Her name is Majta Seiden. In the photograph, she’s 18 years old. The Seidens were among 106 Jewish families studied in the spring of 1942 in Tarnow, Poland, by a team of Austrian anthropologists researching the “race biology” of Polish Jews. Its purpose, the study’s lead author wrote, was to form the “basis for relocation and new settlements” of Jews in the Reich. In the course of 10 days, the anthropologists measured noses, skulls, and torsos. They recorded the color of eyes, skin, and hair. They took fingerprints, handprints, and detailed family medical histories. They drew blood.

The researchers took photos of Majta, her parents, and her two younger brothers. Each of the subjects posed for photos from three angles—in profile, at 45 degrees, and facing the camera directly. When Majta faces the camera, her lips are upturned at the corners, ever so slightly.

A few months after this photo was taken, by June of 1942, more than half the Jewish population of Tarnow had been sent to the concentration camp in nearby Belzec. Historians believe the Seidens would have all died in the camp.

Viewed on a museum wall decades later, the Seiden photos are a stark example of the human toll of Nazi Germany’s eugenics movement. The Nazi obsession with genetics rationalized mass sterilization and euthanasia of the mentally ill and otherwise disabled and gave “intellectual” and material support to the Holocaust. "Deadly Medicine: Creating the Master Race”—a documentary exhibition at The Andy Warhol Museum this winter sponsored by UPMC and organized by
the United States Holocaust Memorial Museum in Washington, D.C.—shows science's role in the campaign.

The exhibition is slated for a multiyear national tour. In its Pittsburgh launch, “Deadly Medicine” included several programs held in collaboration with the University of Pittsburgh that delved into the legacy of eugenics for the first time.

The exhibition begins with a film and a large collection of historical documents, artifacts, and artwork. A “Deadly Medicine” minielective with a discussion of public talks and forums at the museum. (These were on the heels of a Scare Hall lecture by Susan Bachrach, curator of the exhibition; her December visit was sponsored by the C.F. Reynolds Medical History Society.) The Warhol talks featured Pitt medical geneticists, public health experts, physicians, bioethicists, art historians, and even a poet. On February 20, Arthur S. Levine, senior vice chancellor for the health sciences and dean of the medical school, hosted a Dean’s Summit that drew academic medicine representatives from Pennsylvania, Maryland, Georgia, West Virginia, Ohio, and Washington, D.C. The School of Medicine also offered its students a “Deadly Medicine” minielective with a discussion and private exhibition tour led by Bachrach and Pitt’s Marta Klothof, assistant professor of obstetrics, gynecology, and reproductive sciences.

The programs were cautionary in nature, reflecting the tone of the exhibition. “Deadly Medicine” shows how well-respected scientists helped prosecute mass murder, says Bachrach. “The prevailing image of Nazi medicine is that they were fanatics and political zealots, that they weren’t mainstream.” That’s not the case, she says.

The exhibition documents the growth of eugenics from its roots in 19th-century social Darwinism. In the United States, eugenics gained popularity at a time when its proponents claimed that the “feebleminded” and immigrants from Southern and Eastern Europe weakened the country’s genetic stock. Writing books with Brave New World–like titles, such as Sterilization for Human Betterment, eugenics in the United States argued to cull the gene pool of those with “less desirable” traits. They even prevailed upon the country’s highest court.

“Three generations of imbeciles are enough,” wrote Supreme Court Justice Oliver Wendell Holmes in Buck v. Bell, the 1927 decision allowing Virginia officials to sterilize Carrie Buck, an unwed mother with an alleged family history of mental retardation. From 1909 to 1933, 16,000 people in this country were sterilized, many of them wards of state psychiatric institutions. The practice continued into the 1970s; by then, 65,000 people had been sterilized.

In the wake of a diminishing birthrate after World War I, Germany stressed fertility. The public health message merged with the racist and nationalist belief that the Nordic “race” was ideal. As the Nazis consolidated their power, a eugenics movement also took hold. “Deadly Medicine” shows the inexorable slide of German eugenics toward mass murder. The viewer sees still photos of sterilization operations before an amphitheater of German medical students. From 1933 to 1945, state doctors sterilized 400,000 disables and mentally ill Germans, deemed “life undeserving of life.”

The 1933 Erbgesundheitsgesetz, or law concerning hereditary health, paved the way for such sterilizations, points out Pitt's Loren Roth, senior associate vice chancellor, health sciences and professor of psychiatry and of health services administration. Roth, who participated in the Dean’s Summit, notes that the field of psychiatry was complicit in this campaign. (He also notes that psychiatrists who objected to the practice were removed from their positions.)

Elimination of those deemed “incurable” would come next. Physicians and midwives referred children born with mental or physical defects to special pediatric euthanasia units, which killed 5,000 children. The exhibition includes a stark, metal, white crib, like those used in the units. It sits empty.

Not content with preventing “undesirable offspring,” the Reich soon targeted the adult disabled population for extermination. From 1939 to 1945, the state killed some 200,000 Germans—the most incapacitated of those housed in state asylums. To accomplish this, Nazi doctors developed efficient killing strategies, placing victims in gas chambers and burning their corpses in crematoria. That set the stage for the “Final Solution” and the annihilation of 6 million. Doctors were there every step of the way, the exhibition reminds us.

“Deadly Medicine” raises enduring questions: How could medicine become such a hand servant of evil? What would each of us do if confronted with a similar situation?

The programs urged participants to consider whether our society is pursuing questionable ideals of biological perfection in its own way, through plastic surgery, the testing of fetuses, or whatever advances medical science has in store.

Pitt School of Law Dean Mary Crossley, whose own scholarship focuses on healthcare inequalities, offered words of caution in her Warhol talk. She worries about an implicit bias against sickness and imperfection.

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Barnard, a Pitt bioethicist, noted in his Warhol talk that the Nuremberg Code was largely responsible for changing the way doctors conduct human experiments in this country. Among other principles now understood as dogma, the code states that a study subject must not only consent to participate in a study, but do so without the risk of coercion, be aware of the scope of the study, and be able to drop out at any time. It also states that the degree of risk scientists take in studies “should never exceed that determined by the humanitarian importance of the problem to be solved.”

Yet, Barnard reminded, some scientists still pursued highly dubious studies in the States. In 1974, the federal government mandated that universities establish institutional review boards to oversee human subject research.

It’s hard to imagine the Seidens anticipating what awaited them in 1942 as they sat for their portraits. The scientists studying them probably had some idea.

“We don’t know what measures about the expulsion of the Jewish People are planned in the next months,” wrote one researcher to another, “which, under certain circumstances, if we wait too long could deprive us of valuable material.”