To the Editor:

Dr. Mark Rosen has elucidated the deliberations of the American College of Chest Physicians (ACCP) in reviewing its decision in 1989 to bestow an award on Dr. Friedrich Wegener.1 The 1989 decision took place without the ACCP having the benefit of Dr. Wegener’s complete curriculum vitae. We applaud the frankness and good will of the ACCP in engaging in this discussion. While we understand the dangers of the “retrospectoscope,” we believe that the ACCP, in spite of its carefully considered judgment, should move to correct a misjudgment of the past and retract the award to Dr. Wegener. What has changed is not the biographical facts are evident today that if known in 1989 would have disqualified Dr. Wegener as an ACCP awardee then, as they do now.

This discussion has been brought about by biographical information concerning Dr. Wegener’s professional life brought to light by one the authors2 and conveyed to the ACCP by the other author. Dr. Rosen’s column details Dr. Wegener’s National Socialist Party (Nazi) membership, his ascension to rank of “physician Lt Colonel” in the storm troopers, and his professional services in Lodz, Poland. It is true that there is no currently available evidence of Dr. Wegener as a direct perpetrator in the heinous crimes of the National Socialist regime in the Warthegau or elsewhere in Nazi occupied Europe. Nevertheless we believe Dr. Wegener is morally accountable for choosing to join the Nazi organizations liable for expounding a philosophy of violence inevitably producing mass murder; and for remaining publicly silent about events until his death in 1990. By such silence, he chose to remain a bystander rather than bear witness to the genocidal crimes he observed in the Lodz ghetto. Bearing witness may have been all the Jewish and Romany people, incarcerated, brutally mistreated in the ghetto, and inexorably annihilated, could have hoped for.

Regardless of motive, Dr. Wegener chose to join organizations dedicated to the racial agenda that led to the industrialized genocide carried out by the Third Reich. He then chose silence.

Dr. Wegener’s Nazi party membership and storm trooper rank distinguishes him from drafted German citizens serving in the armed forces during World War II. During his 6-year tenure in Poland as an army and health office pathologist, Dr. Wegener’s office was three blocks from the Lodz ghetto. The ghetto included Jews from Lodz as well as Jews and Romany deported from the Reich. They were incarcerated, starved, and utilized as slave labor before their deportation to the Chełmno death camp. There they died in mobile gas vans, and their ashes were scattered in the woods. It is inconceivable that Dr. Wegener did not see nor know what awaited those human queues in Lodz, boarding the open trains to take them on their last journey.

After 1945, Dr. Wegener resumed his career at the first opportunity, continued his work, and avoided ever publicly commenting on what he had surely seen and knew of. We comprehend silence during the Nazi regime as there is no moral requirement for heroism. However, it would have been far less courageous and even morally required to speak out at some time and place after the war. There was still risk, however. The German medical establishment even to this day favors silence, encouraging “not seeing one’s own nest” (nichtssehenhalten). Some in the medical community who spoke out were in various ways ostracized, punished, or driven from their chosen professional paths and not only in Germany.5 As Dr. Wegener attained international acclaim, his testimony may have helped the German medical establishment finally free itself of its shameful past of the National Socialist era. In addition, he could have provided additional eyewitness evidence to further refute the revisionists and Holocaust deniers. But Dr. Wegener chose silence.

For this, he must be held morally responsible and thus ineligible for honors from the ACCP or other organizations expressing humanitarian ideals. We urge the ACCP to retract the Master Clinician Award from Friedrich Wegener. We also encourage the replacement of the disease eponym Wegener syndrome with that of ANCA-positive vasculitis in all publications of the ACCP. Not only do Dr. Wegener’s life choices more than justify this, but like so many eponyms it is either an inaccurate reflection of the contribution of the eponyme or an inapt expedient.6

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