¹⁸⁸ Subsequent trials, such as the 1961 Eichmann Trial in Jerusalem and the Auschwitz Trial in Frankfurt (lasting from December 1963 to August 1965) demonstrated to West Germans—and the world—how German citizens acted as perpetrators during the Third Reich.¹¹⁸⁹

¹¹⁸⁷ See Hermann Langbein, "In the Name of the German People" in Neil Gregor, ed., *Nazism* (Oxford; New York: Oxford University Press, 2000), 353-354.

¹¹⁸⁸ Jarausch and Geyer, *Shattered Past*, 7; "Central Office of Judicial Administration, Ludwigsburg," Vad Yashem, accessed May, 4 2014. http://www.yadvashem.org/odot_pdf/Microsoft%20Word%20-%20205909.pdf

¹¹⁸⁹ The topic of responsibility also received much attention in the West German Bundestag, where there were debates (in 1965, 1969, and 1979) about extending the deadline for persecutions of crimes committed during the Third Reich. West German reparations to Israel further highlighted the German responsibility for the Holocaust. Jarausch and Geyer, *Shattered Past*, 7. Also see Jarausch, "Critical Memory and Civil Society: The Impact of the Sixties on German Debates about the Past," (MS, Berlin, 2001); Harold Marcuse, *Legacies of Dachau: The Uses and Abuses of a Concentration Camp, 1933-2000* (Cambridge, 2001); Hannah Arendt, *Eichmann in Jerusalem: A Report on the Banality of Evil* (New

Within this context of national self-examination, in 1965 there was a trial of fourteen nurses who had worked at Meseritz-Obrwalde. While the Russians oversaw trials against the leading doctors and nurse in 1945 and 1946, the West German government conducted these later trials, which charged nurses for being accessories to murder at the hospital. On March 12, 1965, all 14 accused nurses were acquitted.¹¹⁹⁰ There are possible explanations for this leniency. First, these were women. At the time, the other trials of the 1960s largely focused on the actions of high-ranking German men. The idea that German women could have also participated in Nazi crimes may have been something Germans were not yet willing to confront, especially since previous decade witnessed strong efforts on the part of the government and the public to re-establish traditional gender roles. Second, the lack of sentencing of these nurses echoes the more widespread limitations of the other trials and investigatory efforts.¹¹⁹¹

York: Viking Press, 1964); Herf, *Divided Memory*, esp.334-343, 209ff, 213ff; Rebecca Wittman, *Beyond Justice: The Auschwitz Trial* (Cambridge, Mass.: Harvard University Press, 2005); Devin O. Pendas, *The Frankfurt Auschwitz Trial, 1962-65: Genocide, History, and the Limits of the Law* (Cambridge: Cambridge University Press, 2006); and Peter Krause, "Die Rezeption des Eichmann-Prozesses in der deutschen Presse" (Ph.D. Dissertation, Berlin, 1999). For additional discussions of the German "coming to terms with the past" or *Vergangenheitsbewältigung*, see Charles S. Maier, *The Unmasterable Past: History, Holocaust, and German National Identity* (Cambridge: Harvard University Press, 1997); Peter Reichel, *Vergangenheitsbewältigung in Deutschland: die Auseinandersetzung mit der NS-Diktatur von 1945 bis heute* (Munich: Beck, 2001); and Frei, *1945 und Wir*.

¹¹⁹⁰ See Susan Benedict, "Caring While Killing: Nursing in the 'Euthanasia' Centers" in *Experience and Expression*, 95-107. See Hilde Steppe, "Mit Tränen in den Augen haben wir dann diese Spritzen aufgezogen," 166. Also see McFarland-Icke, *Nursing in Nazi Germany*; and Hilda Schädle-Deiniger, ed., "Ich war von jeher mit Leib und Seele gerne Pflegerin": *Über die Beteiligung von Krankenschwestern an den "Euthanasie"- Aktionen in Meseritz-Obrwalde*. Bericht der Studentischen Projektgruppe Pflege in Nationalsozialismus an der Fachhochschule Frankfurt/Main 1998-1999 (Frankfurt am Main: Mabuse-Verlag GmbH, 1999).

¹¹⁹¹ In the late 1950s, for example, West German prosecutors estimated that approximately 100,000 people had participated in the Holocaust. Yet, between May 8, 1945 and the mid-1980s, the Allied and then the West German courts accused 90,921 people of committing war crimes or crimes against humanity. 6,479 people were convicted and, of those, twelve received the death penalty. Herf, *Divided Memory*, 335-336. Also see Peter Steinbach, *Nationalsozialistische Gewaltverbrechen: Die Diskussion in der deutschen Öffentlichkeit nach 1945* (West Berlin: Colloquium Verlag, 1981), 51-73; Albrecht Götz, *Bilanz der Verfolgung von NS-Straftaten* (Bundesanzeiger Verlag, 1986), 149; Adalbert Rückerl, *Die Strafverfolgung von NS-Verbrechen: 1945-1978* (Heidelberg-Karlsruhe, 1979).

However, taken together, these trials of nurses, soldiers, and concentration camp commandants represented a step towards talking about how Germans—both men and women—had contributed to the Nazi regime and its war crimes.

The late 1960s witnessed further changes in the ways West Germans approached the Nazi past, which would have long term influence for later discussion of nurses' wartime memories. During these years, the the leaders of the Federal Republic's New Left movement accused their parents of being fascists and they charged their government for failing to properly assess the nation's past.¹¹⁹² Strongly influenced by Marxist writings, these intellectuals and students emphasized a possible relationship between capitalism and fascism and they either ignored or marginalized an explicit discussion about anti-Semitism, Nazi ideology, the Holocaust, and the victims of the Nazi regime.¹¹⁹³ However, despite the limitations of the New Left, this social and cultural movement represented an effort to look at the German past in a new way because its members questioned both the actions of their own government and of a whole generation of West Germans.¹¹⁹⁴ The New Left therefore helped set the stage for a discussion of more varied memories of the past, including those of nurses.

¹¹⁹² Jarausch and Geyer, *Shattered Past*, 8, 328; Tony Judt, *Postwar*, 390-421.

¹¹⁹³ Herf, *Divided Memory*, 348-9. Also see Dagmar Herzog, *Sex after Fascism: Memory and Morality in Twentieth-Century Germany* (Princeton, N.J.: Princeton University Press, 2005); Martin W. Kloke, *Israel und die deutsche: Zur Geschichte eines schwierigen Verhältnisses*, 2nd ed. (Frankfurt am Main: Haaf and Herchen, 1990) Micha Brumlik et al., *Der Antisemitismus und die Linke* (Frankfurt am Main: Arnoldshainer Texte, 1991); Dan Diner, *Zivilisationsbruch: Denken nach Auschwitz* (Frankfurt am Main: Fischer Taschenbuch Verlag, 1988); Anson Rabinbach and Jack Zipes, eds., *Germans and Jews since the Holocaust: the changing situation in West Germany* (New York: Holmes and Meier, 1986); and Karlheinz Schneider and Nikolas Simon, eds., *Solidarität und deutsche Geschichte: Die Linke zwischen Antisemitismus und Israelkritik* (Berlin: Deutsch-Israelischer Arbeitskreis für Frieden im Nahen Osten, 1984), 61-80.

¹¹⁹⁴ Contemporary writers, history teachers, and professional historians likewise challenged the West German myths about the past. Jarausch and Geyer, *Shattered Past*, 8-9, 334. Also see Axel Schildt, Detlef Siegfried, and Karl-Christian Lammer, eds., *Dynamische Zeiten. Die 60er Jahre in den beiden deutschen Gesellschaften* (Hamburg, 2000); and the works of writers such as Heinrich Böll and Günter Grass.

The 1970s, however, proved to be the decisive decade for making the West German commemorative culture more pluralistic, thereby creating more space for investigating and talking about German women's wartime experiences. The this decade witnessed not only including a renewed interest in Hitler, the rise of "history of everyday life,"¹¹⁹⁵ the appearance of the TV series *Holocaust*,¹¹⁹⁶ and more scholarly interest in the roles of the Germans in the Nazi period.¹¹⁹⁷ The 1970s also witnessed academic and cultural developments, particularly in the cinema and the second-wave feminist movement, that proved vitally important for an increased space of German Red Cross nurses to discuss their memories of the war.

First, the films of the New German Cinema brought the new critical gaze of the past to the silver screen. The New German Cinema (*Neuer Deutscher Film*) was characterized by a dedication to artistic excellence over commercial profit and by its strong social critiques.¹¹⁹⁸ These films also brought into focus the female experience of the Second World War and its aftermath in a way that had not been done previously.

¹¹⁹⁵ A good introduction to the "history of everyday life" or *Alltagsgeschichte* can be found in Alf Lütke, ed., *The History of Everyday Life: Reconstructing Historical Experiences and Ways of Life*, trans. William Templer (Princeton, N. J.: Princeton University Press, 1995).

¹¹⁹⁶ Marcuse, *Legacies of Dachau*, 328, 343; Herf, *Divided Memory*, 349; Jarausch and Geyer, *Shattered Past*, 8-9. Also see Reichel, *Vergangenheitsbewältigung in Deutschland*.

¹¹⁹⁷ Significantly, on July 3, 1979 the Bundestag also voted to remove the statute of limitations for crimes of murder and genocide, which indicated to the German public that crimes which occurred during the Third Reich could still be punished and that prosecutions would continue. Herf, *Divided Memory*, 342.

¹¹⁹⁸ See Julia Knight, *New German Cinema: Images of a Generation* (London and New York: Wallflower Press, 2004), esp. 12-13, 23. The birth of the New German Cinema dates to February 1962, when 26 filmmakers and artists, including Alexander Kluge, created the Oberhausen Manifesto. Published during the Oberhausen film festival of that year, these men and women argued that they wanted to create a new kind of German film and that "the collapse of the conventional German film finally removes the economic justification from a mentality which we reject. The new German film thereby has a chance of coming to life... *The old film is dead. We believe in the new.*" Other major directors included Alexander Kluge, Edgar Reitz, Peter Schamoni, Haro Senft, Franz Josef Spieker, Volker Schlöndorff, Werner Herzog, Jean-Marie Straub, Wim Wenders, and Hans-Jürgen Syberberg. Also see Eric Rentschler, *West German Film in the Course of Time: Reflections on the Twenty Years since Oberhausen* (Bedford Hills, NY: Redgrave Pub. Co.: 1984); and Anton Kaes, *From Hitler to Heimat: The Return of History as Film* (Cambridge, Mass.: Harvard University Press, 1989), esp.8-9.

For example, Rainer Werner Fassbinder's *The Marriage of Maria Braun* (1979) depicted the story of Maria, a German wife who had been married during the war.¹¹⁹⁹ However, her husband, Hermann, remained imprisoned after the war. The film is thus about the ways women had to adapt to a postwar world without German men, and about what happened to war marriages when the husbands returned home.¹²⁰⁰

While the New German Cinema proved influential in conveying women's wartime and postwar experiences to large audiences, a second major factor for enlarging public discussions about women's lives was the West German feminist movement. Similar to and in some ways prompted by women in the United States, West German women began to campaign for equal rights, and the movement gained a strong following in the 1970s.¹²⁰¹ The feminist movement strongly influenced female filmmakers.¹²⁰² Directors such as Helke Sander and Helma Sanders-Brahms chose to

¹¹⁹⁹ Knight, *New German Cinema*, 64; Kaes, *From Hitler to Heimat*, 37-135. Other films which explored the Nazi past were Syberberg's, *Hitler, A Film from Germany* (1976-77), Fassbinder's *The Marriage of Maria Braun* (1978), Kluge's *The Patriot* (1979), and Edgar Reitz' 16 hour television movie series *Heimat* (1984).

¹²⁰⁰ The film is also a critique of the consumerist culture of 1950s Germany, which, is depicted as superficial and as a mechanism for avoiding the long-term impact of the war on West German society.

¹²⁰¹ Knight, *New German Cinema*, 81. Also see Julia Knight, *Women and the New German Cinema* (London and New York: Verso, 1992), 73-101, in which she claims, "What the women's movement did was to precipitate a number of filmmaking initiatives and areas of activity—of which the new 'women's film' is only one. These areas of activity were not entirely discrete, as they all focused on women and were all broadly supportive of the aims of the movement. Nevertheless, they constitute significant trends rather than a single genre. Furthermore, although some initiatives did come from within the movement, others emerged as a result of a more general awareness of women's oppression and of the supportive environment fostered by the work of the movement." (100-101). Also see Myra Marx Ferree, *Varieties of Feminism: German Gender Politics in Global Perspective* (Stanford, CA: Stanford University Press, 2012); Edith Hoshino Altbach et al., eds., *German Feminism: Readings in Politics and Literature* (Albany, NY: State University of New York Press, 1984); Teresa Kulawik, "Autonomous Mothers? West German Feminism Reconsidered," *German Politics & Society*, no. 24/25, Gender and Germany (Winter 1991/1992): 67-86; Sara Lennox, "Divided Feminism: Women, Racism, and German National Identity," *German Studies Review*, vol. 18, no. 3 (Oct., 1995): 481-502; and Janet K. Boles and Diane Long Hoeveler, "Introduction," in *Historical Dictionary of Feminism*, 2nd Edition, from *Historical Dictionaries of Religions, Philosophies, and Movements*, no.52 (Lanham, Maryland: The Scarecrow Press, Inc.), 11.

¹²⁰² Knight, *New German Cinema*, 81-85; Knight, *Women and the New German Cinema*, esp. 72-78. Significantly, these feminist filmmakers originally had been participants in the New German Cinema.

emphasize German women's past in their films.¹²⁰³ Perhaps most notable for revealing women's life during the Second World War is Sanders-Brahms' 1980 film *Germany, Pale Mother*.¹²⁰⁴ The movie tells the story of Hans and Lene, a couple who marry before the Second World War begins. The film focuses on the experiences of Lene, who has a child during the war and who survives bomb attacks and rape (by American soldiers). The film also examines the difficulty with which Lene adapts to postwar life and to living with her husband, who is also much changed by the war. Thus, while broader political, social, and legal developments in the late 1950s and 1960s slowly opened up a space for discussing the Nazi past, the New German Cinema, the feminist movement, and the feminist films of the 1970s provided a space in West German culture for a discussion of specifically female experiences of the Second World War. Collectively, these changes set the stage for a more open discussion from the 1980s about the Holocaust, about ordinary German's knowledge of and participation in war crimes, and perhaps most significantly for nurses' memories, for more public and academic attention to the roles of women in Nazi Germany.¹²⁰⁵

The 1980s represented a breakthrough period for a discussion of women's, and therefore of nurses', experiences of the Second World War. There were two specific

¹²⁰³ Knight, *New German Cinema*, 82-83. Important films include Jutta Brückner's, *A Thoroughly Demoralized Girl* (1977), Elfi Mikesch's *I Often Think of Hawaii* (1978); Helka Sander's *The All-round Reduced Personality* (1977); Jutta Brückner's, *Years of Hunger* (1980), Jeanine Meerapfel's *Malou* (1980), and Marianne Rosenbaum's, *Peppermint Freedom* (1983).

¹²⁰⁴ Knight, *New German Cinema*, 65-68; Kaes, *From Hitler to Heimat*, 137-160.

¹²⁰⁵ For example, according to Kaes, "Sanders-Brahms' *Germany, Pale Mother* adopts some formal elements of the new feminist film (the presence of an authorial speaking and listening voice, the unorthodox narrative economy in the fairy-tale sequence, the avoidance of the male gaze), but it goes beyond the gender specific interests of the politically engaged feminist film in its focus on Germany and German problems. Sanders-Brahms anchors the traditional feminist themes (the relations between the sexes, the mother-daughter relationship, the critique of patriarchy) in the context of German history and thus historicizes them. This perspective reveals buried and obscured traditions and continuities, as well as missed opportunities and foiled developments in German history." From *Hitler to Heimat*, 159-160.

and related reasons for this increased focus on the past actions of German women. First, historians began to debate the nature and position of the Holocaust within German history with an increasingly critical perspective. In the *Historikerstreit* of 1985-1986 West German historians studied and argued about the singularity of Nazism, the Holocaust, and the tracing of German national heritage.¹²⁰⁶ These debates occurred within academic circles, but they reached a wide public audience. They thus created a space for talking about the Holocaust and “collective responsibility” (but not necessarily “collective guilt”) of the Germans for their past.¹²⁰⁷

While the Historian’s Debate served as important development for talking about Germany’s past in a new way, a parallel debate also emerged: the feminist historians’ debate. The feminist historian’s debate served as one of the final factors for bringing a discussion of women’s—including nurses’—experiences and memories of Nazism to the wider public, first in West Germany, and then in the united Germany. The first major publication to bring out these themes was *When Biology Became Destiny: Women*

¹²⁰⁶ See Maier, *The Unmasterable Past*, 1; Herf, *Divided Memory*, 350-360. See also, *Forever in the Shadow of Hitler: Original Documents of the Historikerstreit, the Controversy Concerning the Singularity of the Holocaust*, trans. James Knowlton and Truett Cates (Atlantic Highlands, N.J.: Humanities Press, 1993); Volker Berghahn, “The Unmastered and Unmasterable Past,” *Journal of Modern History* 63 (September, 1991), 546-554; Saul Friedlander, “Überlegungen zur Historisierung des Nationalsozialismus,” in *Ist der Nationalsozialismus Geschichte? Zur Historisierung und Historikerstreit*, ed. Dan Diner (Frankfurt am Main: Fischer Taschenbuch, 1987), 34-50.

¹²⁰⁷ Herf, *Divided Memory*, 357. One of the most critical perspectives came from *Bundespräsident* Richard von Weizsäcker, who gave what would become a famous speech in the Bundestag on May 8, 1945. Weizsäcker stated “When the unspeakable truth of the Holocaust became known at the end of the war, all too many of us claimed that we had not known anything about it or even suspected anything.” However, “despite his forthrightness, his (Weizsäcker’s) narrative remained one without subjects, a story of crimes without specified perpetrators.” See Richard von Weizsäcker, “Speech by Richard von Weizsäcker, President of the Federal Republic of Germany, in the Bundestag during the Ceremony Commemorating the 40th Anniversary of the end of the War in Europe and of National Socialist Tyranny, May 8, 1945,” in *Bitburg in Moral and Political Perspective*, ed. Geoffrey H. Hartman (Bloomington: Indiana University Press, 1986), 262-273; and Richard von Weizsäcker, “Der 8. Mai 1945: 40 Jahre danach,” in Richard von Weizsäcker, *Von Deutschland aus: Reden des Bundespräsidenten* (Munich: Deutscher Taschenbuch Verlag, 1987), 264-265.

in *Weimar in Nazi Germany*.¹²⁰⁸ Published in 1984, this collection of essays examined how German and German Jewish women lived through two distinct periods of German history. Soon after, in 1986, German historian Gisela Bock published *Zwangssterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik*, which demonstrated how women were targeted by the Third Reich because of their perceived “racial” background and their gender.¹²⁰⁹ One year later, American historian Claudia Koonz put forth a very different argument about the role of women in Nazi Germany. In *Mothers in the Fatherland: Women, the Family, and Nazi Politics*¹²¹⁰, she argued that German middle class women, by maintaining stable homes and supporting their husband’s political and vocational activities, directly contributed to the functioning of the Nazi state and the Holocaust. Jointly, the publication of these two works set off a debate about the role of women in Nazi Germany: were they victims or were they perpetrators? Such questions led to new research and focus on German women’s history, both in academia and among the broader German public.¹²¹¹

Thus, by the late 1980s, there existed a public climate in West Germany which was interested in examining the past from a variety of perspectives. Moreover, German memory culture increasingly gave attention given to the suffering of the Jews. One

¹²⁰⁸ Bridenthal, Grossmann, and Kaplan, eds., *When Biology Became Destiny*.

¹²⁰⁹ Bock, *Zwangssterilisation im Nationalsozialismus*.

¹²¹⁰ Koonz, *Mothers in the Fatherland*.

¹²¹¹ See, for example, Koonz, “Ethical Dilemmas and Nazi Eugenics: Single Issue Dissent in Religious Contexts,” *The Journal of Modern History*, vol. 64, Supplement: Resistance Against the Third Reich (Dec., 1992), S8-S31; Bock, “Anti-natalism, Maternity, and Paternity in National Socialist Racism,” in *Nazism and German Society, 1933-1945*, ed. David Crew (London: Routledge, 1994), 110-140; Adelheid von Saldern, “Victims or Perpetrators? Controversies about the role of women in the Nazi state” in *Nazism and German Society*, 141-165; and Ute Frevert, *Women in German History: From Bourgeois Emancipation to Sexual Liberation* (Oxford: Berg Publishers Limited, 1989), 218, 224, 232-233. For a recent assessment, see Elizabeth Heineman, “Gender, Sexuality and Coming to Terms with the Nazi Past,” *Central European History*, vol. 38, no. 1 (2005): 41-47.

event among others assumed prominence in the German national memory of the Holocaust: Kristallnacht. Commemorations for Kristallnacht first began in East Germany in the 1950s, when small groups of Jewish survivors came together on November 9 for small ceremonies. In the late 1970s Kristallnacht commemorations became significant at the level of the state and nation, reflecting the trend of the “nationalization” of the Night of the Broken Glass. However, such “nationalization” was epitomized on November 9, 1988, on the fiftieth anniversary of the pogrom, when the parliaments of East and West Germany participated in commemorations.¹²¹² Thus, in the last thirty years, German memory culture has given significant attention to the destruction of the German Jewish communities. At the same time, with the 50th anniversary of the end of the Second World War, there was a renewed emphasis in the German press about *German* suffering at the war’s end, and in opinion polls, a significant percentage of German citizens compared the expulsion of Germans from the East to the Holocaust.¹²¹³

¹²¹² Since 1989, “Kristallnacht has become among the most significant forms of Holocaust remembrance in contemporary Germany.” See Janet Jacobs, “Memorializing the Sacred: Kristallnacht in German National Memory,” *Journal for the Scientific Study of Religion*, vol. 47, no. 3 (Sep., 2008): 485-486. Also see Janet Jacobs, *Memorializing the Holocaust: Gender, Genocide, and Collective Memory* (London: I.B. Tauris, 2010); Y. Michal Bodemann, ed., *Jews, Germans, Memory: Reconstructions of Jewish life in Germany* (Ann Arbor: University of Michigan Press, 1996), esp. 184, 209; Elizabeth Domansky, “‘Kristallnacht,’ the Holocaust and German Unity: The meaning of November 9 as an anniversary in Germany,” *History and Memory*, 4: 60–93; J. Olick and D. Levy, “The Holocaust: Collective memory and cultural constraint,” *American Sociological Review* 6 (1997): 921–36; and Siobhan Kattago, *Ambiguous Memory: The Nazi Past and German National Identity* (Westport, Conn.: Praeger, 2001), esp. 104. Major commemorations occur across the country on November 9, and there are many memorials at the sites of violence against Jews and their property, especially synagogues.

¹²¹³ Moeller, *War Stories*, 2. Moeller cites “Die Jungen denken anders,” *Der Spiegel*, 8 May 1995, 76-77. 36% of the poll’s respondents and 40% over 65 years of age agreed with the comparison. For a discussion of the memory of the expulsions in Germany and more broadly speaking, Europe, see Douglas, *Orderly and Humane*, 346-362.

Taken together, the long-term developments of discussing Germans' participation in Nazi crimes, of investigating the past actions of German women, and the problematic comparison between Jewish and German suffering fostered a context in which German Red Cross nurses' memories began to emerge in the German public. Appearing primarily in the form of memoirs, their memories demonstrate how the increased interest in women's lives in the Third Reich could be manifested not just within academic debates but within the wider public.

German Red Cross Nurses' Personal Memories of the Second World War

Nurses' memoirs and edited diaries offer a more personal memory of the war, from a yet largely untold perspective. Nurses' ways of remembering the past reveal how these women retrospectively understood their relationship to the NS-regime. More specifically, memories of Nazi ideology and training, of wartime work, and of knowledge of the mass murders on the Eastern Front illustrate how German Red Cross nurses conceived of their wartime actions. Such memories demonstrate how nurses perceived their actions through a very narrow definition of politics, how nurses tried to distance themselves from the crimes of the Third Reich, and how the war remained an important period of nurses' lives regardless of the passing of time. Taken together, these memories differ from the memory culture of the Federal Republic and of united Germany because they highlight the nuanced ways in which German women—as nurses—related to the ideology of the Third Reich and how they participated in the racial war on the Eastern Front.

Nurses' memoirs appeared as a result of the interaction between public interest and personal motives. For example, Sister Erika Summ (formerly Ohr) received the "Verdienstmedaille des Verdienstkreuzes" from the government of the German Federal Republic in 1982. In 1995, she decided to write down her memories of the war. Her writings were included in the project *Frontschwester und Friedensengel*, conducted in the 1990s by the University of Osnabrück.¹²¹⁴ Summ's memoir was then finally published in 2006.¹²¹⁵ Thus, for Sister Erika Summ, the writing of her memoir occurred within the larger context of government and academic interest in her time as a war nurse. It is difficult to find her exact motive for writing, but it is likely that the larger official and scholarly focus on her life played a role in convincing her to write a memoir.

In contrast, Sister Susi Gerloff provided a much more explicit set of reasons for why she wrote her memoir fifty years after the war ended. First, she specifically claimed that she had friends, including Polish friends, who wanted to know about "her side of the story" of the war.¹²¹⁶ In this context, a nurses' personal social context, set within the larger public context of the fifty-year commemoration of the war (Gerloff's memoir was published in 1994 and again in 1996), created a set of circumstances to motivate her to write about her experiences. But Gerloff also suggested a second motive: her memoir represented an effort to make known the experiences of war

¹²¹⁴ This research project reflected the continued scholarly interest in women's experiences of the Second World War. Summ's and other nurses' recollections were then published by a book of the same title in 2002. This collection covered nurses' experiences in both world wars. See Panke-Kochinke and Schaidhammer-Placke, *Frontschwester und Friedensengel*.

¹²¹⁵ Summ, *Schäfers Tochter*.

¹²¹⁶ Gerloff, *Kriegsschwester*, 7.

nurses.¹²¹⁷ She also wanted to depict nurses as victims of partisans and of enemy troops.¹²¹⁸

Sometimes less is known about nurses' decisions to make their private memories public. For example, at some point Edith Haase decided to compile portions of her war diary and to compose a memoir about the parts of the war for which she had no written record. She deposited these documents in the *Deutsches Tagebucharchiv Emmendingen* in November 2007.¹²¹⁹ Thus, in all three cases, whatever personal motive a woman might have had for writing about her experiences as a war nurse, she found herself at a place in history in which the (German) government, scholarly world, and smaller local and social circles were eager to listen.

Nurses' personal publications highlight a number of memories of the war. One important theme found in the different memoirs is that of Nazi ideology and training. Nurses' memoirs do not uniformly provide explicit attention to their memories of Nazi politics and ideology. Some nurses explained in their memoirs that the nurses were kept away from politics. Take Sister Gertrud Z., for example. Sister Gertrud had belonged to

¹²¹⁷ Ibid., 7. She wrote that although each nurse personally experience the war differently, all nurses' experiences of the war were essentially the same: "Each (nurse) experienced the events of the war in her own way, with all its impacts. I would like my recording to be known as a representation for all nurses...My experiences occurred and were repeated a thousand times at all stations where it was necessary to provide for the sick and wounded soldiers."

¹²¹⁸ Ibid., 9. The difference between her emphasis on nurses as victims in the Second World War and the victimization narratives of the 1950s was that Gerloff presented a *first person* experience of war nursing, in contrast to most depictions of the 1950s, which involved *non-nurses'* depictions of nurses and women's wartime and imprisonment experiences. Gerloff does not provide an explanation for why she did not write a memoir in the 1950s. Although it is highly likely that she was preoccupied with work.

¹²¹⁹ DTA 1601—"Schwester Harmonica" Lebensgeschichte 1922-2007. Edith Haase. The very existence of the *Tagebucharchiv* also illustrates a more general interest in documenting and recording not just the lives of important state and cultural figures, but to also record the lives of ordinary people. This also reflects the shift in attention among some historians to the lives of ordinary people and of everyday life, epitomized with the term *Alltagsgeschichte*. In Germany, *Alltagsgeschichte* went beyond the academy and influenced the "domain of public history, reaching from museums, exhibitions, adult education, and the programs of local government cultural offices to the mass media, local publishing, and self-organized local research." Geoff Eley, Forward, in *The History of Rveryday life*, vii.

the German Red Cross motherhouse in Lübeck. She worked in war hospitals from June 1942 until the end of the war. When recalling the relationship between nurses and politics, she explained, “We were thankfully kept away from politics. I would like to assert this retrospectively. Besides, we had no time for it. We were fully trained in the sense (or spirit or terms) of the Red Cross.”¹²²⁰ In addition, from her point of view, healing had nothing to do with political goals.¹²²¹ In other words, Sister Gertrud depicted her humanitarian values as operating independently of the values of the regime. A similar perception of one’s distance from explicit political ideology appears in the recollection of Sister Lisbeth Ascher, who recalled, after Kristallnacht, “...I can still see worried, serious faces in this context. My inner self had not yet awakened. It could not form any questions. I was completely uneducated politically. At home, whenever politics, money, or women was the topic of conversation, it would be: Children get out! This is not for you!”¹²²² Ascher thus portrays herself not necessarily as untouched by politics, but rather as ignorant and aloof. She also reveals a certain

¹²²⁰ “Selbstzeugnisse der Gertrud Z,” in Dokumentation lebensgeschichtlicher Aufzeichnungen (Institut für Wirtschafts- und Sozialgeschichte of the University of Vienna), 17, in “‘Ich war so stolz auf meine Uniform!’ DRK-Schwester im Zweiten Weltkrieg,” by Friederike Butta-Bieck. In *Im Dienst der Volksgesundheit. Frauen, Gesundheitswesen, Nationalsozialismus*, ed. Ingrid Arias, 109. “Von der Politik wurden wir gottseidank ferngehalten, das möchte ich rückschauend heute feststellen. Ausserdem hatten wir auch keine Zeit dazu; den wir wurden ganz im Sinne des Roten Kreuzes erzogen.”

¹²²¹ “Selbstzeugnisse der Gertrud Z,” 19; Friederike Butta-Bieck, “‘Ich war so stolz auf meine Uniform!’,” 110. “Auch hatten wir DRK Schwestern keine Zeit für die Politik und liessen uns auch nicht von ihr beeinflussen. Das DRK hatte vor dem Krieg Grosses geleistet, und so hielten wir es auch weiterhin für sinnvoll, uns ganz der Arbeit zu widmen und unsere Patienten wieder gesund zu bekommen.”

¹²²² Lisbeth Ascher, *Pflege als Begegnung. Eine Krankenschwester erzählt aus ihrem Leben*, (Vienna: Facultas Universitätsvlg., 1999), 24, in “‘Ich war so stolz auf meine Uniform!’ DRK-Schwester im Zweiten Weltkrieg,” by Friederike Butta-Bieck. In *Im Dienst der Volksgesundheit. Frauen, Gesundheitswesen, Nationalsozialismus*, ed. Ingrid Arias, 110-111. “Die Reichskristallnacht erlebte ich dort oben nicht mit, aber im nachhinein ist me(h)r erinnerlich, dass Dinge vorgefallen waren, über die nur ganze leise im engsten Freundekreis gesprochen wurde. Ich sehe noch besorgten, ernsten Gesichter in diesem Zusammenhang. Mein Inneres wurde davon nicht augeweckt, formte sich zu keiner Frage. Ich war vollkommen unpolitischen erzogen. Es heiss zu Hause, wenn über Politik, Geld oder Frauen die Reder war: Kinder geht hinaus, das ist nichts für euch!”

presumption about the meaning of politics associated with education and with what happens *outside* of the family life.

Not all nurses were necessarily aloof or untouched by Nazi political ideology. Most of the women who became nurses during the Second World War had come of age during the Third Reich, and they were exposed to Nazism if not as youths, than at least in their training.¹²²³ Some nurses indeed remembered this exposure. For example, Sister Ingeborg Ochsenknecht had friends with politically active parents and she met her best friend Anna at a BDM event. Ochsenknecht recalled that Anna's parents were radical Nazis.¹²²⁴ Moreover, years later Ochsenknecht claimed that she had been drawn to Nazism by propaganda and, more specifically, by the idea that the nation needed her. As a young woman, she recalled, she wanted to be part of something bigger than herself. She wrote that she had believed the propaganda and that it had manipulated her and others.¹²²⁵ She recalled that she had volunteered to serve as a war nurse because she believed that the war was necessary in order to fulfill the leaders' goals. However, such enthusiasm did not last: "I had volunteered for service, because I had believed that a war would be necessary to achieve these high (sp) goals. As we marched into the Caucasus, I believed in nothing anymore."¹²²⁶

Thus far, these nurses' memories portray Nazi politics and ideology as something either foreign from their wartime service or as something imposed on them from outside of the home. These memories thus convey a narrow conception of politics and political ideology, as something that takes place in the world of politicians and

¹²²³ As discussed in Chapter 2. Also see especially Reese, *Growing up Female in Nazi Germany*.

¹²²⁴ Ochsenknecht, *Als ob der Schnee alles zudeckte*, 26.

¹²²⁵ *Ibid.*, 29.

¹²²⁶ *Ibid.*, 187.

propaganda, rather than in nurses' everyday life and actions. However, when one takes a closer look at these memoirs, the line between high politics, political ideology, and everyday life appears less finely drawn. For example, in her memoir, *Ochseknecht* claimed that neither she nor her parents had been interested in politics and that whenever Hitler's name was mentioned at home, her father would turn up his nose.¹²²⁷ She explained that her parents were "no Nazis." But the very fact that Nazism and Hitler were discussed at her home reveals that the world of politics was not restricted to politicians and propaganda. Instead, this discussion about her parents reveals that even if political ideas were criticized, they were still a matter of family discussion, and thus part of Sister Ochsenknecht's life as a young woman.

The line between politics and everyday life becomes more blurred when considering nurses' training. For example, in recalling her nursing exam, which she took in Meiningen in winter 1941, Sister Ochsenknecht wrote that the exam closed with two political questions. One of them—the one she remembered—was "What comes after the Third Reich?" the answer was "a thousand year Reich that would last forever." By answering this kind of question, she was able to receive her official nursing certificate and thereby attain a higher professional title.¹²²⁸ Thus, in her memory, Nazism affected nursing certification procedures,¹²²⁹ and one could not become a Red Cross nurse without *formally* accepting Nazi ideas. This is not just an effect of

¹²²⁷ *Ibid.*, 26. "wenn Hitler's Name fiel, rumpfte mein Vater die Nase"

¹²²⁸ *Ibid.*, 215-220.

¹²²⁹ Indeed, Nazism most certainly did impact nurse certification procedures and training programs, with the 1938 Nursing Law in particular. This law set a uniform standard of nursing training for all of Germany, and it included instruction about Nazi "racial hygiene" and worldviews. See BA-MA RH 12-23, 1041, "Gesetz zur Ordnung der Krankenpflege. Vom 28 September 1938." Reichsgesetzblatt Teil 1 1938 (Berlin, 30 September 1938), Nr. 154. Also see extended discussion of nursing regulations in Chapter 2.

propaganda. This is a memory of a nurse participating in the political discourse of the day.

Sister Ochsenknecht's memories of Nazi politics and ideology thus appear contradictory in some ways. On one level, she portrays herself as someone who was not necessarily taken in by Nazi ideology by her home life, but as exposed to it through propaganda, social circles, and nursing training. However, at the same time, she participated in her household discussions of politics, and she completed Nazi-influenced nursing training. Ochsenknecht's and the other nurses' discussion of politics and ideology contain a clear pattern. They draw a line between explicit political ideology—that is, something that was talked about as such—and their personal actions. Only Ochsenknecht makes some kind of connection between Red Cross nursing and Nazism.

While nurses generally tried to distance themselves from Nazism in their memoirs, they conversely emphasized the significance of their war service. Nurses depicted the war as a time of excitement and as an important period in their lives. Some women characterized this sense of excitement in terms of enjoyment. Sister Ochsenknecht recalled that the period before her deployment was no fun. For her, enjoyment was instead brought about by the chance for action and to save peoples' lives.¹²³⁰ Ochsenknecht also remembered that the war was a chance for a “great adventure, the greatest adventure that I could ever imagine.”¹²³¹ Sister Elfriede Schade-Bartowiak also recalled her initial excitement in a similar fashion, explaining:

As the land abroad fascinated me, excited me to the fingertips. The foreigners and the adventure that I now drove toward...I was young and inexperienced at the time and to the edge of my sister' hood (I) was full

¹²³⁰ Ochsenknecht, *Als ob der Schnee alles zudeckte*, 52-53.

¹²³¹ *Ibid.*, 127.

of ideals and expectations (my head was full of ideals and expectations). I was by now familiar with the term ‘Sister’... Finally I had made it! I was on my way to the front. The war would not end without my being there, without by giving the best to serve the Fatherland.¹²³²

Such a sense of excitement also appears in the memory of Sister Annemarie K. In a letter to the *Bädische Zeitung*, from July 1986, she explained that the war was “for a woman at the beginning of her twenties a wonderful and enduring experience.”¹²³³ Only the memoir of Sister Erika Summ lacks the same attitudes about the opportunity to serve on the front. In contrast to such positive feelings of excitement and adventure, in recalling her deployment to Shitomir in the winter of 1942, Summ described herself as being primarily afraid.¹²³⁴ Summ’s memories of her initial travels and experience in the East thus serve as an outlier. She did not deny feelings of excitement, but such feelings had different associations.

The recurring themes of excitement, adventure and the war as a “wonderful experience” in nurses’ recollections of the war reveal two important findings. First, these memories demonstrate that the Nazis did successfully mobilize some nurses to

¹²³² See Elfriede Schade-Bartkowiak, *Sag mir, wo die Blumen sind ... Unter der Schwesternhaube Kriegserinnerungen einer DRK-Schwester im 11. Weltkrieg an der Ostfront* (Hamburg: Jahn & Ernst Verlag, 1989), 13. “als Land draussen faszinierte mich, erregte mich bis in die Fingerspitzen. Die Fremde und das Abenteuer, denen ich jetzt entgegenfuhr... Ich war jung und unerfahren damals und steckte bis zum Rand der Schwesternhaube voller Ideale und Erwartungen. Die Anrede ‘Schwester’ war mir ja inzwischen vertraut. Ebenso wie das Kleid, die Schuerze und die Haube. Nur der arte Gummikragen war neu, der den Hals wundscheurte, und das Kostuem mit den Kragenspiegeln und der Rotkreuz-Armbinde. Und dann die Feldausruestung mit Brotbeutel, Feldflasche, Gasmaske und die Erkennungsmarke, die ich in einem Lederbeutelchen um den Hals trug. Endlich hatte ich es geschafft! Ich war auf dem Weg an die Front. Der Krieg würde nicht zu Ende gehen, ohne dass ich dabei war, ohne dass auch ich meine Bestes gegeben hatte, um dem Vaterland zu dienen.” In Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 190.

¹²³³ Dörr, “*Wer die Zeit nicht miterlebt hat . . .*”, 121. As told by Schwester Annemarie K. Sister Annemarie recalled that the war was “für eine Frau von Anfang 20 ein wunderschönes und nachhaltige Erlebnis.” Her letter and its content reveals that there was a public interest in wartime nursing in the 1980s and that newspapers were willing to publish articles about nurses’ experiences. The same can be said with the publishing of Sister Lohman’s letters. See J. Georges and S. Benedict, “Nursing Gaze of the Eastern Front,” 139-152.

¹²³⁴ Summ, *Schäfers Tochter*, 117-118. She did not know any Russian and she feared what she would encounter in Russia, particularly the possibility of partisans.

serve willingly—or at least that this sense of willingness and eagerness made a lasting impact on these women’s lives. Moreover, propaganda, such as that found in German Red Cross publications, mirrored nurses’ own descriptions of their attitudes about their service by emphasizing the active and exciting experiences that nursing would bring. This sense of adventure was not necessarily clothed explicitly in political terms. For example, Nazi-era magazines appealed to nurses’ desire to travel to foreign lands and to move out of the confined sphere of the family.¹²³⁵ Second, these memories illustrate that these nurses did indeed see the war as a time of excitement in their lives, even looking back decades later. These women did not feel the need to hide their initial attitudes about the war. They did not paint themselves as passive beings manipulated by the NS-regime; instead, they implicitly demonstrated that the regime had something to offer them, as young women looking for opportunities to leave their homes.¹²³⁶

Nurses’ memories of the war also reveal how attitudes about the war, nurses’ place in it, and the NS-regime changed over time. There is an individual nature to the change in attitudes, belying generalizations. Some nurses did recall that as the war went on, their enthusiasm faded. Sometimes they became more critical of others and of

¹²³⁵ See *Das Deutsche Rote Kreuz und seine Schwestern* and *Das Deutsche Rote Kreuz und seine Arbeit*. Also see See, for example, DRK-Oberfeldführer Willy Heudtlass, “Das Deutsche Rote Kreuz in den besetzten Westgebieten. Zusammengestellt aus Berichten der DRK=Beauftragten in Bruessel und Paris,” *Jahrbuch des Deutschen Roten Kreuzes 1941* (Berlin: Verlag des Deutschen Roten Kreuzes G.m.b.H.): 117. Preußische Staatsbibliothek Berlin Kq 8457/12; and Susi Teubner-Scharping “Deutsche Schwestern-Dass Ihr schon da seid! Eine Rot-Kreuz-Schwester ueber ihren Kriegseinsatz in Griechenland,” *Das Deutsche Rote Kreuz Jahrweiser 1942*. Berlin: Verlag des Deutschen Roten Kreuzes G.m.b.H: 37-39, Preußische Staatsbibliothek Berlin 4 Kq8457/110-1941.

¹²³⁶ Harvey also found similar patterns when interviewing women who worked as school teachers and settlement advisors in the Warthegau. Many recalled feeling excited about going to the East. They wanted to see more of the world and to have new experiences. But as in the case in Summ, some women were less than enthusiastic about their assignments, either because they had lost a previous job, because of the sense of disorganization in the settlement program, and because of a fear of “stepping into the unknown.” *Women and the Nazi East*, 101-116.

themselves. This change occurred because of nurses' confrontation with the horrors of the war in the East. For example, Sister Ochsenknecht wrote that her memory of the war from May 1942 was quite different from her memories of the war before that time. By then, she had worked on the Eastern Front for almost a year. She recalled that by this time, she grew to hate the Russians (what she thought of them before then is less clear), that she hated the war, and that she did not want the war to last for one minute longer.¹²³⁷ Such changed attitudes about the war affected Ochsenknecht and her colleagues' behavior. She recalled that, as the war went on, that she and the other nurses grew a little wilder and careless. One example of such behavior occurred when she and some of the other nurses snuck out one night to the shores of the Asowchen Meer (part of the Black Sea). They decided to break curfew and play through the night. According to Ochsenknecht, the longer the war lasted, the hungrier the nurses became for life ("lebenshungriger").¹²³⁸ Anti-war attitudes were reflected in the women acting more rashly, in their trying to live their lives while they still could.¹²³⁹

Another nurse also reflected that after working in the field hospitals, her enthusiasm for the war faded and that she became more critical of what she had done and of what was occurring around her. Sister Schade-Bartowiak wrote in her memoir that, after encountering dying men in a field hospital, "I was ashamed of myself for my proud enthusiasm for the war and for my lust for adventure and for my pride with which

¹²³⁷ Ochsenknecht, *'Als ob der Schnee alles zudeckte'*, 156.

¹²³⁸ *Ibid.*, 161.

¹²³⁹ Such recollections could also be interpreted as an indirect explanation about how the war affected nurses' nerves.

I had announced that I was finally ‘out a little’. And for my gullibility (“Leichgläubigkeit”) and lack of critical-thinking and the false ideals...”¹²⁴⁰

One cannot know the extent to which nurses’ postwar lives and increased knowledge of all the dimensions of the war affected their recollections of the loss of faith in the war. Such factors were no doubt important in shaping nurses’ memories. But in these nurses’ personal memories, they do not depict themselves as passionate believers in the war or willing to defend its causes until the very end. In this way, nurses’ memories reflected the broader German commemorative culture. In addition, these memoirs also reveal a common trope of enchantment and disillusion with the war. This does not mean these women deserted—this theme certainly does not appear in postwar recollections. But nurses’ loss of faith in the war suggests that the nurses changed during the war. These memories thus also reinforce a more general point about how the war made an important mark on these nurses’ lives and how it altered them as individuals.¹²⁴¹

The impact of the war can also be examined by examining how nurses’ recalled the transition to postwar life. This was a difficult time for them—they were unsure whether or if they could leave the past and their work behind them. For example, after marrying her wartime sweetheart, Sister Edith Haase moved to West Berlin and registered as unemployed. Her attitudes about whether she would continue to work as a nurse appear conflicted in her recollections. She believed that after the war ended,

¹²⁴⁰ Schade-Bartkowiak, *Sag mir, wo die Blumen sind*, 25, in Panke-Kochinke and Schaidhammer-Plack, *Frontschwester*, 190.

¹²⁴¹ Such memories also contrast with other contemporary perceptions of the end of the war. Sister Brigitte Penkert, for example, remained strongly committed to the war effort in the last months of the war, and argued that not just nurses but each and every German would have to fight for her country’s survival in the coming months. See Penkert, Letter 105, August 24, 1944, 223, 238-239.

surely there were enough nurses to care for those in need, especially since the military hospitals were gone. On the other hand, she recalled that it would have been better if she had worked and earned an income. But, “On the other hand I had the feeling that I could see no more of the sick and suffering. Somehow my nerves must have suffered through the war.”¹²⁴²

Sister Ochsenknecht also found the transition to postwar life to be difficult, but for a different reason. Even though she had wanted the war to end, she conveys the idea that at least during the war she had something to do. She suggests this when she explained that the end of the Second World War brought a new war to her. This was a “silent war” that she had to get through by herself. Ochsenknecht hated staying at home and being outside of the hospital. Eventually she dealt with this personal “war” by finding work at a hospital in Saalfeld.¹²⁴³ Nursing continued to be an important part of her life and her identity after the war.¹²⁴⁴ The publishing of her memoir suggests that it was the wartime experience of nursing, however terrible it may have been, which Ochsenknecht considered the defining part of her nursing career. After the experience of wartime nursing, she had to search again for a way to find meaning in her life. Sister Erika Summ also continued to work as a nurse after the war ended, and the publishing of her memoir likewise suggests the same pattern of experience.¹²⁴⁵ In the cases of these three women, whether they continued to work as a nurse after the war or not, the

¹²⁴² DTA 1601—“Schwester Harmonica,” 66. Haase here is similar to Ochsenknecht’s observation of how the war changed nurses’ attitudes about life and death, and her implicit suggestion of the effect of the war on nurses’ nerves.

¹²⁴³ Ochsenknecht, *‘Als ob der Schnee alles zudeckte,’* 236.

¹²⁴⁴ It is unclear for exactly how many women felt similarly about nursing after the war, but the postwar demand for more nurses certainly encouraged women to remain in the profession, at least for the short term future. Wiegand, “Nurses of the German Red Cross”; Bessel, *Germany 1945*, 330-331; Kroeger, “Nursing in Germany: Recent Changes in Organization and Education”.

¹²⁴⁵ Summ, *Schäfers Tochter*.

experience of wartime nursing is conveyed as one that changed them and affected their future career choices.

Nurses' memories of the beginning, middle, and end of the war suggest several important points. First, nurses generally (though not always) remembered the war initially as bringing a sense of adventure to their lives. They were lured into service by the opportunity for excitement away from home, where they could do something meaningful for their country. Enthusiasm was recalled as fading as the war went on. Nurses also recalled adapting to postwar life in conflicting ways. Because of the intensity of the wartime experience, a nurse might want to distance herself from scenes of illness and suffering. Another nurse, in contrast, might try to recapture the sense of purpose she had during the war. Thus while how a nurse chose to live after the war might have differed, their memories of the impact of the war had a certain kind of similarity. The war was a defining point in their lives. The writing down of one's memories forty or fifty years after the war reveals that nurses did not want to forget this time, and in writing their memoirs they could find a way to mentally relive it.¹²⁴⁶

Nurses' focus on the different stages of their war nursing career and its importance to their lives overshadows their memories of the persecution of the Jews and other victims of mass violence perpetrated by the Germans on the Eastern Front. This topic takes up only a small portion of the content of the memoirs. When nurses do discuss their memories of the ghettos and the persecution of non-Germans, specifically

¹²⁴⁶ Harvey found a similar pattern in some of the recollections of former schoolteachers and settlement advisors who worked in the Warthegau: "For some, their assignment in the East had been an episode of limited significance in their subsequent biographies. For other women, memories of the East seemed to play a more important role in their lives after the war: in that sense, they did not simply 'leave the East behind.'" *Women and the Nazi East*, 291.

Jews, they exhibit a pattern of distinguishing between Nazi ideology and what these women were actually doing on the front. In other words, there is a pattern of distinguishing between the political or ideological from what occurred on the level of everyday life, not unlike nurses' discussions of their knowledge of politics and Nazi ideology in their schooling and their social and family lives. But when examining nurses' recollections of their encounters with Jews and their visits to the ghettos, one can find a more complex picture of how nurses presented the relationship between Nazi racial ideology and their own positions in the war.

One way nurses could distinguish between their own actions and Nazi racial ideology was by portraying themselves as naïve young women, who were unable to fully grasp the repercussions of the war effort. For example, as Sister Ingeborg Ochsenknecht recalled her encounter with Poles (and Jews) in Cracow in the summer of 1941, she described children begging for bread. She remembered having received orders that prohibited her from giving food to the local population, and wrote that at the time she had not understood why this was so. She was confused about what the war had to do with these children, and she recalled, "Germany led no war against children! I had wanted to ask why, and I read in the eyes of some of the other sisters that they also did not understand this prohibition. But we did not talk about it. There were things that were told to us in such a way, that no inquiries were allowed. Orders were orders."¹²⁴⁷ On the surface level, Ochsenknecht reveals an attitude of naivety and ignorance about the relationship between the goals of the war and the mistreatment of local populations.

¹²⁴⁷ Ochsenknecht, *Als ob der Schnee alles zudeckte*, ' 56. "Deutschland führte doch keinen Krieg gegen die Kinder! Ich hätte gern gefragt warum, las in den Augen einiger Mitschwestern, dass sie dieses Verbot auch nicht verstanden, jedoch sprachen wir nicht darüber. Es gab Dinge, die man uns in einer Weise mitteilte, die kein Nachfragen erlaubte. Befehl war Befehl."

But when looking a little deeper, one can see that her memory acknowledged that she and the other nurses felt as if something were wrong, but that there could be no discussion about their uneasiness.¹²⁴⁸ Her references to orders shifted any sense of responsibility to her superiors.

Another way of examining the portrayal of nurses' memories is to examine how the story is told. Sister Ochsenknecht's memoir is not told in a straightforward linear fashion; she switches between a storytelling to more reflective accounts of her past. Through this style, similar patterns of naivety and a distancing from Nazi racial ideology appear. For example, she juxtaposes a discussion of her first encounter with Jews in Cracow with her memories of Nazi anti-Semitism in her hometown of Arnstadt. She wrote that when she was in Cracow and she saw Jews wearing the Star of David, she had not even thought about why they had to do so. She explicitly claimed that, at the time, she was too naïve and that she did not understand what the order and the markings were all about. She juxtaposes this memory with one of pre-war anti-Semitism in Arnstadt. She explained that she had not seen many Jews there. She also distances herself from anti-Semitic beliefs by explaining that she had friends who were "real Nazis" and who supported Hitler unreservedly. But she claims that she could never understand their kind of anti-Semitism. And she recalled that in 1938, she had been appalled by the destruction of Kristallnacht.¹²⁴⁹ Moreover, before the war, she and

¹²⁴⁸ Sister Edith Gehlert likewise felt a sense of unease when confronted with the suffering and deportation of the Jews. Gehlert, "So war es! Eine Rotkreuzschwester erinnert sich" (Typoskript, 1995), in Panke-Kochinke and Schaidhammer-Placke, *Frontschwwestern*, 209.

¹²⁴⁹ Ochsenknecht's emphasis on her memory of Kristallnacht echoes that of Sister Ascher. Taken together, their memories of this event echo the predominance of the November 9 pogrom in German national memory. Ascher, *Pflege*, 24; Friederike Butta-Bieck, 'Ich war so stolz auf meine Uniform!', 110-111. Jacobs, "Memorializing the Sacred"; Bodemann, *Jews, Germans, Memory*; Domansky,

her sister had Jewish friends.¹²⁵⁰ Through the juxtaposition of her life in Cracow and her life in her hometown before the war, Ochsenknecht thus presents a memory of a naïve young woman who knew others who were anti-Semitic, but who did not endorse such views herself.

The reflection of her pre-war past serves as an additional reminder to the reader of Ochsenknecht's distance from such destructive ideas.¹²⁵¹ This theme then appears shortly after, when Ochsenknecht presents a memory of an interaction between herself and another nurse in Tschenstochau (Częstochowa, Poland).¹²⁵² In explaining the relationship between the Jews and the Germans, this other nurse claimed that "we" (as in the Germans) were the conquerors of the city, and the Jews had to therefore respect the Germans. Ochsenknecht recalled that she still did not understand why the nurses were not allowed to help the impoverished Jews.¹²⁵³ In her memory of the war, Ochsenknecht was an ignorant and naïve young girl, while other people were the anti-Semites.

This portrayal of ignorance and naivety is epitomized in Sister Ochsenknecht's description of her and another nurse's visit to the Jewish ghetto in Cracow.¹²⁵⁴ The two women violated orders to not enter the ghetto, and they succeeded in doing so only by

“‘Kristallnacht,’ the Holocaust and German Unity”; Olick and Levy, “The Holocaust: Collective Memory and Cultural Constraint.”

¹²⁵⁰ Ochsenknecht, 'Als ob der Schnee alles zudeckte', 58-59.

¹²⁵¹ Historians make similar arguments about the function of Kristallnacht in German national memory culture. Jacobs, “Memorializing the Sacred”; Bodemann, *Jews, Germans, Memory*; Domansky, “‘Kristallnacht,’ the Holocaust and German Unity”; Olick and Levy, “The Holocaust: Collective Memory and Cultural Constraint”.

¹²⁵² Auschwitz was located not far from Tschenstochau, although the camp is not mentioned in Sister Ochsenknecht's memoir.

¹²⁵³ Ochsenknecht, 'Als ob der Schnee alles zudeckte', 57-58, 62-63.

¹²⁵⁴ This is also discussed in detail in Chapter 4.

flirting with German soldiers who guarded the entrance. Romance and persecution thus occurred side by side. Ochsenknecht recalled that after the two nurses entered the ghetto, they felt very much out of place. Their nursing uniforms drew the attention of the Jews, and she claimed that perhaps the Jews thought that the nurses were there to help them. Ochsenknecht recalled feeling sorry for the Jews, but she also felt bad that she had persuaded her friend Imme to come, for both women felt uncomfortable inside the ghetto.¹²⁵⁵

This memory of the ghetto is important for several reasons. First, this memory depicts the two nurses as naïve young women who only wanted to visit the ghetto because of their own personal interests. The nurses were surprised by what they saw there. What began as an adventure ended with feelings of discomfort. Ochsenknecht focuses on the feelings of the nurses and she makes little reference to the wider context of the history and role of the ghetto in Cracow. Second, this memory is important because it demonstrates how, despite her seeming distance from anti-Semitism and Nazi politics and ideology, Ochsenknecht in fact acted out the part of a person who saw herself as being on a completely different level (politically, morally, humanely) from the Jews. Ochsenknecht (and possibly her friend) saw the visit to the ghetto as a chance for romance, by flirting with the guards, and for exploration. They visit the ghetto as *tourists*,¹²⁵⁶ and they saw the ghetto and its inhabitants as a place and a people to be *observed*. By treating the ghetto and the Jews in this way, Ochsenknecht presents a memory of being an observer, and of a woman who saw Jews not as people, but as a

¹²⁵⁵ Ochsenknecht, *'Als ob der Schnee alles zudeckte'*, 83-85.

¹²⁵⁶ Female settlement teachers and advisors who worked in the Warthegau during the war also acted out the part of "tourists" and perceived their surroundings from a distinctly German but also female perspective. Harvey, *Women and the Nazi East*, 132-146.

curiosity. This is not an explicit rendering of anti-Semitism or National Socialist beliefs. But this incident clearly reveals how this nurse objectified an entire group of people. Although Ochsenknecht had admitted that Nazism had manipulated her to draw her to work for the war, and then she tried to distance herself from anti-Semitism, this reconstruction of the ghetto incident reveals that the influence of Nazism could be much more nuanced.

The memory of the ghettos can thus serve as an important category for understanding how much nurses identified with racist ideology. Other nurses' memories of ghetto life, like that of Sister Ochsenknecht, reveal the extent to which such ideology influenced their own perception of events. Sister Gerloff wrote about the ghettos in Warsaw, and she recalled that one of her friends, Sister Grete, had visited it. Gerloff's memoir presents a cursory description of the ghetto, with a focus on its makeshift economy. For her and the other nurses in her unit, the ghetto represented a dirty, smelly place where Germans could buy inexpensive household goods.¹²⁵⁷ Gerloff's memory of the ghetto thus objectified its inhabitants as unsanitary peddlers, and she thereby reinforced Nazi stereotypes about Jews. Sister Erika Summ's memories of a Jewish ghetto in a small city near Pecs (Fünfkirchen), of May 1944, likewise echoed Nazi anti-Semitism. The nurses there lived in apartments, which were formerly owned by Jews. The nurses believed that the Jews living in the nearby ghetto were stealing the nurses' personal belongings.¹²⁵⁸ Summ's memories of the persecution of the Jews were of a very limited nature, in this instance and throughout her memoir. The memories reveal

¹²⁵⁷ Gerloff, *Kriegsschwester*, 52.

¹²⁵⁸ Summ, *Schäfers Tochter*, 153.

the impact of Nazi anti-Semitism on her perception of the Jews and they demonstrate that when there was a discussion about the persecution of the Jews, the discussion focused on its (the persecution's) effect on Germans. In one way or another, each nurse's memory of ghettos illustrates this pattern.

But what did nurses recall about the violence inflicted upon Jews and other non-Germans? And what do their recollections reveal about how nurses "came to terms" with the past? In their discussions of the violence inflicted upon Jews and other persecuted groups, nurses either presented a memory of ignorance, naivety, or acceptance based on their perception of how the violence affected Germans. Working backwards on this list of reactions, one can see that Sister Gerloff's memoir focuses on the suffering of the Germans in her memory of the Warsaw Ghetto Uprising. Her description of the battles emphasized the pain inflicted on German soldiers, and even nurses, by the Jews. She even expresses a desire for revenge for these deaths.¹²⁵⁹ There is no retrospective reflection added on to this description of the past. Gerloff's writings demonstrate that, many years after the war, there was an image of a German Red Cross nurse put forth who was only concerned with the treatment of German men and women. Gerloff must have felt it important enough to share this perspective with her audience, and she must have felt that readers would be interested to know her point of view of events. She published this perspective in 1994¹²⁶⁰, despite the knowledge the (German) public now has of the Warsaw Ghetto Uprising. Gerloff highlighted that what was important to her was her Germanness and her sympathy for a larger community of

¹²⁵⁹ Gerloff, *Kriegsschwester*, 79. The Germans and collaborators lost 16 men, with 85 wounded, in the battle for the ghetto. Hilberg, *The Destruction of the European Jews*, 535-540. Also discussed in more detail in Chapter 4.

¹²⁶⁰ Another edition of the memoir appeared in 1996.

Germans. In this way, her memories prefigure the not insignificant concerns among members of German society about German victimization at the end of the war, concerns which arose particularly with the 50th anniversary of the end of the war in 1995.¹²⁶¹

In contrast, other nurses do make an effort to reflect upon the wartime persecution of the Jews and to come to terms with their past, at least to an extent. But even then, nurses do not go about this in the same way. Nurses could plead ignorance, or they could depict themselves as naïve. For example, when looking back on the war, Sister Edith Gehlert wrote that she thought that the destruction of people had, in her eyes, nothing to do with warfare. She claimed that she could not understand the connection between the war and the Holocaust, explaining, “To this day, the government program to murder the Jews is incomprehensible to me.”¹²⁶² While Sister Gehlert maintained an attitude of ignorance about the past and the connection between war and the persecution of others, Sister Ochsenknecht conveyed an attitude of naivety. Looking back on the war forty years later, she wrote:

Whether we were blind, whether we had not understood the crimes the Germans committed on the Eastern front, before our eyes? I was sometimes asked this and when writing this book, I ask myself these questions. I only learned of the death camps after the war... But I knew about the executions that occurred as retaliation for partisan attacks. I knew that people died, soldiers and civilians. That Russians were shot, certainly innocent women, children, and old people. That many (died) of hunger or froze in the forests. Back then I had thought that it was this way in every war.¹²⁶³

¹²⁶¹ See footnote 105.

¹²⁶² Gehlert, “So war es! Eine Rotkreuzschwester erinnert sich”; Panke-Kochinke and Schaidhammer-Placke, *Frontschwester*, 209. “Bis heute für mich unfassbar ist das Regierungsprogramm zur Vernichtung der Juden.”

¹²⁶³ Ochsenknecht, *Als ob der Schnee alles zudeckte*, 170-1. “Ob wir damals blind waren, ob wir nicht verstanden, welche Verbrechen die Deutschen an der Ostfront vor unseren Augen begingen? Das wurde ich manchmal gefragt, und beim Schreiben dieses Buches stelle ich mir selbst diese Fragen. Von den Todeslagern habe ich erst nach dem Krieg erfahren... Aber ich wusste von den Hinrichtungen, die als Vergeltung für die Anschläge der Partisanen stattfinden. Ich wusste, dass Menschen starben, Soldaten

Ochsenknecht admits to knowing much more about the persecution of the Jews and the killing of other non-Germans than she actually discusses in her memoir. She did not share most of these memories with the public. By fashioning her memoir in this way, she creates a sense of distance between herself and those events. This distance is shortened in her discussion of the ghetto. But even then, there is no reference to violence or liquidations of the ghetto, or to her assumptions about how war should or should not be carried out. Her explanation to her reactions to mass violence is similar to her explanation for everything else in the memoir: she was naïve and did not know any better.

In these memoirs, the authors do not depict themselves as explicitly politically active or as sincerely ideologically motivated. But through their memories, we can see how politics and ideology did shape their perception of the war. Nurses did not use their memoirs to “come to terms with the past” if one defines this phrase as a critical effort to examine and cross-examine one’s past actions. Instead, they used the memoirs to come to terms with the past in a different way. By depicting certain memories of the war, nurses could attempt to distance themselves from its tragic and violent aspects. Instead, nurses could emphasize how the war brought a sense of lasting importance to their lives. The context in which these women wrote and published their memoirs also could have contributed to this thematic focus, for these women likely finally felt as if the German public was interested in their personal experiences, as Red Cross nurses, in the Second World War. In publishing their memoirs, they made their private memories

und Zivilisten. Dass Russen erschossen wurden, sicher auch unschuldige Frauen, Kinder und alte Leute. Dass viele an Hunger oder in Wäldern erfroren. Damals dachte ich mir, das sei in jedem Krieg so.”

public, and thereby changed the face of the public memory of the German Red Cross, as an institution. Their memories demonstrated the complex relationship between German Red Cross members—that is, nurses—and the Third Reich; they showed that even if nurses did not openly declare their allegiance to the ideals of the regime, their participation in the war effort illustrated young women's (sometimes implicit) willingness to work toward Nazi goals.

In some ways, nurses' personal memories of the war mirror that of the more general German memory culture. For example, nurses' attempt to distance themselves from the crimes of the Nazi regime resembles how public memories in the Federal Republic elided widespread responsibility for war crimes and the Holocaust for many years. However, what is interesting is that nurses maintained this sense of distance even after the Holocaust assumed a prominent place in West and united German memory culture. What is also especially significant about nurses' memories of the war is, on the one hand, their emphasis on their sense of adventure and the overall impact of the war on their lives, and on the other hand, some (but not all) nurses' attempt to bypass any sense of agency when it came to the dark side of the war. The memoirs thus illustrate an attempt to toe the line between wanting to claim participation in the war effort and at the same time, to downplay the negative consequences of their actions.¹²⁶⁴ For within the field hospitals and among the ethnic German settler communities, nurses did help

¹²⁶⁴ Harvey found a similar pattern in her study of women who worked in the Warthegau, in different contexts. However, Harvey seemed to find that the women in her study held perhaps more complex and conflicting perception of the past: "To varying degrees, the memory of enjoying freedom and responsibility as young women coexisted and was sometimes outweighed by unsettling and disturbing memories of Poles humiliated and degraded, Jews stigmatized and persecuted, and by a sense of having been complicit in a system which elevated them as Reich Germans to positions of authority over 'alien races' as well as over ethnic Germans." *Women and the Nazi East*, 293.

create a racialized “people’s community” on the Eastern Front and through nurses’ interactions with Jews and Slavs, these women had helped support Nazi imperial racial hierarchies.¹²⁶⁵

Indeed, by depicting this “balancing act” between participating and not-participating in the war and the machinery of mass murder, nurses’ memories do something important and different in comparison to the larger German memory culture: they place German women, of various ideological backgrounds, squarely in the middle of the battle zones of the Second World War. Within these battle zones, nurses negotiated hierarchies of gender, “race”, and power. From the late 1940s through the 1980s, no other public depiction of wartime nursing did this. Accounts from the 1950s implied nurses’ importance, as women and as caretakers, but such accounts did not reveal how women had reacted to Nazi ideology and or how they experienced day to day life on the front. Nurses’ personal memories also differ from the public portrayal of psychiatric nurses who committed murder in the “euthanasia program”. Nurses’ memoirs thereby implicitly reflect the influence of feminist historians, who tried to understand the lives of women in the Third Reich from a range of perspectives. However, what nurses’ memoirs downplay is the role of the nursing community in the war and its aftermath. When one examines alternative sources of nurses’ memories, the sisterhood reemerges as a vital concept for the way nurses conceived of their past.

Organized Commemoration of German Red Cross Wartime Nursing

¹²⁶⁵ As discussed in chapters 3 and 4.

While memoirs provide a glimpse into how individual women remembered their wartime service and its impact on their lives, organized acts of commemoration provide another set of perspectives on how nurses remembered the war. These perspectives highlight the role of the nursing community in shaping nurses' memories. An organized act of commemoration can appear in the form of a gathering or an institutional publication or exhibit. These "sites of memory" reveal how nursing groups wanted their actions to be remembered by nurses and by the wider public. They also demonstrate how organized commemorations—including the reason for coming together, the location, and the attendants—influence the construction of individual and collective memories.

Case 1: The Karlsruhe Red Cross Motherhouse

On May 8, 1991, over sixty elderly women met for lunch and conversation at the Luisenheim, the home of the Red Cross nurses of the Baden Sisterhood in Karlsruhe. The topic of conversation: these women's personal experiences in the Second World War. The prompting for the reunion came from the matrons of the Baden Sisterhood and of the Karlsruhe Red Cross Motherhouse. When the nurses were deployed for service during the Second World War, it was said that their Mother-Superior Anna Odenwald had promised, "After the end of the war, I will call you all to the Motherhouse, where we will celebrate our reunion!" When the war ended, this reunion did not occur. Nurses were scattered across Germany. Some had been captured or killed by enemy troops. It was not until Odenwald's successor, Mother-Superior Ute Claussen,

called on nurses to return in May 1991, that this reunion finally took place. Then, the nurses took the time to discuss their war experiences amongst themselves. Matron Elisabeth Leist, who cared for the archive of the Motherhouse, took up the task to document the work of the Red Cross sisters during the Second World War.¹²⁶⁶

Oldenwald wanted this meeting to be an occasion for collective remembering of the past and a documentation of the sisterhood's history.¹²⁶⁷ The reunion's other purpose was to honor the 90th birthday of Mother-Superior Odenwald.¹²⁶⁸ The reunion thus facilitated a collective memory of war nursing, but it was a memory characterized by the pooling together of experiences, letters, and recollections of nurses belonging to a particular sisterhood. Individual memory and that of the sisterhood became intertwined.¹²⁶⁹

The reunion emphasized a memory of war nursing that centered on a few important themes. First, the event brought forth memories self-sacrifice. Mother-Superior Odenwald called on the aged nurses to think back upon the years from 1939 to 1945, about the nurses' wartime work, and about the impact of those years and work on

¹²⁶⁶ DTA 1337—"Treffen der Feldschwestern, 1939-1945" in der Badischen Schwesternschaft vom Roten Kreuz, Kochstr.2-4, Karlsruhe am 8. Mai 1991 zu Ehen des 90. Geburtstages von Oberin Anne Odenwald (1991). "Edith Kopf, Luisenheim. Karge Suppen und primitive Verhältnisse," Untitled newspaper. Nr.107, Friday, May 10 1991, 25.

¹²⁶⁷ DTA 1337—"Treffen der Feldschwestern, 1939-1945," Address by Oberin Anna Odenwald, 3. She explained, "Geschichte wird oft erst nach Jahrzehnten durch- und aufgearbeitet. So wird es auch mit unseren Erlebnissen und Lebensgeschichten sein. Alle, die für das heutige Treffen einen Bericht mitgebracht haben, danke ich, wenn er auch heute nicht zum Vorlesen kommt, wird er in unserem Archiv für die Bearbeitung des 2. Weltkrieges und dem Einsatz unserer Schwestern ein sehr wichtiges Dokument sein."

¹²⁶⁸ DTA 1337—"Treffen der Feldschwestern, 1939-1945"

¹²⁶⁹ However, despite all these efforts, Odenwald realized there was a limit to how much of the past could be recaptured through memory. She claimed that what had been accomplished at the Motherhouse "is barely comprehensible today." DTA 1337—"Treffen der Feldschwestern, 1939-1945," Address by Oberin Anna Odenwald, 3.

each nurse.¹²⁷⁰ Odenwald elicited memories of the war years herself by describing the contributions of the Baden Sisterhood. She recalled that 848 nurses and one army matron were commanded (by the Department of Voluntary Nursing) to serve in mobile formations in military districts V and XII. These women also served in France, Belgium, Poland, Russia, Czechoslovakia, Greece, Crete, Italy, and Africa. In addition, many nurses worked in hospitals inside of Germany. Mother-Superior Odenwald also emphasized the experience of victimization, thereby bringing into open discussion nurses' wartime experiences.¹²⁷¹ Odenwald recalled the hard work of the nurses who cared for patients in bunkers and cellars while bombs fell overhead. Her nurses worked without a break. They also lost their lives. Air raid attacks destroyed hospitals and nurses' own homes, including the Motherhouse in Karlsruhe and the old age home, Luisenheim.¹²⁷² She also described how nurses were imprisoned in France, England, Russia, Czechoslovakia and in Germany. Odenwald thus brought forth a memory of war nursing characterized by its expansiveness and its sacrificial nature.

Second, the memories brought forth in this reunion revealed the importance of the war nursing, as it brought nurses a sense of purpose. For example, Sister Hildegard Buehler recalled how happy she was to be able to help the wounded when she was stationed on the Eastern Front. She explained how all exhaustion was swept away when new transports of medical goods and patients arrived, thereby suggesting her passion and commitment to helping others. According to Buehler, there was also a real sense of community in the hospital:

¹²⁷⁰ DTA 1337—"Treffen der Feldschwestern, 1939-1945," Address by Oberin Anna Odenwald, 2.

¹²⁷¹ Especially as discussed in Chapter 5.

¹²⁷² DTA 1337—"Treffen der Feldschwestern, 1939-1945," Address by Oberin Anna Odenwald, 3.

We were then twelve full sisters from seven different motherhouses and we had young, partially poor German-speaking girls from the Warthegau for education and help. But there was a (sense of) camaraderie and mutual help. The doctors appreciated their sisters. Even today letters go back and forth between supervisors, fellow sisters and patients, and I must say, that was the most beautiful and happiest time of my years as a sister.¹²⁷³

There are some similarities and differences between Buehler's recollections and other nurses' writings. For example, during the war¹²⁷⁴ and in their memoirs,¹²⁷⁵ nurses also recognized the importance of sisterhood and of having a fulfilling role in the war effort. While the memory culture of the 1950s contained little room for discussions of strong female communities and sense of purpose in the war, the last three decades have allowed space for such discussions.

Buehler's emphasis on community thus points to the third dominant theme in nurses' memories presented at the reunion: sisterhood. The context of the nursing reunion very likely shaped nurses' memories, so that the war's impact on the sisterhood became the primary framework for remembering, in contrast to the focus on the individualistic nature of the memoirs, in which sisterhood is but one of a few dominant themes. Nurses' presence at the reunion reveals how these women wanted war nursing

¹²⁷³ DTA 1337—"Treffen der Feldschwestern, 1939-1945," Schwester Hildegard Buehler, Auszug aus seiner Niederschrift, 8. "Wir waren damals 12 Vollschwestern aus 7 verschiedenen Mutterhäusern und hatte die jungen, teilweise schlecht deutschen sprechenden Mädchen aus dem Warthegau zur Ausbildung und Hilfe. Aber es war eine Kameradschaft und gegenseitiges Helfen, wie es sonst nie war. Die Ärzte schätzten ihre Schwestern; noch heute gehen Briefe zwischen Vorgesetzten, Mitschwestern und Patienten hin und her, und ich muss sagen, es war die schönste und glücklichsten Zeit meiner Schwesternjahre." It is unclear if these girls were ethnic Germans or Polish. This sense of community and sisterhood was strengthened by wartime group social outings to theaters and concerts and by Christmas celebrations.

¹²⁷⁴ For wartime writings on sisterhood, see, for example Penkert, Letter 11, January 6, 1941, 81. Also see DTA 1601—"Schwester Harmonica," June 16, 1941, 12; October, 10, 1941, 14; November 24, 1941, 14; March 6, 1942, 22; June 19, 1942, 25; June 27, 1942, 25; July 15, 1942, 26. For a discussion of nurses' sense of purpose in the war, see Penkert, Letter 10, Düsseldorf, 12 December 1940, 80. An extended discussion on these themes can be found in Chapter 3.

¹²⁷⁵ Ochsenknecht, *Als ob der Schnee alles zudeckte*, 48, 54. Dörr, "Wer die Zeit nicht miterlebt hat . . .", 121. As told by Schwester Annemarie K.

to be remembered in terms of how it impacted the sisterhood, as a group, rather as an exclusively unique experience of a nurse who worked with the armed forces. In doing so, these nurses put forth their own, specifically female collective remembrance.

In the memories of their postwar imprisonment, the Baden Red Cross sisters emphasize the importance of the nursing community. For example, when Sister Käthe Stillbauer recalled that she was never really able to discuss her experiences in the war until she met another Red Cross nurse while she was imprisoned by the British and working at Bergen-Belsen. This nurse also belonged the Karlsruhe Motherhouse.¹²⁷⁶ In recalling her life in the camp, the appearance of another nurse stood out as an important experience. Thus, for Stillbauer, sisterhood served as a prompt on more than one occasion for her to recall her past, for the presence of another fellow nurse in a prison camp and later, at the reunion, gave her the opportunity to discuss her past. It should also be noted here that her memory of this time in her life focused on her connection with other nurses, and contained no reference to the recent liberation of Bergen-Belsen concentration camp or to the men and women who died there at the hands of the Nazis.¹²⁷⁷

Nurses had unique war experiences that they shared at the gathering. But at the reunion of the Baden Red Cross sisterhood and the Karlsruhe Motherhouse, nurses

¹²⁷⁶ DTA 1337—“Treffen der Feldschwestern, 1939-1945,” “Bericht von Schwester Käthe Stillbauer über ihren Kriegseinsatz von November 1941 bis zu ihrer Entlassung aus Bergen-Belsen im August 1945,” 10-12.

¹²⁷⁷ A variation of this pattern also appeared in the memories of Sister Friedel Duerr. The reunion served as a chance for Sister Friedel Duerr to recall her imprisonment in Czechoslovakia. Her memory of this time emphasized experiences of victimization on her part and of that of other nurses. But Duerr also discussed the importance of the nursing community inside the prison camp and the help that Red Cross nurses provided to each other and to the inmates. And while Duerr gave much focus to how the Germans had been victimized by their captors *after* the war, she downplays any memory of how the Germans victimized other groups *during* the war in Czechoslovakia. DTA 1337—“Treffen der Feldschwestern, 1939-1945,” “In tschechnischer Gefangenschaft—Bericht von Schwester Friedel Duerr,” 15-20.

emphasized what they had in common: each other, each of them contributing members of a community of nurses. This reunion functioned as a public and communal act of remembering; individual memories were pooled together to create a larger collective memory of the role of the Baden Sisterhood and the Karlsruhe Red Cross Motherhouse during the Second World War. Thus, the particular nature of this event, the reunion of a specific sisterhood, mirrored and perhaps prompted the focus on sisterhood in nurses' recollections of the war. This context contrasts with that surrounding the publication of nurses' memoirs, which emphasized a union between an individual determination to record the past and a larger, more general social and public interest in this past. The use of the sisterhood as the source and location for an act of remembrance thus could serve as an important factor in shaping how members of a Red Cross organization commemorated wartime nursing and for articulating a set of specifically female memories of the war, which had been previously overlooked.¹²⁷⁸

The death of a leader of a sisterhood could therefore likewise serve as an occasion for publicly commemorating war nursing. A little more than five months after the reunion of the war nurses in Karlsruhe, Mother-Superior Anna Odenwald passed away. The obituary and eulogy allowed the Baden Red Cross nurses to publicly acknowledge the lifelong work of the woman who had led the sisterhood during the Second World War. Mother-Superior Ute Claussen, in writing about Odenwald, put

¹²⁷⁸ The nursing reunion is in some ways similar to veterans' reunions, as both presented their own version of a collective remembrance that was not necessarily similar to the dominant German memory culture and in some cases worked against that culture. For example, after the First World War, Republican veterans and Jewish veterans articulated their own memories of the war despite the competing right wing "stab-in-the-back" memory. See, for example, Ziemann, *Contested Commemorations: Republican War Veterans and Weimar Political Culture*, and Grady, *The German-Jewish Soldiers of the First World War in History and Memory* (Liverpool: Liverpool University Press, 2011). Former female teachers, settlement advisors and BDM members who worked in the East also held reunions in West Germany after 1945. Harvey, *Women and the Nazi East*, 291-292.

forth a memory of Odenwald not based primarily on the former Mother-Superior's work as a wartime nursing leader, but as a life-long nursing leader. The obituary described her entire nursing career, beginning with the completion of her nursing exam in 1923.¹²⁷⁹ Before being appointed as Mother-Superior of the Baden Sisterhood, she worked in hospitals and clinics in Freiburg, Pforzheim, Heidelberg, and Karlsruhe.¹²⁸⁰ Odenwald was thus remembered as a deeply committed and experienced nurse who had a position in the nursing community before the Nazis came to power. In contrast to the May reunion, Odenwald's obituary gives little attention to her wartime leadership activities. Mother-Superior Claussen notes that she prepared nurses for their wartime assignments and maintained connections with each and every sister during the war.¹²⁸¹ But Odenwald's leadership was recalled as going beyond the war. She helped rebuild the Motherhouse and the Luisenheim (which had been destroyed by bombs in 1944). Until her retirement in 1976, she also worked to correct the problems of staff shortages, structural changes in the hospitals, and "changes in social values."¹²⁸² Odenwald was also remembered for the honors bestowed upon her by the Federal Republic and by the Red Cross.¹²⁸³

Oberin Claussen recalled her predecessor thus not necessarily as a servant to the nation or to any particular cause, but instead as a representative of the main ideas of the Red Cross. Her gravesite obituary, also given by Oberin Claussen, references

¹²⁷⁹ DTA 1337—"Treffen der Feldschwestern, 1939-1945," Nachruf der Todesanzeige-Obituary notice for the Oberin Odenwald, 26(?)–28. By Oberin Ute Claussen, Karlsruhe, October 18, 1991.

¹²⁸⁰ Ibid. She also worked for one year (1927-1928) at the Werner School in Berlin-Lankwitz.

¹²⁸¹ Ibid. The nurses had written to her about their "harrowing experiences" and her reply to the nurses "she found for each the right word."

¹²⁸² Ibid.

¹²⁸³ Ibid. She received the "Bundesverdienst Kreuz" in 1960 and the "Ehrenzeichen des Roten Kreuzes" in 1962.

Odenwald's inaugural speech that she gave when she was appointed to the office of Mother-Superior in 1936: "The Motherhouse of the Red Cross is not an end in itself; it is a servant, a carrier, and the embodiment of the Red Cross idea."¹²⁸⁴ Odenwald was also described as believing that three specific tenets of the Red Cross—humanity, impartiality, and independence—were the most important tenets, which had work-related and "life-shaping" functions.¹²⁸⁵ In creating a public memory of Mother-Superior Odenwald through obituaries, Oberin Claussen provided a memory of a Red Cross sister (and implicitly a sisterhood) that was distinct from the one under Nazi control or from any organization directly and explicitly dedicated to the state.

The published and publicly-read obituary of Mother-Superior Odenwald and the gathering at the Luisenheim thus presented specific memories of the past. During the reunion at the Luisenheim, nurses discussed their memories of the war, but the presence and importance of the nursing community was a main topic in their memories. After Mother-Superior Odenwald passed away, she was likewise remembered for her service to the Baden Sisterhood and her dedication to Red Cross ideals rather than primarily for her wartime activities. In both cases, the history of the sisterhood held a special importance. The long-standing integrity of the Baden Red Cross Sisterhood, which was established in 1859 by the Grand Duchess Luise, thus implicitly served as the main framework for remembering the war and the traditions of the sisterhood.¹²⁸⁶ The

¹²⁸⁴ DTA 1337—"Treffen der Feldschwestern, 1939-1945," Nachruf am Grab, 23.10.1991, 27. By Oberin Ute Claussen. "Das Mutterhaus vom Roten Kreuz stellt keinen Selbstzweck dar, es ist Diener, Träger und Verkörperung der Rotkreuz-Idee."

¹²⁸⁵ *Ibid.*

¹²⁸⁶ DTA 1337—"Treffen der Feldschwestern, 1939-1945" in der Badischen Schwesternschaft vom Roten Kreuz, Kochstr.2-4, Karlsruhe am 8. Mai 1991 zu Ehen des 90. Geburtstages von Oberin Anne Odenwald (1991). Edith Kopf, *Luisenheim. Karge Suppen und primitive Verhältnisse*. Untitled newspaper. Nr.107,

memories presented at the Baden Sisterhood reunion provide an example of how individual memories are shaped by the social environment in which they appear; the nurses' memories therefore confirm Halbwachs' theory of collective memory.¹²⁸⁷

Case 2: The Berlin Red Cross Sisterhood

Red Cross nurses and historians in Berlin also placed the period of the Second World War within the framework of the entire history of Red Cross nursing in Berlin when they published a history of the sisterhood and put that history on display in a public exhibition. In 2008, Mother-Superior Heidi Schäfer-Frischmann and Thomas H. Wolter published *Leben nützlich für andere. Das Buch der DRK-Schwesternschaft Berlin*.¹²⁸⁸ In December 2010, a permanent exhibition titled "Schwesternschaftsjahre 1875 bis heute. Die Ausstellung der DRK-Schwesternschaft Berlin" opened to the general public.¹²⁸⁹ The book and the exhibition, the latter of which is located at the DRK-Kliniken Berlin-Westend, together represent efforts to document the history of the five Berlin Red Cross Sisterhoods.

Historical publications and exhibits can serve as forms of organized commemoration, although in quite different forms compared to the reunion of the Baden Red Cross Sisterhood. Indeed, Peter Burke argues that historical writing and

Friday, 10. Mai 1991, 25. For a detailed history of the Baden Red Cross Sisterhood, see Quataert, *Staging Philanthropy*.

¹²⁸⁷ Halbwachs, *On Collective Memory*.

¹²⁸⁸ Heidi Schäfer-Frischmann and Thomas H. Wolter, *Leben nützlich für andere. Das Buch der DRK-Schwesternschaft Berlin*.

¹²⁸⁹ "Im Westend öffnete eine Dauerausstellung ueber die DRK-Schwesternschaft Berlin. Geschichte erleben," *Hedwig. Newsletter der DRK-Schwesternschaft Berlin e.V.* Ausgabe II/2010. Also see "Schwesternschaftsjahre." DRK-Schwesternschaft Berlin, accessed on May 4, 2015.

<http://www.drkschwesternschaftberlin.de/schwesternschaftsjahre/>

remembering of the past can function as “sites of memory.” However, history and the memory of historical events are not “innocent”; the act of remembering and writing depends on “interpretation and distortion.”¹²⁹⁰ This means that historical writing is not just based on fact; rather, it is based on a particular selection of facts that emphasizes certain aspects of the past and downplays others. Much of the process of creating history is based on a larger context, involving many social actors articulating their own beliefs about the past. Moreover, *Leben nützlich* represents a different (and perhaps more popular) kind of historical writing compared to the analytical histories of professional historians.¹²⁹¹ Below, I consider the writing and exhibit created by the Berlin Red Cross Sisterhood as “sites of memory,” influenced by the process of selection and distortion, and used by members and associates of the sisterhood to stress specific memories of the past. These sites are not concerned primarily with nursing during the Second World War. Instead, like the Heimat histories of the 19th century, they are concerned with the relationship between the local and the national.¹²⁹² But the ways with which the authors discussed and contextualized war nursing within the larger history of the sisterhood can reveal how war nursing was remembered in most recent times.

According to Heidi Schäfer-Frischmann, the Mother-Superior of the Berlin Red Cross Sisterhood, the purpose of *Leben nützlich* was to provide insight into the history

¹²⁹⁰ Burke, “History as Social Memory,” 98-99.

¹²⁹¹ This kind of local institutional history is thus similar to the work of the Heimat historians of the late 19th century who emphasized the important connection between provincial and national history, but whose narratives, directed at a mass audience, steered away from the recent past and “conventional historical narratives.” See Celia Applegate, *A Nation of Provincials: The German Idea of Heimat* (Berkeley: University of California Press, 1990), esp. 87-95.

¹²⁹² *Ibid.*, 88, also 44-45.

of the Berlin Red Cross Sisterhood. This history began with the founding of the first Red Cross sisterhood in Berlin in 1875, when Hedwig von Rittberg founded the “Hilfs-Schwestern-Verein.” This association later became known as the “Gräfin Rittberg-Schwestern-Verein vom Roten Kreuz.”¹²⁹³ However, Schäfer-Frischmann and co-author Thomas Wolter admitted that this book (and thus the subsequent exhibition based on the book) could not provide a completely accurate representation of the past. While the authors did have many original documents available for use, papers from some of the sisterhoods were missing because of the war and the passage of time.¹²⁹⁴

Because there was no unified Berlin Red Cross Sisterhood before 1975, *Leben nützlich* presents the history of Berlin Red Cross nursing primarily via the framework of the historical sisterhoods of Berlin. These were the Schwesternschaft Rittberghaus vom DRK, the Märkische Haus für Krankenpflege, the Brandenburgische Schwesternschaft Paulinenhaus, the DRK-Schwernerschaft Luisen-Cecilienhaus, the Schwesternschaften Marienheim-Brandenburg, and the Schwesternschaft Weissensee. For the purposes of this chapter, I will analyze the “collective remembrances” of the Rittberghaus and the Märkische Haus. These were two of the oldest sisterhoods of Berlin. The authors of *Leben nützlich* provide a relatively equal amount of space (about four pages) for

¹²⁹³ Forward by Oberin Heidi Schäfer-Frischmann, *Leben nützlich für andere*, 9-10; Schäfer-Frischmann and Wolter, *Leben nützlich für andere*, 15.

¹²⁹⁴ “It was and remains difficult to satisfy the claim for completeness and to decide what is important to be mentioned and essential to be shown. The book can therefore only be a snapshot, a chronicle which describes events and recordings that have not yet been presented to the public in this kind of scope and presentation.” Remarks about the book by Thomas Wolter, *Leben nützlich für andere*, 11. However, Applegate demonstrates that when choosing what to include in their local museums, the members of the member of the Historical Association of the Pflaz reflected not just on what sources could be found but also upon a “conscious choice” to emphasize local, cultural history rather than “conventional standards of historical ‘greatness.’” *A Nation of Provincials*, 49-50. Similarly, in this case, it is very likely that the available source base was not the only determining factor in what the authors chose to include in the text and later exhibition.

discussing the history of each sisterhood (the Rittberghaus and the Märkische Haus) under the NS-regime. The authors emphasize the the distinct ways in which nurses reacted to the dictates of the Third Reich. But at the same time, the structure of the historical account suggests a memory that attempts to relativize and downplay the importance of the Nazi past in terms of the overarching history of the Berlin Red Cross Sisterhood.

The authors reveal important differences between how the matrons of the sisterhoods reacted to Nazi orders for coordination (or *Gleichschaltung*) and for removing all “non-Aryan” members from the sisterhoods. For example, with the *Reichsgesetz* of December 9, 1937¹²⁹⁵, all of the Red Cross sisterhoods in Germany officially lost their independence and were incorporated into the National Socialist administrative and health system. In addition, the sisterhoods were placed under tighter control of the armed forces, and nurses began to train with the military more regularly. These legal changes elicited different reactions from the Berlin sisterhoods, which the authors tried to emphasize. For example, in 1929, Alexandrine von Üxküll-Gyllenband became the head matron of the Rittberghaus.¹²⁹⁶ According to Schäfer-Frischmann and Wolter, Üxküll-Gyllenband defended the Christian attitude of the Rittberg community as much as possible against the ideological claims to power (*Machtansprüchen*) of the Nazis. However, “as the matron of the Rittberghaus she was forced to submit to the requirements of the totalitarian regime. She could not prevent the dismissal of ‘non-

¹²⁹⁵ Schäfer-Frischmann and Wolter, *Leben nützlich für andere*, 39.

¹²⁹⁶ “Alexandrine von Üxküll-Gyllenband (1873-1986) Oberin der Rittberg-Schwesternschaft. Aus Liebe zur Krankenpflege,” *Hedwig. Newsletter der DRK-Schwesternschaft Berlin e.V.* Ausgabe II/2010, 10-11.

Aryan' nursing staff."¹²⁹⁷ The authors recount how in some cases the matron was able to help the dismissed staff by sending them to live with friends on the countryside or by sending them abroad.¹²⁹⁸ In 1938, Matron Üxküll-Gyllenband left her post at the Rittberghaus and was replaced by Ruth Hecker, a Nazi Party member who had previously worked at the Märkische Haus.¹²⁹⁹ Later, Üxküll-Gyllenband was questioned about her connections to the July 20, 1944 conspiracy to assassinate Hitler. However, the authors do not mention that on July 23, she and Caroline Stauffenberg were put in solitary confinement in the Balingen district-court prison; Üxküll-Gyllenband was released six weeks later, and Caroline Stauffenberg was allowed to return to Lautlingen in November.¹³⁰⁰ The authors thus present a memory of the prewar leadership of the Rittberghaus as one that was resistant to Nazi rule as much as it could be, and they suggest Matron Üxküll-Gyllenband's antipathy to the regime by briefly mentioning a possible connection with one of the most famous acts of German resistance, but they did not go into detail about her relationship to the Stauffenbergs.

Two years after the publication of *Leben nützlich*, the authors of *Hedwig*, the newsletter of the Berlin Red Cross Sisterhood, published a short biographical article about Matron Üxküll-Gyllenband. This biography also emphasized her dedication to Red Cross ideals, and it illuminates her connections to the July 20 conspiracy. Matron Üxküll-Gyllenband's sister, Caroline, was married to Alfred Graf Stauffenberg; she thus

¹²⁹⁷ Schäfer-Frischmann & Wolter, *Leben nützlich für andere*, 39.

¹²⁹⁸ *Ibid.* It has also been suggested that she joined the Nazi Party in order to try to change the Nazi regime in a positive way. See Peter Hoffman, *Stauffenberg: A Family History, 1905-1944* (Cambridge: Cambridge University Press, 1995), 68.

¹²⁹⁹ Schäfer-Frischmann and Wolter, *Leben nützlich für andere*, 39-40.

¹³⁰⁰ Hoffman, *Stauffenberg*, 281.

did have very strong connections to the Stauffenbergs.¹³⁰¹ Caroline and Alfred's sons, Berthold and Claus Schenk von Stauffenberg, were the main conspirators in the plot to assassinate Hitler. After the plot failed they were tried and executed by the Nazi regime.¹³⁰² Matron Üxküll-Gyllenband lost four family members as a result of the failed assassination.¹³⁰³ While she is thus presented as an opponent of the NS-regime on more than one occasion, her successor Ruth Hecker was characterized in *Leben nützlich* as a Nazi Party member who put up no resistance to Nazi orders to incorporate the Rittberghaus into the "totalitarian state."¹³⁰⁴ The authors of *Leben nützlich* thus present a historical memory of the Nazi prewar period that distinguishes between nurses who followed Nazi orders willingly and those who did not. The authors thus refuse to make a generalization about all Red Cross nursing leaders who lived and worked under the Third Reich.

However, when discussing the prewar history of the Märkische Haus Red Cross Sisterhood, the authors make fewer distinctions between those who supported or opposed the regime. The general tone of this memory of the initial takeover by the Nazis is one of powerlessness on the part of the leaders of the sisterhood. The authors repeat how the sisterhood, like all Red Cross sisterhoods, lost its independence in 1937.¹³⁰⁵ Thus, that year Märkische Haus Matron Cläre Port lost her control of her

¹³⁰¹ "Alexandrine von Üxküll-Gyllenband (1873-1986) Oberin der Rittberg-Schwesterschaft. Aus Liebe zur Krankenpflege," *Hedwig*, 10-11.

¹³⁰² Hoffman, *Stauffenberg*, 2, 193-194, 234-279.

¹³⁰³ "Alexandrine von Üxküll-Gyllenband (1873-1986) Oberin der Rittberg-Schwesterschaft. Aus Liebe zur Krankenpflege," *Hedwig*, 10-11.

¹³⁰⁴ Schäfer-Frischmann and Wolter, *Leben nützlich für andere*, 40.

¹³⁰⁵ This loss meant that the principle of being above party lines (non-partisanship or "Überparteilichkeit") no longer had value. It also meant that ideologically-infused service regulations governed the inner constitution and administration of the motherhouses. Likewise, in 1937, the German

finances of the house. What the authors do not include at this point in the chapter was that Port was a member of the Nazi Party. Instead, they portray the Märkische Haus as falling under Party control because of outside influences.

The memory of Matron Port presented in *Leben nützlich* elides her connection to Nazism. Her party membership was discussed only in the context of how it related to the postwar situation of the Märkische Haus. She had remained the matron of the house throughout the Second World War. She only lost her position in October 1945 as the result of Allied denazification policies. Here it is clear that she lost her post because of her membership in the Nazi Party.¹³⁰⁶ However, the authors provide no extended discussion of why Port joined the Party and if she had replaced a matron who was not a member. Instead, they present a memory of Port only as a nominal member. When referring to how she lost her position because of Allied orders, the authors include a quotation from a letter by one Professor (and surgeon) Ferdinand Sauerbruch to the US-Administration about Matron Port. He claimed, “Above all, in the last difficult months after the collapse, I had the opportunity to know her care, her reliability, and her human and technical skills...She was certainly no Nazi in the incriminating sense of the word. Of people of her kind we cannot do without, especially if they have been guilty of doing no wrong.”¹³⁰⁷

Red Cross executive committee gained power over the appointment of the matron and chairmen of each sisterhood. *Ibid.*, 67-68.

¹³⁰⁶ *Ibid.*, 74.

¹³⁰⁷ *Ibid.*, 74. “Vor allen Dingen habe ich Gelengenheit gehabt, in den schwierigen Monaten nach dem Zusammenbruch ihre Einsatzbereitschaft kennen zu lernen, ihre Fürsorge, ihre Zuverlässigkeit, und ihre menschliches und technisches Können...Sie war gewiss keine Nationalsozialistin im belastenden Sinne des Wortes. Auf Leute ihrer Art können wir nicht verzichten, zumal wenn sie sich kein Unrecht haben zuschulden kommen lassen.” The inclusion of this quotation, which emphasizes the relationship between a doctor and a nurse, echoes memories of war and postwar nursing as presented in the films in the 1950s. See Moeller, *War Stories*, 126-158.

In the way the authors describe Matron Port, they convey a memory of a woman who, despite her Party membership, was not a “real Nazi” and who had little power over her sisterhood compared to that of the NS-regime. The historical memory of the leadership of the German Red Cross sisterhoods of the Rittberghaus and the Märkisches Haus can thus be described as one that recognized the variety of nurses’ reactions to and attitudes about National Socialism, but also one that emphasizes that two out of three matrons (from these particular sisterhoods) did not in fact sympathize with the regime. Thus, in *Leben nützlich*, any form of nurses’ political extremism is minimized in an effort, it seems, to maintain an image of apolitical nurses. These memories mirror the depiction of nurses as seemingly acting apart from politics in memoirs, and the completely absent discussion of Nazi ideology in the reunion of the Baden Red Cross Sisterhood.

The memories presented by the authors *Leben nützlich* about the war itself offer little insight into nurses’ experiences in the field hospitals. But the authors do provide numbers. When the war began, more than 200 nurses from the Rittberghaus worked in hospitals inside Germany and on the front, and by the end of the war 915 nurses from the Märkisches Haus had served in hospitals and other medical facilities in many parts of the world.¹³⁰⁸ Brief references are also made to the work of individual nurses who served on the front. But the authors leave out any real detail about the actual experience of working in the field hospital. What is highlighted is the severe lack of nursing personnel, the shortened training times, and the deaths of nurses who worked at the

¹³⁰⁸ Schäfer-Frischmann and Wolter, *Leben nützlich für andere*, 40, 68-69.

front or in the field hospitals.¹³⁰⁹ The perspective of the war offered by the text is really that of those who were stationed at the home-bases of the sisterhood, in Berlin.¹³¹⁰

Leben nützlich also emphasizes a memory of nurses' experiences of the end of the war, characterized by suffering *and* perseverance. In Berlin, nurses lost their homes and their lives.¹³¹¹ For example, at the end of April 1945, at least 40 people were killed at the clinic at Lichterfelder Rittberg-Krankenhaus. In addition, a number of doctors and nurses took their own lives at this time.¹³¹² At the same time, the text emphasizes a memory of the steadfastness of other nurses. For example, Matron Port had displayed "heroism" during the war, for she remained in Berlin despite constant bombings. Other Red Cross nurses received similar praise, for "Despite all of the destruction and war-related stresses, the Märkische Sisters tried to carry on their nursing activities and everyday life in the community and to hold up their traditions."¹³¹³ The focus on nurses' steadfastness and holding onto traditional ideals is also conveyed in the works of Mierisch and Cabanis, in the 1950s.¹³¹⁴ The theme of determination and "heroism" also appeared in their wartime writings.¹³¹⁵ This later, local history thus repeats earlier themes and aspects of wartime nursing, but as they occurred within specific sisterhoods.

¹³⁰⁹ Ibid., 41-42.

¹³¹⁰ The authors stress that the matrons had to train nurses quickly so that they could be sent to the front. The focus on the homefront also mirrors the memoirs by Sister Helene Mierisch, published in the 1950s. See *Ein Griff ins Leben: Aus meiner Schwesternarbeit* and *Ärzte, Schwestern und Soldaten. Erlebtes aus zwei Weltkriegen*.

¹³¹¹ Schäfer-Frischmann and Wolter, *Leben nützlich für andere*, 41-42.

¹³¹² A few nurses who had taken poison could be saved. Ibid., 42-43.

¹³¹³ Ibid., 70. "Trotz aller zerstörungen und kriegsbedingter Belastungen versuchten die Märkischen Schwestern, ihren Alltag in Gemeinschaft und Pflgetätigkeit weiterzuführen und ihre Traditionen beizubehalten."

¹³¹⁴ Mierisch, *Ein Griff ins Leben: Aus meiner Schwesternarbeit* and *Ärzte, Schwestern und Soldaten. Erlebtes aus zwei Weltkriegen*; Cabanis, 'Das Licht in der Händen.' *Die Geschichte der Schwester Bettina*.

¹³¹⁵ See for example, DTA 1601—"Schwester Harmonica," 26 November 1941, 15; Penkert, Letter 26, 6 October 1942, 102-103 and Letter 29, Kursk, 23 October 1942, 109-113. See Chapter 3 and 4 for

The historical memory of the war, as presented in *Leben nützlich*, is thus a memory of a particular sisterhood and of what its leaders and individual nurses accomplished. The discussion of suicide is interesting because it was a significant part of the German experience of the end of the war¹³¹⁶, and the authors place the experiences of nurses within this wider context. But there is no discussion of why some nurses killed themselves while others did not. In this sense, the book is really more of a snapshot than a work of historical analysis, much like the authors suggested. The format of the book thus allowed the authors to leave out discussions that they did not deem important enough to bring up. The authors presented a historical memory of the war from the perspective of those who lived at the residences of the sisterhoods and who worked at the hospitals in Berlin. Because of this narrow focus, sisterhood thus played an even stronger role in shaping the memory of the war than in the case of the commemorative activities of the Baden Red Cross sisterhood, which included experiences of nurses who worked in field hospitals and who were imprisoned at the war's end. Despite this difference, it is clear that both acts of collective remembering emphasize the importance of nurses as members of a sisterhood and as contributors to the local community rather than their connection to political ideology and politically-motivated action. The focus on this female community was more likely to find a place in the German public memory culture at this time (that is, very recently) when more Germans were willing and interested in women's experiences of the Third Reich, in

extended discussion.

¹³¹⁶ Schäfer-Frischmann and Wolter, *Leben nützlich für andere*, 43. The last month of the Second World War saw a "suicide epidemic" in Nazi Germany. It is difficult to point to just one main cause, but the fear of the Red Army, the anxiety about the end of the war, and the opinion that life had no future purpose were very likely factors. See Christian Goeschel, *Suicide in Nazi Germany* (Oxford: Oxford University Press, 2009), esp. 149-166.

contrast to the 1950s memory culture which focused on re-masculinizing West German society. However, by placing the history of the Third Reich and the Second World War within a longer history of the sisterhoods, the authors suggested how nurses continued to act as such throughout time, thereby universalizing nurses' specific wartime experiences. Thus, although the authors *do* recall nurses' varying reactions to the NS-regime, such descriptions and their positioning within a larger historical framework have the effect of de-emphasizing the strong connection between German Red Cross war nursing and National Socialism.

The same themes appear in the permanent exhibition of the history of the Berlin Red Cross Sisterhood, which opened in 2010.¹³¹⁷ The exhibition is structured so as to provide a snapshot of the sisterhood throughout time. On the staircase to the exhibition rooms are group shots of nurses from past decades. There is also a map of the city with notations of all the hospitals and nursing homes that are operated by the Berlin Red Cross Sisterhood. As one walks down the hallway, one then finds a display case of all the different kinds of Red Cross brooches.¹³¹⁸ Once moving past the hallway, a visitor can enter the exhibition rooms. These are divided chronologically and split between the time before and after the Second World War. The histories of the sisterhoods are placed within the larger historical context, beginning with the most important political events of the time. However, it is not the larger political history that is emphasized as much as the work of the sisterhoods. The second room of the exhibition focuses on all of the different ways Red Cross nurses serve the Berlin community. The exhibit also shows

¹³¹⁷ "Im Westend öffnete eine Dauerausstellung über die DRK-Schwesterschaft Berlin. Geschichte erleben," *Hedwig. Newsletter der DRK-Schwesterschaft Berlin e..V.* Ausgabe II/2010, 14-15. I visited the exhibit in February 2012.

¹³¹⁸ These pins indicate membership in the Red Cross and one's years of service.

films about nursing.¹³¹⁹ One such film was a recruitment video from the 1960s.

According to Diane Bedbur, who helped design the exhibition, its purpose is “to inform. But above all, it must entertain.”¹³²⁰ She also clarified that the exhibit was not meant to be a museum, although she hoped that students from the nursing school would visit it.

The structure and comments about the Berlin exhibition reveal certain things about what kinds of memories its creators wanted to portray. They wanted to transform *Leben nützlich* into an informative and entertaining exhibition that would highlight the history and work of the Berlin Red Cross Sisterhood (including its historic sisterhoods) from the time of its founding through the present day. The continuity of the sisterhood, its ideals, and how a sisterhood contributed to a community, thus worked as an overarching theme. Because of this focus on continuity over the course of 135 years, the wartime experiences of Red Cross nurses received only a small amount of attention.

Conclusion

It took almost half a century for German Red Cross nurses’ memories of the war to reach a wide audience. Influenced by friends, family, the state, and the changing memory culture in West and then united Germany, individual nurses decided to write about their experiences and share them with the world. Their memories revealed how German Red Cross war nursing had proved enticing for young women who wished to escape the home and accomplish something meaningful with their lives. Such

¹³¹⁹ “Im Westend öffnete eine Dauerausstellung über die DRK-Schwesternschaft Berlin. Geschichte erleben,” *Hedwig*, 14-15.

¹³²⁰ *Ibid.*, 14.

recollections also suggested that nurses tried to maintain a distinction between their actions as nurses and the decisions made by Nazi leaders. In other words, these women conveyed a narrow understanding of politics, and they did not see themselves as political actors, even though their actions supported Nazi ideological goals. In addition, nurses' memoirs maintained that these women had an attitude of naivety during the war, and thus the authors did not take any responsibility for the Nazi crimes against humanity. The very nature of a memoir—that is, a document designed to retell an individual's past—can allow for an author to elide larger events and processes if they were deemed outside of an individual's sphere of activity. This is perhaps one reason why nurses declined to interrogate the consequences of their wartime actions. The individualized nature of a memoir, however, helped these women to highlight what the war meant to them: as an exciting time of life that would be important to them as long as they lived.

In contrast, organized, institutional acts of commemoration, as seen in the reunion of the Baden Red Cross war nurses and the publication and exhibition by the Berlin Red Cross Sisterhood, demonstrate not the impact of the war on individual women, but on the sisterhood of nurses. The Nazi regime and the Second World War tested the moral, communal, and physical boundaries of the Red Cross sisterhoods. In these public forms of remembering the past, Red Cross nurses focused on how their individual sisterhoods, and especially the leaders of the sisterhoods, reacted to the Nazi regime and the postwar occupation, including both acts of *individual* collaboration and resistance. However, just as in the case of the individual nurses' memoirs, these public memories tended to minimize actions which could be taken as political, including the

acts of resistance and collaboration taken by the sisterhoods as a *community*. The positioning of the history of nurses' wartime actions within the larger history of these long-standing Red Cross sisterhoods only strengthened such a tendency to emphasize an apolitical attitude. But this positioning could also imply that the Third Reich was but one chapter in a long history of the sisterhoods. Here a difference then appears between nurses' memoirs and organized acts of commemoration, for one set of memories emphasized the wartime experiences and another minimized the memory of the war, as in the case of the Berlin sisterhoods. This difference therefore demonstrates how nurses, like other Germans, had varied memories of the war and diverse ways of managing the past. Moreover, in the case of both the Baden and Berlin sisterhoods, one sees the important role of a particular Red Cross sisterhood for shaping a nurse's identity, in contrast to the influence of a national Red Cross organization or political identity. However, when considering the memories presented in memoirs and in these more organized acts of commemoration, what is especially significant here is that a specifically female and often local memory of the war is put forth. As such, this kind of memory downplays the significance of the actions and crimes of the German Red Cross that were taken by the higher levels of leadership and administration. This focus in and of itself makes a break with the general and more recent historical memory of the organization.¹³²¹

¹³²¹ Such as Riesenberger, *Das Deutsche Rote Kreuz*; Biege, *Helfer unter Hitler*; Morgenbrod and Merkenich, *Das Deutsche Rote Kreuz unter der NS-Diktatur 1933-1945*; Seithe and Hagemann, *Das Deutsche Rote Kreuz*; and Wicke, *SS und DRK*. Although I will mention that Peter Poguntke's *Gleichgeschaltet: Rotkreuzgemeinschaften im NS-Staat* does give much attention to how local and provincial German Red Cross associations were integrated into the Nazi regime.

Conclusion

This dissertation has addressed three main themes: the history of women in Nazi Germany, the history of women and gender in war, and the history of humanitarianism. By analyzing the actions and experiences of German Red Cross nurses and the institutions to which they belonged, we have gained a number of important insights about the history of women, warfare, and humanitarian ideals actions. First, we can see that German Red Cross nursing offered “Aryan” German women a way to actively participate in wartime life in the Third Reich without completely breaking with traditional gender norms. This experience had a lasting importance for German women. Second, by examining nurses’ actions on the Eastern Front, it becomes clear how German women provided a vital contribution to the Nazi war effort by offering medical and spiritual support to German soldiers and to ethnic Germans. Third, while on the Eastern Front, nurses participated in the formation of specific kinds of National Socialist “people’s communities”; these communities developed as a result of nurses’ internalization of Nazi ideology and of nurses’ lived experience on the front. The communities they helped to create on the front proved to be a modification of the original Nazi concept, but all the while these communities reigned over a brutal and discriminatory racial empire. Lastly, nurses’ actions on the Eastern Front demonstrated how humanitarianism came to have a specific meaning during the Second World War. Those dedicated to “healing” restricted their realm of care as much as possible to their “Aryan” national comrades.

While this dissertation has addressed its three main goals, it has also shed light on a few specific topics, all relating in one way or another to the notion of a community: its purpose, how it is formed, how it can change over time. The specific community I have in mind here is the nursing sisterhood. The Red Cross nursing sisterhood was an institution unique to Germany which proved to be flexible yet enduring. It could take on different forms over time in order to serve various groups of people; such changes could happen voluntarily or by force, or as a result of a combination of factors.

Red Cross nursing sisterhoods first formed as home bases for women who volunteered their time to serve their nation, originally only aiding the military, and then civilians as well. When Nazis came to power, they manipulated pre-existing nursing and motherhouse traditions in order to enlist the support of Red Cross nurses. On the war front, nurses participated in the formation of a larger “people’s community,” but the sisterhoods also remained important, as communities of women with common ideals and experiences. Moreover, these sisterhoods lasted through the war and into the postwar period. Decades later, some nurses still turned to these associations as sources of identity, friendship, and even family. The sisterhoods were thus malleable yet lasting organizations.

During the Second World War, the nursing sisterhood thus served several important purposes. They provided women a sense of female community among the masculine world of the arm. They offered emotional support in times of stress and uncertainty. And they served as a core group around which a larger “people’s community” could form, whether it be that of the field hospital or of an ethnic German village. Thus, during the war, the community of the nursing sisterhood merged with a

larger national community which was created by German nurses, soldiers, doctors, and by ethnic German peasants. With the defeat, this national community fell apart, but the sisterhoods persisted. They continued to operate during the period of imprisonment and occupation. Under the Communist dictatorship in East Germany, these sisterhoods were finally closed down. But they persisted in West Germany. Today, they are important institutions across the united German country.

By examining the institution of the nursing sisterhood, one can thus gain insight into how the Nazi “people’s community” was created in lived reality. This happened because of a combination of factors: the exposure to National Socialist ideology, the working conditions of the Eastern Front, nurses’ encounters with non-German civilians and military personnel. However, it also seems clear that Red Cross connections helped to foster an atmosphere in which nurses tended to bond with one another and with those with similar outlooks and experiences. What this suggests is that perhaps, when the Nazis succeeded in forming their “people’s community,” they did so in part because of the existence of certain German organizations which fostered connections between individuals.

When discussing the existence of community and connection in Nazi Germany, one inevitably must deal with theories about the “atomization” of Nazi society. According to scholars like Detlev Peukert, the Third Reich witnessed the “atomization of everyday life, the dissolution of social bonds, the isolation of modes of perception, the shrinking of prospects and hence the loss of the capacity for social action.”¹³²² In other words, people became isolated and retreated into their private spheres. Peukert

¹³²² Peukert, *Inside Nazi Germany*, 239, 241, 247. Also see Arendt, *The Origins of Totalitarianism*, 317, 318, 323.

attributes this total isolation to the Nazi regime and its wartime methods of terror. More specifically, the Nazis had tried to manage the already fragmentary nature of modern society. But their promises to bring “harmony” were never realized. Instead, there were competitions between different groups aiming for power. Most importantly, according to Peukert, the Nazi “terror apparatus” broke apart any remaining social bonds and traditional environments, such as clubs and non-state associations, which might provide a refuge for people.¹³²³

Yet, we have the case of the nursing sisterhoods and the “people’s communities” of the front. How can one reconcile the atomization thesis with the existence of these communities? I propose that the German Red Cross nursing sisterhoods represented a middle ground between the private world of the home and the more public world of a non-state association. This was so because the sisterhoods were placed under Nazi supervision, but not completely or rigorously so. This traditional space was thus only partially absorbed by the regime. This is very likely what people wanted, especially during the war. They wanted a space outside of the private sphere where they could form connections and provide emotional and practical support to one another. The sisterhoods co-existed within the larger *community of the front*, but they were not dependent on it. In contrast, as we have seen, nurses’ communities sometimes existed in tension within other ranks of German wartime society, even on the front. Because of this lack of complete intermixing and dependence, a nursing community could persist even when the community on the front completely fell apart. When physically able to do so, nurses would continue to come together to provide each other a refuge during the

¹³²³ Peukert, *Inside Nazi Germany*, 241.

defeat and a sense of stability in the occupation. What these findings suggest is that the nursing sisterhoods existed on a shifting line between state and non-state association. They could provide a way for Red Cross nurses to move closer to the Nazi regime and its ideology, but at other times, these organizations also allowed nurses to move away from the National Socialist world.

An analysis of the relationship between the nursing sisterhood and the larger “people’s communities” of the front also sheds light on the relationship between women and nationalism and between humanitarianism and war. German Red Cross war nursing offered German women the opportunity to participate in the building up of their nation and its eastern empire. At the same time, this chance to care for German soldiers and ethnic Germans in newly conquered lands provided nurses with a context in which to test and sometimes alter their original humanitarian outlooks so that they aligned with national interests. While this dissertation has analyzed the experiences of German Red Cross nurses, the question of how women participate in nation building, and of what place humanitarianism has in wartime settings can reach beyond a study of the Third Reich. Today, in Germany and in many places around the world, women can partake in the political life of their nation and in military work in many ways beyond the role of a nurse. However, many nurses and other medical caregivers, both male and female, work for armed forces and, even given international law, they may still be forced to make a decision of whom to care for: a national comrade, a neutral bystander, or an enemy soldier or prisoner.¹³²⁴ By studying the past actions of nurses in war, one may gain a

¹³²⁴ See Benedict Carey, “Nurses Urge Leniency Over Refusal to Force Feed at Guantánamo Bay,” *New York Times*, November 19, 2014, accessed May 6, 2015,

greater understanding of the importance and role of humanitarian actors in today's world and of the problems they may face in upholding their own ideals and those of their nation.

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