

Canadian MD fights to put remains of Nazi victims to rest

Ann Silversides

The first thing you notice in Dr. Bill Seidelman's tiny, crammed, home office is the eye-catching titles of his books: *Doctors Under Hitler*, *The Nazi Connection*, *When Medicine Went Mad*, *The Nazi Doctors*.

Ever since Seidelman attended Dr. Bill Gibson's classes at the University of British Columbia more than 30 years ago, he has been interested in medical history. Fifteen years ago he joined a small study group that included McMaster University history professor Dr. Charles Roland and Michael Kater, a specialist in Third Reich history and visiting Hannah professor at McMaster.

Soon, Seidelman's passion became the medical profession's abuse of power during and after the Third Reich. "Why do I think this is so important?" says Seidelman. "Germany and Austria were the birthplaces of modern medicine. If it could happen there, it could happen anywhere."

His particular interest is the continued use of anatomical remains of the victims of Nazi terror — he has the dubious honour of being a world expert in the area. The cadavers of the Nazi regime's victims were routinely used for medical research at leading medical schools throughout Nazi-occupied Europe, and many of those schools still have specimens. Seidelman and American bioethicist Arthur Caplan have called on physicians in Germany and Austria to acknowledge this, bury the specimens, formally commemorate the victims and publicly discuss the abuse of humans by health care professionals. (All of Seidelman's work in this area has been done on his own time. He credits colleagues with providing "great understanding and support.")

Seidelman, 59, began his career as a family physician at the REACH Community Health Centre in downtown Vancouver. By the mid-1980s he was teaching at McMaster and practising at the Hamilton General Hospital family practice unit. There, he began seeing AIDS patients — "lots of doctors just refused to take them as patients back then" — and by 1994 he was medical director of the HIV ambulatory program at Toronto's Wellesley Centre Hospital and a full professor at the University of Toronto. Today he works at the Baycrest Centre for Geriatric Care.

"In my own practice I've always dealt with vulnerable

populations," he explains. "This has led to a concern about the inherently prejudicial attitude within medicine toward the disadvantaged, the sort of attitude that gave rise to eugenics and the perception of some people as 'inferior.'"

Seidelman, whose Austro-Hungarian grandfather settled in Vancouver in the late 1800s, does not speak or read German, which might be considered a major handicap given his area of interest. But he doesn't see it that way. "My lack of German is an advantage. If I had it, I'd be doing this research 25 hours a day. It helps limit me."

And, according to Kater, Seidelman's "handicap" has provided some advantages. "Ironically, because he doesn't know German he has had to find new angles. He has found niche topics. . . . His strength is his ability to network and he uses his sources expeditiously. Also, he has an uncanny sense of the potential for research."

Meanwhile, Seidelman observes that "Michael [Kater] is a very careful scholar and he has kept me out of trouble. If I make a mistake, my credibility could evaporate."

Some of Seidelman's early work in the area grew out of a study of letters from Berlin published in *JAMA* in the 1930s and later. "I had thought there were a few evil doctors [in Nazi Germany], but as I read, I began to realize the entire medical profession was involved."

He also realized that many Nazi doctors continued to flourish after the war. Seidelman and Kater worked with others on a successful campaign to ensure that Dr. Hans Joachim Sewering, a doctor and former SS member linked to the killing of a neurologically handicapped child in 1943, did not become president of the World Medical Association; he had been the president-elect.

Seidelman has generally restricted himself to addressing his research to academic and medical communities. Last year, faced with the prospect of addressing a conference audience that included many Holocaust survivors, he was very nervous.

"I kept revising my speech until the last minute. I was worried about upsetting the survivors. For some of them, it would be new information." As it turned out, the audience reacted with silence, then tears, and, finally, "gratitude for the work I was doing. The response was overwhelming." ?



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