

RACIAL HYGIENE AND DELIBERATE PARENTHOOD: TWO SIDES OF DEMOGRAPHER HANS HARMSSEN'S POPULATION POLICY*

SABDSTE SCHLEIERMACHER

Universitätskrankenhaus Eppendorf, Institut für Medizinsoziologie,
Martinistrasse 52, 2000 Hamburg 20, F.R.G.

Synopsis — The co-founder of the International Planned Parenthood Federation (IPPF) and president, for many years, of its daughter organization in the Federal Republic of Germany, *Pro Familia* (the Germany Society for Sexual Counselling and Family Planning), Hans Harmsen developed a concept for a population policy at the peak of the world economic crisis (1928–1932) that was the foundation for the systematic execution of the racial policy in National Socialist Germany. This concept originated from research into hereditary biology and the attempt to develop a qualitative as well as a quantitative demography. It led to demands for a eugenically oriented “differentiated” welfare policy putting the research findings into praxis. Based on cost-utility calculations and according to criteria of productive capacity, productively capable sections of the population were to be promoted. On the other hand, economies were to be made in the preservation and care of people designated inferior, which meant socially marginal groups. Through institutionalization and sterilization they were to be excluded from procreation. As a member of the world-wide movement for birth control, Harmsen supported family planning and sexual counselling. For eugenic reasons he advocated *conscious parenting*. He maintained that sexual and genetic counselling should be available with the aim of informing women about birth control, because only a healthy woman within an intact family could rear “healthy” and “eugenically worthy” children. This concept was applied world-wide after 1945 not only in the rebirth of the Family Planning Campaign in the Federal Republic of Germany, but also in countries of the Third World.

Synopsis — Der Mitbegründer der International Planned Parenthood Federation (IPPF) und jahrelanger Präsident der bundesrepublikanischen Tochterorganisation Pro Familia-Deutsche Gesellschaft für Sexualberatung und Familienplanung- Hans Harmsen hatte auf dem Höhepunkt der Weltwirtschaftskrise (1928–1932) ein bevölkerungspolitisches Konzept entwickelt, das die Grundlage der systematischen Durchsetzung der Rassenpolitik im Nationalsozialistischen Deutschland bildete. Dieses Programm ging von erbbiologischer Forschung und der qualitativen wie quanti-tativen Erfassung der Bevölkerungsstruktur aus, und mündete in der Forderung nach Umsetzung der gewonnenen Ergebnisse als eugenisch ausgerichtete, “differenzierte” Wohlfahrtspolitik. Auf der Grundlage einer Kosten-Nutzen-Kalkulation nach Kriterien der “Leistungsfähigkeit” sollten die leistungsfähigen Bevölkerungsschichten gefördert werden. Demgegenüber standen Einsparungen bei der Versorgung und Pflege von als minderwertig bezeichneten Menschen, gemeint waren damit gesellschaftliche Randgruppen. Sie sollten durch Verwahrung and Sterilisation von der Fortpflanzung ausgeschlossen werden.

Als Mitglied der weltweiten Geburtenkontrollbewegung setzte sich Harmsen für Familienplanung und Sexualberatung ein. Aus eugenischen Gründen forderte

er die "bewußte Elternschaft." In Beratungsstellen sollten Frauen die Kenntnisse über Verhütungsmittel vermittelt werden, da die Aufzucht "gesunder" und "eugenisch wertvoller" Kinder nur von einer nicht überlasteten und gesunden Frau und intakten Familie gewährleistet sei. Dieses Konzept fand nach 1945 seine Anwendung nicht nur in der wieder auflebenden Geburtenkontrollbewegung in der Bundesrepublik Deutschland, sondern auch in Ländern der sogenannten 3. Welt

In the Festschrift for Hans Harmsen's 80th birthday in 1981, Ferdinand Oeter wrote under the title, "The ethical imperative in Hans Harmsen's life's work":

To save the individual from suffering caused by no fault of his own, and to lighten unbearable burdens, are aims which stand in Hans Harmsen's work on an equal footing with the great task of keeping society healthy and productive and recognizing and helping toward offthreatening dangers in time. (Oeter, 1981, p. 11)

In a statement published in 1984 by the Federal Board of *Pro Familia*, entitled "Harmsen no longer honorary president," the reason given for Harmsen's resignation was:

The cause was criticism of his publication and activities as demographer and social hygiene specialist in the years 1920 to 1945 Apparently Harmsen represented positions at the time which are today condemned by the Association. (*Pro Familia Magazin*, 1984, p. 21; Kaupen-Haas, 1984, p. 41)

With the intention that "the past should be neither glossed over nor forgotten," in 1988 Anna Luise Prager included her personal impressions in her historical account of *Pro Familia* in Hessen:

Here we had an old man who, although he gave his talk in a rather too detailed and rambling way, was always thoughtful and liberal. In particular I remember that he stood up vehemently for the rights of women. Was it all lies? Genuine change of heart? (Prager, 1988, p. 6).

What did Harmsen's ethical imperative really look like, given that in 1981 it still found total agreement within the association, and yet was the reason why *Pro Familia* distanced itself from its co-founder? Did Harmsen indeed undergo a genuine change of heart after 1945 and alter his population policy ideas and programmes intended for the Nazis? As Harmsen, unfortunately, is not available to discuss this question himself, in this article I attempt to let his ideas and programmes speak from his published and recorded statements.

BIOGRAPHICAL DATA

In 1926, Hans Harmsen took over as head of the Section IV for Health Care, Hospitals, and Homes within the Youth and Welfare Services, Charity, and Social Work of the Central Committee of the *Internal Mission*, today called *Diakonisches Werk*. In 1928, the following bodies were united under the umbrella of Section IV:

- German Protestant Hospitals' Association
- Association of German Homes for Cripples of the Internal Mission
- Conference of Heads of Protestant Institutions for the Mentally Weak and Homes and Sanatoria for Children and Juveniles

Translation by Delia Couling and Renate D. Klein.

- National Association of Protestant Old Peoples' Homes and Homes for Incurables
- Association of Protestant Mental Hospital Nurses and the Conference of Protestant Hospital Chaplains (Gerhardt, 1948, p. 296).

As one of the largest representatives of free-welfare work, the Central Committee administered 26,532 services and institutions (Central Committee, 1928, p. 296).

Harmsen, a student of the social hygienists Alfred Grotjahn, was offered broad scope for the development, testing, and carrying out of his ideas on population policy in this setting. Harmsen, who had graduated in 1924 with a study on "French social legislation aimed at combatting the declining birth rate" at the Medical Faculty of the University of Berlin and who, in 1926 at the Philosophy Faculty in Marburg, was in charge of the population policy programme of the Internal Mission after the world economic crisis. In addition to care for the sick and convalescent and for so-called abnormal people and cripples, and in addition to the control of epidemics, increasingly, other population policy measures, such as sexual counselling, the protection of motherhood, and questions of birth control, entered into the forefront of the activities of the Internal Mission, and therefore of Harmsen's work.

As demographer and representative of the Central Committee, Harmsen worked nationally and internationally with personalities in the birth control movement, such as the representatives of the U.S. movement, Margret Sanger and with political bodies, such as the Prussian Provincial Health and State Council and the Reich Social Hygiene Association (ADW, CA/G 93, pp. 1–3). In 1926, Harmsen was one of the founders of the association, Maternal Help, Inc (Muetterhilfe e.V.). This association, which consisted of doctors and social workers, set for itself the aim of offering "assistance to needy unmarried and abandoned mothers from higher professional groups." "Women coming

from genetically valuable families who were in need" should be helped "to fulfil their motherhood" (Harmsen, 1932a, p. 1). For "pregnant women from the higher professional classes" the Strassberger Heim was opened, so that women "were offered the opportunity to adopt their own child and to take up their profession again in a different region without the stain of illegitimacy" (Oeter, 1981, p. 12).

From 1926 on, Harmsen was also the manager of the Association for Public Health, which had merged with the German Society for Population Policy. In his function as representative of the Central Committee and of the Family and Mothers' Advisory Associations, Harmsen took part in numerous international population policy congresses, for example, in 1935 in the International Demographic Congress in Berlin (Oeter 1981, p. 13; Archiv, 1931, p. 137). Harmsen was also able to propagate his ideas in numerous association and society journals, some of which he set up himself.

After, 1945 "the leading Nazi racial hygiene specialist H. Harmsen," according to social scientist Gunnar Heinsohn, "carried on working as a respected social hygiene expert in the Federal Republic" (Heinsohn et al. 1979, p. 203). In 1946 he became a full professor and director of the Institute of Hygiene in Hamburg. In 1952 in Bombay, together with representatives from the international birth control movement, with whom he had already worked in the Weimar Republic — Anne Marie Durand-Wever and Margret Sanger — he founded the International Association for Family Planning (IPPF) (Suitters, 1973, pp. 4,5). The German subsidiary organization, also founded in 1952, whose later name was to be *Pro Familia* was consolidated with IPPF (Durand-Wever, 1968, p. 15). Harmsen was chosen as president of *Pro Familia*, because "on the basis of numerous scientific contributions to German demography, to birth control, eugenics and planned parenthood he contributed excellent prerequisites" (Baunach, 1979, p. 2).

In 1953, he set up the German Society for Demography (later to become the German Society for Demography, Inc.), and in 1955 became its president. At the same time he was serving on the Advisory Board of the Federal Ministry for Family Affairs on a Law on the Equalization of Family Burdens (Kaupen-Haas, 1984, pp. 298–299). In this period, during which Harmsen gave his demographic commitment an institutional framework by founding institutions and associations, he also ran together with Pastor Ernst Bornikoel, the study circle “Birth control and eugenics” at the Protestant Academy in Hamburg from 1948 to 1957 (Bornikoel & Harmsen, 1959).

From 1955 to 1960 Harmsen was engaged by the refugee arm of the UNO to carry out sociological examinations “of the integration process of 54,000 registered displaced persons and non-German refugees” and their integration, together with rights to maintenance (Kaupen-Haas, 1988, p. 298–299). Until his death in Summer 1989, Harmsen continued to play an active role as a demographic expert.

FAMILY ASSISTANCE POLICY: A POLICY AGAINST WOMEN

As representative of the Central Committee during the Weimar Republic (1930), Harmsen took part in the population policy conference of the Reich’s Minister of the Interior. There was agreement that “population policy should never be a temporary policy,” but that they should have the

“courage . . . to work for the distant future and to take early measures the value of which would only be recognized and mathematically verifiable. With regard to the increasing rise in the ratio of older people in the population and the worrying consequences for the future structure of the labour market as well as the importance of Germany as an industrialized nation, the . . .

protection and aid for planned motherhood” was promoted. (Archiv, 1931, p. 62)

The catalogue of items to be promoted included the “economic priority of parenthood,” which was to be recognized through altered wage, income, and property taxes; “the protection of mothers” and “health care for pregnant women,” as well as the “single family home”.

In his work published in 1931, *Practical Population Policy*, Harmsen according stressed:

The aim of any practical population policy is the securing of the national existence through the preservation and promotion of healthy and good-quality future generations. . . . The basic unit of the future of our nations is and will be the family. (Harmsen, 1931a, p. 29)

The Committee for Family and Population Questions of the International Association of the Internal Mission, which was founded in 1930 in Uppsala, and of which Harmsen was the manager, formulated clear goals in a statement about its programme in summer 1932:

1. The creation of living space for the up bringing of a “sufficient number of healthy children” and in connection there with the provision of loans, low interest rates, and support for the “cooperative savings movement for building and homes.”
2. Tax reforms containing population policy aims. Among other things, they include increases in the tax rates for unmarried people and an amendment of the inheritance tax.
3. The introduction of employment agencies for the unemployed, unemployment insurance, welfare for the unemployed, and aid measures for large families.
4. The civil status of civil servants was taken into account in determining their pay.

Payment of a family supplement and child allowance were introduced (Archiv, 1933, pp. 41–44).

With these social policy changes in mind, Harmsen propagated, on behalf of the Central Committee, the “Three Children Minimum System” proposed by his teacher Alfred Grotjahn. This included:

1. Every set of parents has the duty of bringing up a minimum of three children over the age of five.
2. Parents whose inherited characteristics predict a insignificant inferiority in progeny have this duty, too, but in these cases the minimum number of children not be exceeded.
3. Every healthy couple, or those distinguished by valuable inherited characteristics, have the right to exceed the minimum number and to receive material payment, which should be contributed to by unmarried people, the childless, and those married couples who have not achieved the minimum number of children. (Harmsen, 1931a, p. 32).

According to the maxim “not the mass, but qualified achievement is decisive,” Harmsen considered birth control relevant “in addition to the purely quantitative point [it] takes into account the decisive significance of the qualitative point of view where eugenic and racial hygiene “is concerned (ADW, CA/G 1700/1). The intention of his programme was to bring about “the probability of the birth of the highly gifted” with a “growing number of children of genetically healthy and compatible parents” (Harmsen, 1931a, p. 31).

For Harmsen, in addition to the losses due to war, which had resulted in a clear surplus of women in the structure of the German population, the role of women in the Weimar Republic was the cause of the decrease in births. On the basis of improved socioeconomic conditions, and not least because of their own efforts in the war

industry, women had acquired an altered self-confidence that threatened the traditional ideals of motherhood and marriage (Harmsen, 1930, p. 9). While Harmsen conceived the activity of women in “the higher professions” as a “preparation for marriage,” he suspected the loss of the “family ideal” in women whom he ranked in the “medium professions”:

In a large number of professionally active women there is a pronounced disinclination to exchange professional and economic independence for an economically less favourable marriage, as frequently the feeling for the value of married and family life has been lost. (Harmsen, 1930, p. 10).

The effects of having a job he considered particularly dangerous on women from the “lower classes”: “a not inconsiderable increase in claims to civilization can be ascertained.” The result is that the “double burden of factory, home and bringing up children” leads to an “early physical and mental slackness” (Harmsen, 1930, p. 10).

Harmsen consistently rejected every legislative initiative which would legalize an “illegitimate child” because:

Already today unmarried motherhood often enjoys much better welfare protection than married motherhood. Giving them equal legal status would almost mean the surrender of the privileges of marriage and an obfuscation of its meaning. But all efforts aiming at a loosening or dissolution of the family, must be combated in the interests of the child (Harmsen, 1931a, p. 30).

The association founded by Harmsen, Maternal Aid, Inc., consisting of a home and an advisory and welfare centre in Berlin, rejected abortion. The home, “deliberately based on a Protestant outlook,” concentrated on women from “the higher professional

groups,” who were “mature women” and from whom one could expect “responsible and genetically valuable motherhood” (Harmsen, 1932b, p. 114).

Initiatives to liberalize Paragraph 218 (regulating abortion) were rejected by Harmsen as “not objective, but party-political demagogic viewpoints”:

The tragedy of our time is that our present age is using energies which would be better employed on truly constructive legislative work with regard to homes and social reforms demanding the removal of a criminal provision [Paragraph 218, S.S.]. We should put all our energies into giving the coming generation the chance of experiencing motherhood at all and founding a family. (Harmsen, 1931b, pp. 10, 12).

The Central Committee and Harmsen did not stop at the programming of demands. The housing shortage, the supposed background for the formation of a genetically healthy family, was to be combated through the foundation of the Devaheim building society, which grouped together four different, in part denominationally linked institutions. But in spite of interventions, this building society had to file for bankruptcy in 1931 (Harmsen, 1931c: pp. 301–313).

THE POLICY OF BIOLOGICALLY DETERMINED DIFFERENTIATION OF A POPULATION

In order to successfully put into action a plan for the promotion of the “genetically valuable” family, the Central Committee had to economize at another level. In its considerations, quality was as important as quantity. Economies were to be made in that section of the population which promised little usefulness to the national economy. The brunt of this plan was borne by the people

housed in the institutions of the Internal Mission. They were to be put in asylums and excluded from procreation: the cheap solution.

In his essay “A new population-political orientation of our welfare work,” Harmsen maintained that “free love” would have to take a different course. The radical alteration in welfare should take into account the “new orientation in the world-view which consciously affirms the natural inequality of mankind” (Harmsen, 1931d, p. 4). The prolific procreative nature of so-called “drunkards, psychopaths, those lacking self-control and anti-social elements” was also responsible for the “economic and social problems of the German nation” (Harmsen, 1931e, pp. 127–131). Referring to genetic research, Harmsen concluded:

The fateful significance of genetic traits occurs again and again in the history of mankind . . . The qualitative differences in the blood are a clear contradiction of the theory of the equality of all mankind, but they also show that the old concepts of nation and race must be redefined. If it is recognized that a nation must develop further, in order to survive, then the question cannot be avoided of what is to be done with valueless and sick lives which hinder development. (Harmsen, 1931e, p. 130).

In 1928, Harmsen had already demanded better scientific and statistical registration of the so-called inferior, which was to supply the foundation for population policy programmes. To obtain this he worked with the human geneticist Otmar v. Verschuer of the Kaiser Wilhelm Institute for Anthropology, Human Heredity, and Eugenics on the genetic registration of people and their families committed to institutions. Also in 1928, Harmsen wrote in the journal *Die Innere Mission*:

The improved registration of the physically and mentally feeble, the numerous army of the mentally ill, cripples, the deaf, the blind and congenital criminals, who are fed and cared for at great expense in asylums, madhouses and prisons, prompted the desire to rid the totality of the nation from these harmful gene pools. (Harmsen, 1928, p. 249)

He further suggested that the institutes should be turned into “Centres of Biological Redevelopment” (ADW, CA/G 1800/2, p. 41). The population policy programme, which Harmsen publicly supported as representative of the Internal Mission, was called “Differentiated Welfare”:

In place of welfare work which has until now developed haphazardly, often indiscriminately, in its individual sectors, a differentiated welfare system must emerge in which the special needs of the individual welfare groups are harmonized with the possibilities generally available and the question must also be taken into account of whether, in the expenditure of public welfare, the restoration of social and economic efficiency can be expected. (Harmsen, 1933, p. 5)

In accordance with this differentiation, savings were to be achieved in the care of “the abnormal, the sick, the incurable and the old” by increasing the numbers of institutions, and by recruiting the relatives of the chronically ill as assistants. Following the same line, the disabled and the so-called semi-useful (Halbwertige) were to be reincorporated into society. The programme also included “voluntary” eugenic sterilization.

On 31 January 1931, the organization of the Special Conference on Eugenics was initiated by the Central Committee for the Internal Mission. The intent was to discuss and adopt the execution of a population policy

programme, that had already been formulated in 1930 in Uppsala. In addition to directors of institutions, theologians, physicians, and resident physicians, Harmsen also invited human geneticists (ADW, CA/G 1800/1, p. 108).

At the conference now “Staendiger Ausschuss fur eugenietische Fragen,” which took place on 24 November 1932 (Harmsen, 1933, p. 2), the draft of a Law on Sterilization of the Public Health Council of 2 July 1932 — result of meetings in which Harmsen had also taken part (ADW, CA/G 1801/1, pp. 27,28) — as welcomed by the participants. Although Harmsen had himself asserted in 1931 that he did not “believe that total genetic purification is possible,” he emphasized the necessity for eugenic sterilization with regard to the nation as a whole (ADW, CA/G 1800/1, pp. 72–74; Harmsen, 1931e, pp. 130–131).

The draft law specified that sterilization must be preceded by an explanation of the consequences of the operation. Applications were to be made by the persons to be sterilized, or in the case of the inmates of institutions, by the doctors or heads of the institutions. In essential points, however, the conference proposed an extension of the law:

1. In addition to sterilization, radium sterilization and x-ray castration should also be used.
2. An extension of the targeted population to include so-called antisocial elements and “those with dissolute tendencies.”
3. The coupling of the sterilization law with a “legal creation of an increased possibility of protection” (Harmsen, 1933, p. 6; 1935, p. 13).

Although in the official explanation the voluntary nature of the decision was emphasized, the person to be sterilized was to be indirectly coerced by being reminded of her/his obligations towards the nation to undergo this eugenic measure. What exactly Harmsen understood to be voluntarily, he

formulated in 1931 at the Special Conference on Eugenics as follows:

I think that within the framework of our work we do not want to resort to force at all. The question of whether or not to enforce sterilization was a theoretical question. In daily practice it would be impossible for us to want to demand the sterilization of certain groups by coercive measures. But I would be of the opinion that in such cases the head of the institution and the doctor should be psychologically capable to obtain the willingness and consent of the parents and patients. . . . Should this not be possible then [it might be achieved] perhaps through serious argumentation, e.g., by refusing to grant home leave. . . . If this proposal were accepted, then the setting of limits ought to be discussed amongst the physicians, as in the case of abortion. (ADW, CA/G 1800/1, pp. 79,80).

Harmsen also emphasized, that “the main thing” involved in the sterilization law was the protection of the doctor, as sterilization had until then been punishable as bodily injury.

The law was only put into effect on the January 1, 1934 as the Law on the Prevention of Hereditarily-Ill Progeny (Sterilization Law). The law, which paved the way for compulsory sterilization, found great approval in the Central Committee. In 1933 after the incorporation of the Internal Mission into the German Protestant Church, Harmsen was one of the few to continue in office (Gerhardt, 1948, p. 353). He organized the implementation of the law in the institutions, building on the Special Conference on Eugenics, now renamed Information Centre of the Central Committee for the Internal Mission regarding the Law on the Prevention of Hereditary-Ill Progeny. Looking back in 1936, he explained:

Running the Information Centre, which works closely with the competent experts in the Reich Ministry of the Interior was largely responsible for the implementation of the law in the protestant institutions without difficulty. (Harmsen, 1936, p. 78)

When problems arose in the application and the course of the procedure, Harmsen submitted amendment proposals to the Reich Ministry of the Interior, which resulted in memos sent to the institutions. Care was taken by Harmsen, however, not to be linked up with coercive measures in the public mind as a loss of trust of the inmates of institutions, their relatives, and the public at large was feared.

In March 1934 the Law was sharpened by the Decision of the Hamburg Eugenics Court (Erbgesundheitsgericht): sterilization together with a termination of pregnancy was declared lawful. In other words, eugenic abortion was introduced (ADW, CA/G 1801/1, pp. 5a–16). This encountered criticism in the Central Committee, which in 1931 had voted against abortion on eugenic grounds (ADW, CA/G 1801/1, p. 42). Also, sterilization as an individually decided contraceptive measure was totally rejected (ADW, CA/G 1800/1, p. 80).

Harmsen, after having contributed to the draft of the sterilization law in 1932 and having laid the foundations for its smooth implementation in the period of 1933 through 1937, in 1959 remarked on the basis of statistical reevaluations by new hearings of the judgements made by the Eugenics Court, that:

. . . the experience with the German Law on the Prevention of Hereditary-Ill Progeny from 1933 and progress in human genetics had shown that (with regard to) our nation and our families an over-estimation of hereditary taint had existed (Bornikoel & Harmsen, 1959, p. 20).

Although in “legal re-examination procedures . . . two thirds of all cases were

dropped,” Harmsen stressed that the implementation of the procedure “under National Socialism, in general, was conducted conscientiously.” And so the draft of the sterilization law of 1932 still seemed to him in 1959 to be a “useful basis for voluntary sterilization” (Bornikoel & Harmsen, 1959, p. 20).

Hans Harmsen did not distance himself from the “enforced sterilization” introduced in 1934, but he stated in 1959:

. . . enforced sterilization, which as precondition has a lawful procedure based on the Law on the Prevention of Hereditary-Ill Progency, no longer . . . is applicable, as there are no more Genetic Health Courts anywhere that could implement a lawful procedure. (Bornikoel & Harmsen, 1959, p. 22)

In a statement, *Pro Familia*, which at its foundation had set itself the goal of the “promotion of planned parenthood for a healthy family structure based on the responsible wish for children” (Thoss, 1979, p. 23), in 1964 considered voluntary sterilization justified “not only from medical-therapeutic and medical-prophylactic viewpoints,” but also on “eugenic grounds” (Estate O.v. Verschuer No. 15¹; no pages).

In this statement the “voluntariness” of the decision by the party concerned was at the forefront of the argument. A state-controlled family and population policy was rejected by the members of *Pro Familia*. But how a voluntary decision comes about and who ultimately decides, had been made clear by Harmsen in 1931 as shown above. His proposal for the implementation of an “ordered procedure,” which he submitted in 1965 to the Federal Ministry for Justice, should be understood against this background:

The decision on sterilization, which is undertaken with the consent of the party

concerned, should be left to the individual doctor. The existence of legally valid consent must, however, be ensured by a consultative body, which confirms the validity of the consent after relevant explanation. The consultative body must examine whether the party concerned possesses the required maturity of comprehension to recognize and weigh up the consequences of sterilization, whether the party concerned has been fully informed of the consequences of sterilization and whether in affirming the requisite maturity of understanding and full understanding of the knowledge of the effects of sterilization, has given his [sic] consent to the operation. After examining these preconditions, the consultative body will provide written confirmation that a legally valid consent exists. On the basis of this consent the individual doctor, according to the decision of his [sic] conscience, can then perform the operation. (Estate v. Verschuer, No 15, no pages)²

In an analogy to his work in the Weimar Republic, Harmsen’s later activities did not stop at the demand for “positive eugenics.” As he put it:

With regard to the possibilities of practical eugenics, the positive demands of health education should be more important than the negative measures of sterilization and committal to an asylum. These should be carried out before marriage through compulsory marriage counselling, also taking into account genetic considerations. Above all, the obligation of the state should be stressed to promote the development and preservation of health of natural families by family-oriented state housing and equalization of family burdens to all income levels. (Bornikoel & Harmsen, 1959, p. 24).

At that time Harmsen's population policy concept was no longer restricted to the so-called German nation, but was applied on a world scale. Now the "efficient First World" and the "Third World" stood in opposition to one another. Whereas in Europe, through "the individual decision about family planning" and through the "socio-economic order and measures of the equalization of family burdens" decisions were made, he regarded "in certain developing countries" "state coercive measures" as a necessity for "restricting fertility" (Harmsen, 1968, p. 49).

CONCLUSION

Hans Harmsen began his career as a demographer and an advocate for population policy measures in the Weimar Republic. He was able to expand his work in National Socialist Germany and continue it in the Federal Republic of Germany after World War II. The issues he campaigned for throughout these three historical periods were: control of birth and reproduction, positive and negative; programs to strengthen and support the family; and social welfare policies.

Harmsen's concept centered around "incentives," on the one hand, and "savings," on the other. Based on the criterion of efficiency, selected groups of people received differential treatment. Incentives were only to be directed towards the fit and healthy, which, for him, meant "eugenically valuable." Such people, he believed, were to be found in middle-class families. The aim of furthering the "healthy family" wherever possible corresponded implicitly with the attempt to achieve savings by curtailing the proliferation of "unhealthy families"; that is to reduce the unfit by selectively preventing them from procreating.

In order to put his eugenic theories into action, Hans Harmsen suggested a number of "social-surgery" instruments. Since he did not want to leave the conception of a healthy and

wanted child to chance, the pregnant woman and future mother assumed a key role: it was she who had to guarantee the bearing and rearing of healthy children. The basis for this concept was knowledge about procreation and contraception. Consequently, the establishment of centres for maternal and sexual, as well as genetic counselling was the first prerequisite in interfering with and regulating the desire to procreate. Ironically, Harmsen's concept for planned parenthood — which he had formulated during the Weimar Republic — is still unquestionably propagated today by parts of the women's movement. The slogan "women who don't want children should not have to have children" combines women's demand for self-determination as well as Harmsen's demand for population policy measures. This connection should be further discussed.

A second instrument used to implement his theories consisted in offering direct and indirect financial incentives, such as tax concessions, saving agreements for building purposes, and child money. While the latter was available to all families with children, the former were of use only to well-to-do people with a substantive income. This led to indirect discrimination based on social class and economic power, even more so because neither tax incentives nor child money by and of themselves were enough to guarantee the up-ringing and education of a child.

Third, Harmsen continued to recommend sterilization. And even under the conditions of the Federal Republic of Germany he did not think the decision should be left to the individuals concerned although he had given up his earlier stance advocating compulsory sterilization. The latter discussion was, however, revived only in the context of the so-called Third World rebelling against western dominance which according to Harmsen and other population policy controllers had become the "poorhouse of the world": the decision of who was "fit" or "unfit" to

procreate had taken on an international dimension.

The central focus of Harmsen's works was a biologicistic argument based on Social Darwinism which was given particular weight by scientific research. His desire for statistical recording and assessment entailed the division of society according to criteria of efficiency and fitness. The demand for the abolition of "disability" became the basis of population policy measures. These measures were determined by reductionist natural science thought which did not consider the individuality of women and men with their needs and interests, but focused squarely on the needs of an economically oriented society.

ENDNOTES

1. Demand formulated by *Pro Familia* with regard to the criminal law reform and the planned Sterilization Law at their national meeting November 6–8, 1964, Frankfurt.

2. Response of *Pro Familia* to the minister of Justice (31.12.1965) with regard to the inquiry by the Ministry of Justice concerning the content of a "regulation by law of voluntary sterilization."

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- CA/G 93, p. 1–3. [CA/G = Zentralausschuss/Gesundheitsfürsorge]
- CA/G 1700/1, p. 26ff.
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