

“The (final) solution of the Gypsy-question:” continuities in discourses about Roma in Hungary, 1940s–1950s

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Although the repression and elimination of Roma from Hungarian society in the 1940s did not reach the same extent as in the German and Austrian part of the Third Reich, their characterization as lazy and work-shy, used to justify their persecution, was similar. This paper establishes the presence of racial hygienic discourse related to Roma during the late 1930s and the first half of the 1940s in Hungary, and traces its survival and influence on regional policy-making in the postwar period. It furthermore explores the transformation and adaptation of racism and eugenics to the socialist ideology of equality based on citizens' participation in productive work in the early state socialist period, including the first Party declaration on the situation of Roma in Hungary in 1961. Specific attention is paid to the role of medical experts who discussed the “radical solution of the Gypsy-question” in the early 1940s and the immediate years following World War II. Reflecting on wider transformations of racism in the postcolonial and post-World War II period in Europe and North America, the paper contributes to scholarship that complicates the evaluation of the state socialist past, including the connection between medicine and politics in Cold War Europe.

Keywords: racial hygiene; Roma; (post-)World War II; state socialism; Hungary

Introduction

While there is a broad acceptance about the improvement of the economic and social conditions of Roma in Eastern and Southeastern Europe during the decades of state socialism, the majority of research points to the faults of policies and practices in the People's Democracies of the region and their direct relevance in Roma becoming the “losers” of the post-Communist transformations. Much less attention is paid in the region to the continuities between approaches to Roma before and after World War II. Due to totalitarianist discourses occupied with the mistakes of the state socialist past and the fact that state socialist regimes introduced an equalizing discourse that extended to Roma, continuities in approaches to the “solution of the Gypsy-question” across the systemic divide between the early and late 1940s and the first decades of the Cold War are less explored as in the cases of Germany or Austria.

Although the repression and elimination of Roma from Hungarian society in the 1940s did not reach the same extent as in the German and Austrian part of the Third Reich, their characterization as lazy and work-shy, used to justify their persecution, was similar. Based on an analysis of discourses on Roma in *Public Health* (Népegészségügy), the official

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publication of the Hungarian Ministry of Health, and local-level public health sources from the Hungarian municipalities of Szatmár-Bereg and Szabolcs (later the local council of Szabolcs-Szatmár) in northeastern Hungary, this paper establishes the presence of racial hygienic discourse related to Roma during the late 1930s and the first half of the 1940s in Hungary, and traces its survival and influence on regional policy-making into the postwar period.¹ It furthermore explores the transformation and adaptation of racism and eugenics to the socialist ideology of equality based on citizens' participation in productive work in the early state socialist period, including the first Party declaration on the situation of Roma in Hungary in 1961. Specific attention is paid to the role of medical experts who discussed the "radical solution of the Gypsy-question" in the early 1940s and the immediate years following World War II. Reflecting on wider transformations of racism in the post-colonial and post-World War II period in Europe and North America, the paper contributes to scholarship that complicates the evaluation of the state socialist past, including the connection between medicine and politics in Cold War Europe.

Historical background: the "Gypsy-question" in Hungary, 1918–1989

In industrializing western and central Europe of the nineteenth and early twentieth centuries, including the territory of the Habsburg Monarchy and Hungary, the general policy approach to the "solution of the Gypsy-question" aimed at assimilation. There was an effort to settle and educate those itinerant populations authorities identified as "wandering" or "partially settled Gypsies" (Crowe 1994). The onset of industrialization and the establishment of civil administration required settled populations as a basis for the government of civil life. Mobility was increasingly marginalized, since the civil obligations of populations without a fixed place of abode, such as tax payment or military service, could not be enforced (Pomogyi 1995). Due to the fact, however, that municipalities had to contribute to the costs of care for the poor in their administrative district, localities were not eager to settle "wandering Gypsies." As a result, contrary to policy declarations to settle itinerant populations, local practice contributed to the maintenance of an itinerant lifestyle (Zimmermann 2007). Besides settlement, proposals to "solve the Gypsy-question" also had a declared educative goal in this period. There was a belief in the possibility of changing "the character of Gypsies," who were perceived to be lazy and work-shy, into productive citizens by their involvement in agricultural and industry. Forced assimilation and education was the declared goal of proposals concerning the "solution of the Gypsy-question," despite prejudice toward itinerant populations labeled as Gypsies.² Origin and race at this time were thus neither seen as organic substances engraved on people's outer appearance and in their minds and souls nor as entities based on inherited factors (Zimmermann 2007, 34).

Following the establishment of nation-states in central Europe after the breakup of the Habsburg Monarchy, there was an important shift in authorities' approach to the Gypsy-question in Hungary, including the definition of the category of Gypsy. While formerly wandering populations counted among the "problem groups," as a result of more widespread poverty following the end of the monarchy, authorities' focus fell on "deviancy," in which all those in a marginal social position were included. This resulted in the collapse of the former categories of "wandering" and "settled Gypsies" into a single problem group of the "socially deviant," and the terms "wandering" and "partially settled" were used to refer to all Gypsies (Pomogyi 1995).

The most drastic change in discourse concerning Roma took place with the rise of racial hygiene theories in the 1920s that turned into practices of negative eugenics in the territories

of the Third Reich during World War II. With racial hygiene becoming state policy in Germany during the second half of the 1930s, there was a change from a social to a racial understanding of the Gypsy-question. National Socialist race discourse and consequent practices aimed to separate a so-called racially “pure” group of Roma of Aryan origin from others considered to be “mixed blooded.” The “mixed blooded,” among whom leading racial hygienists of the time, like Robert Ritter, counted 90% of the Romani populations living in Germany, were to be exterminated due to the “racial hygienic danger” they posed to the rest of society.³ Ritter also declared the “approximately 8,500 sedentary Gypsies” in the Austrian Burgenland as “mixed blooded” resulting from “a relationship of Gypsies with the lowest elements of the most diverse peoples and races of south-western Asia and southeastern Europe” (Thurner 1998, 12). In his 1938 decree concerning the “fight against the Gypsy plague” Heinrich Himmler ordered the “constant surveillance of all sedentary and non-sedentary Gypsies” (Fings, Heuss, and Sparing 1997). In consequence, Roma, including those long assimilated into German and Austrian society, were criminalized, deported, and executed.

In Hungary during World War II the definition Gypsy also changed from a social to a racial category, whereby the perceived deviancy of population groups identified as Gypsies gained a racial character. The view of idleness, laziness, and criminal behavior as racial and thus unchangeable, inherited characteristics according to this discourse meant that the education or assimilation of Gypsies was no longer perceived as an alternative. In the 1940s, and especially following German occupation, what had been previously only fringe recommendations by private persons about the “radical solution of the Gypsy-question” gained traction (Turda 2013b, 2015). Nevertheless, the proposition to extend Act 15 of 1941, which prohibited marriages between “Jews” and “Aryans,” to marriages between Gypsy and non-Gypsy Hungarians was rejected and ridiculed during its parliamentary debate in 1942 (Purcsi 2004). While the preparation and execution of the extermination of Roma did not reach the same extent and was not carried out with similar thoroughness as in the German and Austrian territories of the Third Reich, following the rise to power of the Nazi Arrow Cross Party in Hungary in 1944, about 5000 Roma from Hungary were deported and executed in concentration camps (Karsai 1992).⁴

Medical professionals, as the activities of Robert Ritter at the Race Hygiene Research Center also demonstrate, had a leading role in placing the persecution and destruction of social and ethnic groups such as the “Jews” and “Gypsies” on “scientific grounds” between the late 1930s and the end of World War II in the territories of the Third Reich. Racial hygiene, however, was not established as a field of medical research during World War II. As a branch of eugenics it had a long history in the German-speaking countries in the twentieth century. Eugenic science that gained popularity in Europe and across the Atlantic in the early twentieth century, aimed to mobilize scientific knowledge to improve human genetic stock. Numerous medical professionals across Europe heralded eugenics as a means of applying scientific methods not only in improving individual health but also the health of the nation. While eugenics was not racist, it was vulnerable to racist usage. Coupled with racial theories, racial hygiene aimed to conserve the highest qualities of a race. Political conditions in Central and Southeastern Europe, with the birth of nation-states following the breakup of the Habsburg Monarchy and the Ottoman Empire, gave eugenics and its nationalist application a new salience as a scientific tool of state building (Turda 2015). In the interwar period eugenics was strongly influenced by racial nationalism in the region, and eugenicists promoted ideas of “purifying the nation of any ‘unworthy’ and ‘dangerous’ elements” based upon racial value (Turda and Weindling 2007, 13). Furthermore, with the rise of National Socialism in the late 1920s, “many supporters of

eugenics in Central and Southeastern Europe favored an orientation toward German racial hygiene” (Turda and Weindling 2007, 8). In the region it was the medical profession that contributed to the establishment of eugenics as a respected field of science (Turda and Weindling 2007). In Hungary many leading physicians had been active eugenicists since the early twentieth century, and racial hygiene also had numerous believers (Turda 2013a, 2013b, 2014, 2015). Following the Treaty of Trianon and the increasing anti-Semitism and nationalism of the interwar period, eugenics and its racial hygienic variant grew to become a central element of national policy-making. During the first half of the 1940s and especially once Hungary regained some of the territories it had lost after World War I, the racial ideology of the eugenic regeneration and the racial survival of the Hungarian nation were used against the Jewish and Romani populations (Turda 2013b, 2015).

As early as the 1930s, into World War II and especially following the war there was a strong movement among European and North American social scientists, including some geneticists, against hereditarianism and racist eugenics (Jackson and Weidman 2004). Anthropologists in particular took an environmentalist direction in explaining differences among people. This shift in scientific thinking was also influenced by socialist thought strengthened by the establishment of the Soviet Union in the 1920s. The revelation of the consequences of National Socialism and the end of British and French colonial rule in the 1950s and 1960s strongly contributed to the popularization of this social approach. In the United States, for example, these changes coupled with the rise of the civil rights movement in the 1960s led to a shift toward emphasizing social and environmental factors as opposed to racial and biological differences in explaining the exclusion and marginalization of the African American population. In the state socialist countries of Eastern and Southeastern Europe it was socialist ideology, in many cases backed up by Soviet scientific exchange, and the onset of the new political regimes that brought about a strong distancing from the previous political system, including racism. In Hungary, this was clearly reflected in the official approach to the Gypsy population, which remained the largest ethnic minority group in the country following the Holocaust and the expulsion of Germans and other minority groups in the late 1940s. The first Party declaration on “the improvement of the situation of the Gypsy population” in 1961 defined Roma as a social layer to be assimilated into working-class Hungarian society (Decree 1961). In consequence, special measures in the field of housing, education, and especially employment were introduced in order to achieve this goal.

In the following, I show that physicians in Szatmár-Bereg and Szabolcs-Szatmár county had a central role in shaping local and national discourses concerning Roma between the 1930s and the 1950s. Taking active part in discussion about the “solution of the Gypsy-question” during and after World War II, they contributed to a racist anti-Gypsy ideology of “the Gypsy population” as inherently work-shy. First, I outline how physicians used the National Socialist version of racial hygiene and racial nationalism to advocate the “purifying” and “saving” of the Hungarian nation from the “unworthy” and “dangerous” Gypsy population. Next, I show that in the immediate postwar years, there were still numerous proponents of the “radical solution of the Gypsy-question” among local doctors. Still, the most widely discussed policy proposal advanced a “biological solution” through “the biological assimilation” of Gypsies into majority society as a result of “regular work.” Finally, the onset of state socialism brought with it a turn toward the “social solution” of the Gypsy-question. In the first half of the 1950s, however, local physicians in practice since the early 1930s with a background in National Socialist racial hygienic discourse concerning Roma served as sources of expert knowledge for the new socialist formulations of the “solution of the Gypsy-question.” These processes assured a continuity in discourses on the “Gypsy population” across systemic divides.

The propagation of racial hygiene as a “solution of the Gypsy-question” during World War II

Medical professionals actively promoted racial hygienic views in relation to the Gypsy population during World War II in Hungary. An overview of the articles published in *Public Health*, the official journal of the Ministry of Health, between 1939 and 1945 shows that numerous physicians were deeply influenced by German racial hygiene. They used the ideas of Robert Ritter, head of the German Race Hygiene and Population Biology Research Center, in their categorization of Romani groups as well as in their proposals for the “solution of the Gypsy-question” in Hungary. These discourses counter the still widely shared position that in Central and Eastern Europe the exclusion and deportation of Roma was mainly based on the argument of their social parasitism and idleness, and not on theories of their lower racial value (Apor 2009). Several physicians feared an increase in the size of the Romani population, especially those who were in touch with the non-Romani Hungarian population, exactly because they believed such a mixing was dangerous due to the “lower racial value” of Gypsies. Furthermore, as Sevasti Trubeta (2003) demonstrated, the association of Roma with asocial behavior was a form of racial discourse itself.

Physicians and other public health representatives, who were in active daily contact with the Romani population in their medical district, made recommendations about the “solution of the Gypsy-question” on the basis of the perceived threat Gypsies, and especially the mixing of Gypsy and non-Gypsy population groups, posed to the “health” of the Hungarian nation. The majority of contributors to the discussion of the Gypsy-question in *Public Health* between 1939 and 1945 built on the differentiation between “pure” and “mixed-blooded Gypsies” Ritter had established in the mid-1930s and pointed to the danger that the latter group represented for Hungarian society. Adapting Ritter’s theory to the nationalist idea of race protection in the Hungarian context, doctors warned against “racial degeneration” resulting from the rapidly increasing number of Roma in their localities, who “unnoticeably” overtook parts of or even entire villages. Due to the “rapid increase” in the size of Gypsy settlements, their “surplus members” were “pushed to migrate” farther, to so far “untouched” villages, explained a health officer in 1939 (Olay 1939, 338). The migration of “this Gypsy surplus” constantly created new settlements, turning the “until then local Gypsy-problem to a general problem” (338). Such a “territorial expansion of the Gypsies” alarmed physicians convinced of the ensuing harm done to the quality of the Hungarian population.

Health officers provided detailed figures about the higher fertility rate among Gypsies than non-Gypsy Hungarians, which ensured an increasing proportion of Roma living next to or worse, among, non-Roma, posing thereby the danger of Hungarians and the Hungarian nation “turning into Gypsies” (elcigányosodás). Despite the shorter life expectancy, higher death rate, and higher infant mortality rates they observed among Roma, doctors were concerned that the “biological productivity” of Gypsies threatened the health of the national body.⁵ They warned that the rise in non-Gypsy Hungarians living alongside Gypsies, or the increasing poverty of Hungarians, would result in these Hungarians turning into Gypsies rather than the other way around. Doctors brought examples from their own practice to demonstrate how “it was always the more civilized who assimilated into the less civilized races” (Farkas 1942, 539). Physicians adopted a theory of the hierarchy of races mixed with eugenics furthermore to claim that the increasing size of the Gypsy population threatened “heredodegeneration.”⁶ They applied Ritter’s condemnation of the “mixed-blooded Gypsies,” whose “hereditary work-shyness” made them beyond the reach of educative correction, when they claimed that the mixing of Gypsy and non-

Gypsy groups resulted in “lesser quality, degenerate births.” The children of such parents were deceiving, according to some physicians, because they looked like non-Gypsies, with white skin and blond or ginger-color hair, but “their character was that of the Gypsies” (Borsy 1942, 1154; Farkas 1942, 539). Others claimed they inherited the negative characteristics of both Gypsies and non-Gypsy Hungarians (Borsy 1942, 1154; Mészáros 1942, 1211). Writing in 1942 about the result of mixed relationships, Dr. László Farkas, health officer in northern Hungary, noted that it was “greatly distressing how quickly the Hungarians (a magyarság) got absorbed [into the Gypsies]” (538–539). He referred to an earlier publication in *Public Health* on heredodegeneration and the creation of “undesired bastards” resulting from “the mixing of Gypsy and other European races” that was “a worldwide known fact” and in which cases “the Mendelian principle of inheritance was applicable” (539).⁷ Acknowledging Ritter’s position on the “inability of the Gypsy psyche to develop,” Farkas advocated as the nation’s most important task the “saving of Hungarian families exposed to turning into Gypsies” and especially those who were living in Gypsy settlements (541).

A significant further threat physicians found in the mixing of Gypsies and non-Gypsies was the spread of diseases. Blaming Gypsies for the spread of infectious diseases was an old theme in the history of the Gypsy-question in Eastern and Southern Europe, including Hungary. Authorities usually accused “wandering Gypsies” of spreading fatal diseases such as typhus and smallpox across regions and national borders, and the first to be put under quarantine following the outbreak of an epidemic was the local Romani settlement (Fuchs 2011; Promitzer 2011). In the racial hygienic interpretation of this theme, however, all Gypsies turned into a potential threat. Doctors in general discussed the high rate of syphilis and other venereal diseases (VD) among Gypsies and called for a thorough and regular medical check of the rural Gypsy populations. The struggle against VD was among the grounds for the introduction of voluntary marriage counseling in Hungary in the 1920s and was integral to the promotion of racial hygiene for Hungarian eugenicists (Szegedi 2012; Turda 2014).⁸ When in 1944, Jenő Szép, a district physician in Szabolcs county, argued in *Public Health* for the extension of anti-VD medical care to the city population with special attention to “musician Gypsies,” he did that on grounds of a biological racist argument. Acknowledging that the “Gypsy-question” was not only a public health, but also a racial hygienic question his article aimed to establish to “what extent musician Gypsies, who were the elite layer of the Gypsy population, were different from the perspective of venereal infection from the rural Gypsy population, who unquestionably needed strict policing” (Szép 1944, 142). He used anti-venereal health prevention to make an argument about the “danger that the mixing of Gypsy and non-Gypsy populations” posed. Musicians were a group of Roma who were acknowledged for the highest degree of assimilation into Hungarian society. According to Szép, the “musician Gypsies” of the Hungarian capital, due to their less separated living quarters from the rest of the population, represented a significant “venereal disease center” (nemibetegzőc) that endangered both the non-Gypsy population living alongside them as well as the Gypsies themselves (146). This position reflected a shift in the discussion of the Gypsy-question induced by racial hygiene according to which all Gypsies represented a threat to the health of the Hungarian population.

As a solution, doctors advocated different means for the separation of the Gypsy “type” (fajta) from non-Gypsies. A widespread urgent recommendation was the “rescue” of the non-Gypsy Hungarians living near or in Gypsy settlements by moving them to a better housing district away from the “negative influence of Gypsies.” Farkas, who warned against the danger of Hungarians turning into Gypsies due to the close proximity of their

living, for example, urged the resettlement of families in Gypsy settlements into so-called ONCSA houses.⁹ These government-financed houses created for the agricultural poor in Hungary in the 1930s and 1940s were a central element of the “productive social policy” program of the Hungarian state at the time that supported “Hungarian Christian” families with the explicit exclusion of those with Jewish or German origins (Szikra 2009). The idea of resettling poor non-Gypsy Hungarians living in Gypsy settlements in these houses reinforces the direct connection between productive social policy and racial hygiene in Hungary as well as the extension of racial hygienic ideas to the Gypsy population during World War II.

Other physicians argued for the establishment of separate reservations on medical grounds to ensure that Gypsies did not pass venereal infection on to non-Gypsies. Work camps or internment camps where Roma would be pressured to do physical labor under strict police control and “Gypsy asylums” for children were also widespread proposals. Furthermore, proponents of the so-called “radical” or “final solution of the Gypsy-question,” a position that numerous health officers and doctors shared in the pages of *Public Health* in the first half of the 1940s, advocated the sterilization or the complete relocation of Gypsies across the Hungarian border. The radicalization of medical discourse among health professionals by this time is best exemplified by Ákos Okályi’s article in *Public Health* from 1942. Okályi, a district physician from southern Hungary, argued for the sterilization of Gypsies as the only solution of the Gypsy-question with the following conclusion:

My uncompromising position will obviously meet with resistance. From a purely humanitarian perspective such resistance is actually understandable. At stake here, however, is a malignant tumor spreading in the body of the nation. Since with therapeutic intervention it obviously cannot be treated successfully, it needs to be removed by radical surgery. (1942, 1162)

This medicalized, radical position opposed the separation of Gypsy and non-Gypsy populations within Hungarian territory because that did not rule out the possible future mixing of these populations and the resulting “degenerate births.” This was a core argument of radical eugenicists, who feared the degeneration of the nation through intermarriage with “lower quality” populations, such as Roma. As Turda and Thorne write, in Romania some even considered Gypsies a greater danger from this perspective than “Jews,” because “racial mixing” between “Jews” and “Romanians” was rarer than between Gypsies and “Romanians” (Turda 2009, 101; Thorne 2011, 186). Making a similar point, Péter Nagy, health officer in Szatmár-Bereg county, argued in 1942, for example, that asylums for Gypsy children were a highly risky investment that paid off neither financially nor in race hygiene. The separate education of Gypsy children would in fact “encourage the blood mixing between Gypsies and Hungarians:”

When these subjects returned to society in an educated and more appealing form, it would be even more difficult to prohibit Gypsy-Hungarian marriages. Such a prohibition would only be a formality without effect, because due to their immorality they would only increase the number of out of wedlock marriages and the racially less worthy half-breeds born out of such marriages, who would inherit the immorality, work-shyness, and criminal inclination of their ancestors. (Nagy 1942, 1159)

Others, such as Elek Mészáros, a health officer in northern Hungary, advocated that the Marriage Law of 1941 prohibiting marriages between “Jews” and “non-Jews” on racial hygienic grounds should be applied in the case of Gypsies too.¹⁰ He explained the racial hygienic responsibility of medical professionals based on his own fieldwork “conducted with twenty Gypsy-Hungarian mixed families” (1942, 1211). This research “proved” according to Mészáros, “that racial mixing led to deficient germinal material and reduced-value descendants” (1211). He also demanded the introduction of the detailed

documentation of the health history of the mentally ill and criminals before permitting their marriage as well as the regulation of when such marriages should be denied and negative eugenics be applied. Mészáros' position reflected the connection between racism and eugenics that was central to the working of the Hungarian racial state in the early 1940s (Turda 2013b, 2014, 2015). It also showed that medical professionals (especially health officers) extended racial biological thinking to the discussion of the (radical/final) solution of the Gypsy-question in serving the racial hygienic interests of the Hungarian nation.

Racist discourse and “biological assimilation” in the postwar democratic period, 1945–1948

Although with much delay in comparison to the Jewish Holocaust, scholarship on the Porajmos of Roma has started to develop in Western Europe since the 1980s parallel to the appearance of Romani activism in West Germany that pushed for the state recognition and compensation of the Romani victims of World War II. Historical research on Germany and Austria among others revealed that the end of the war did not bring an end to racist discourses and anti-Gypsism (Thurner 1998; Widmann 2001; Rieger 2003; Baumgartner and Freund 2004). Doctors and medical researchers, prominent proponents of racial hygiene and negative eugenics, such as Ritter, who carried out medical experiments and collected “field data” among Roma in concentration camps, not only escaped punishment but also continued to hold professional positions after 1945 (Widmann 2001). While direct continuities in racist discourses as well as policies and practices concerning Roma between the interwar period, World War II, and the period between 1945 and the 1960s are already well established in relation to Germany, there is comparatively little research in this field on Eastern Europe.¹¹ In the Hungarian context, oral history-based recent scholarship pointed to the sporadic survival of wartime practices in the countryside during the second half of the 1940s, such as the agricultural forced labor of Roma under police supervision (Bársony 2008). While the scale of the persecution and deportation of Roma in Hungary during World War II was smaller than in other countries in Eastern and Southeastern Europe, such as Romania (Thorne 2011), Serbia (Reinhartz 2006), Croatia (Korb 2015), or Ukraine (Tyaglyy 2015), discriminatory practices nevertheless continued after the end of the war (Purcsi 2004).

Examining medical discourses in the field of health care reveals that the four years following the end of the war that are established in Hungarian historiography as the short democratic period before the onset of state socialism did not put an end to racist discourse in Hungary. There was a group of health officers and doctors who remained dedicated to finding a “solution to the Gypsy-question” and published their policy recommendations in *Public Health*. These physicians ensured the survival of some of the central elements of racial hygienic discourse popular during the war. These elements included the racialization of work-shyness, that is, the understanding that work-shyness was inherent to the nature of Gypsies and thus Gypsies posed a threat to the rest of society. In terms of the “solution of the Gypsy-question,” recommendations for the separation of the Gypsy and non-Gypsy populations and measures such as the placement of Gypsy children into asylums and adults into work camps under strict police supervision remained on the agenda of doctors and health officers. Furthermore, despite the systemic changes, some doctors still advocated the “radical solution of the Gypsy-question” and propagated biological racist views. Imre Zemplényi, a head physician from northeastern Hungary, wrote in *Public Health* in 1948 that “the Gypsy-question was as much a racial as a social question,” since there was a difference in “temperament” between “white and colored people” that manifested itself in their

different moral principles and world view (13). He proposed the removal of “social parasite” and “wandering Gypsy groups” from the country and their placement into work camps (Zemplényi 1948, 13).

The most widely discussed postwar proposal nevertheless built on another eugenic constellation of biology and culture, or in other words, nature and nurture. It advocated the “disappearance of Gypsies” through their “biological assimilation” into the “white population” as a result of the enforcement of certain cultural practices of majority society, such as “regular work.” This proposal emerged in the discussion of the “Gypsy-question” during the late 1930s already in *Public Health* as “the biological solution of the Gypsy-question.” Maintaining the inborn and inherited nature of work-shyness in Gypsies, local physician János Heiczinger advocated in 1939 that with “constant policing” it was nevertheless possible to force change (903). While racial hygienic in wishing the “disappearance of Gypsies,” in order to protect the nation, this proposal nevertheless represented a eugenic position that allowed for the influence of culture in addition to race in shaping individuals and society. The ensuing categorization of Gypsies into wandering and settled groups was based on their perceived attitude to work. Heiczinger claimed that there were “three different Gypsy groups: the settled musicians, the wandering tinkers, and the most recently settled woodworkers” (1939, 901). The second group, “who still pursued a wandering lifestyle, were the least willing to work,” while the two others were “keen on assimilating into village life” (901–902). According to his vision of biological assimilation, those who “refused to give up their work shyness” needed to be removed, separated, or most strictly regulated.

It was a health officer in Szatmár-Bereg county, József Galambos, who brought biological assimilation to the attention of medical professionals as well as local and national policy-makers in the second half of the 1940s. He published a policy proposal in *Public Health* in 1947 that was discussed and accepted as the “solution of the Gypsy-question” by the local county municipality in 1948. Although there was no time for the implementation of Galambos’ proposal due to the regime change in 1948–1949, he remained active and sought to popularize his ideas with the new socialist county authorities in the 1950s. In his 1947 “solution of the Gypsy-question” Galambos, in agreement with Heiczinger, advocated the biological assimilation of Gypsies into “the white population” through work. Critical of previous efforts that tackled problems only at the “symptomatic level” of public administration and law enforcement, he wanted a more in-depth solution that would eliminate the “real reason” of problems, namely “the uneducated, unlearned, and with human and moral deficits-burdened condition of the Gypsy-masses” (Galambos 1947, 1447).

Galambos was convinced that the key to the “solution of the Gypsy-question” was the “reeducation” of Roma “into the habit of working” by their employment as well as the parallel exercise of policing and punishment of those who refused to work. Such punishment included the placement of children in state care from families where parents were “wandering, living without work and an income, and in poverty-stricken settlements among miserable and disorderly conditions” (1447). He believed the education of these Romani children in special homes organized for their collective education would ensure that children “removed from the harmful influence of their present environment” would “learn to work and lead a humane life” (1447). Placement in state care not only served the purposes of educating a young generation of children for work but also in disciplining their parents. “The Gypsies would do anything asked of them in order to keep their children” and those “who do not wish to part with their children would be encouraged to take up a working life” while those whose children were placed in state care would “get them back once they started to lead an orderly working life” (Galambos 1947, 1448–1449).

The transformation of racist discourse from the late 1940s to the early 1950s

Numerous health officers and doctors who published on the racial hygienic “solutions of the Gypsy-question” during the 1940s remained influential in shaping discourse in the 1950s. As a result, despite the overwhelmingly social approach to the “solution of the Gypsy-question” in that decade, a variety of racist definitions of Roma rooted in the racial hygienic account of the “Gypsy problem” also found their way into reports about the “situation of the Gypsy population” produced by socialist authorities in Szabolcs-Szatmár county. The categorization of Gypsies according to their degree of assimilation into productive society, propagated by the biological assimilationist view in the second half of the 1940s, also survived. It formed the basis of local county council reports and decrees as well as the first national-level party declaration on the Gypsy-question in 1961.

The council of Szabolcs-Szatmár county put the “Gypsy-question” on its agenda as early as 1951 and produced numerous reports and decrees regarding the Gypsy population until the mid-1950s.¹² Despite the change of regime, new county authorities turned to local doctors with 20–30 years of practical experience among the local population as important sources of professional information on Roma. In her 1955 report on the “situation of the Gypsies” requested by the Ministry of Health, Ibolya Gaál mentioned the active contribution of two physicians, József Galambos and Imre Kise, whose activities I address later, to the “solution of the Gypsy-question” in the county at the time (Gaál 1955). Gaál started working in 1951 as coordinator of tasks related to the “Gypsy-question” for the Health Department of the Szabolcs-Szatmár County Council and was in touch with Galambos and a number of other physicians. The policy guidelines that Galambos worked out in 1947 and published in *Public Health* actually formed the basis of the first decree on the solution of the Gypsy-question issued by the Central Committee of Szabolcs-Szatmár County on 14 February 1951. The declared objective of the decree was the education of Gypsies to “a normal lifestyle,” their employment, and “the elimination of the public health and veterinary health danger resulting from their present lifestyle.” It also expressed hope for “the release of significant monetary funds” following the solution of the Gypsy-question in the county that could be used for the purposes of “building [socialism]” (Decree 1951).

Besides its focus on the employment opportunities the Gypsy population could be provided, the decree also contained several restrictive measures. Establishing that the “unbearable lifestyle of the Gypsy population” resulted not only from their “lack of education and ignorance” but also from the fact that “they got used to wandering, begging, and an unemployed lifestyle” policy-makers declared that those “who were able to work, but did not look for employment, or refused the employment opportunity they had been offered and had no regular source of income” were to be “disadvantaged” at the distribution of rationed food.¹³ Furthermore, the police were to be mobilized to start a procedure of “publicly dangerous work-shyness” against persons who “refused the employment opportunity they had been offered, or did not undertake work ensuring a normal living, although they were able to work” (Decree 1951). Finally, parents who refused to send their children to kindergarten and primary school were to be “sanctioned,” by the placement of their children in state care. This measure was explicitly directed against parents “who did not ensure the proper education of their children” since “normal parents” would rather comply with these rules than let their children be institutionalized (Decree 1951). These punitive measures clearly reflected the recommendations made by Galambos in 1947 and accepted as official policy in Szatmár-Bereg county in 1948 against Gypsy families, who “despite all efforts toward their support and education, continued with their work-shy lifestyle” (Decision 1948).

The influence of the racial hygienic definition of Gypsies is detectable in other documents produced by authorities in the first half of the 1950s in Szabolcs-Szatmár county. Physicians who were practicing in the 1930s and 1940s helped shape this discourse. "Contemplations about the Gypsy-question," a long report written to Ibolya Gaál in 1954 by Károly Ésik, who was a physician in the small town of Hodász and Kántorjánosi in Szabolcs-Szatmár county, is a case in point. In his report, Ésik stated that during his 26-year-long medical practice he had gotten to know two "Gypsy types:" those "using their own language" and the "mixed-blooded." Not only this terminology but the following lengthy description of these two "types" reflect the racial hygienic typology that was popular among Hungarian physicians who published in *Public Health* in the 1940s. Starting his professional career in the late 1920s, Ésik was well-schooled in the "danger Gypsies posed" to non-Gypsy society as propagated during World War II. While the "type using its own language" "retained more of its racial character," such as a dark skin and a "completely Eastern character," they were willing to do certain "light" types of jobs, Ésik (1955) claimed. The "mixed blooded," according to him, did not like to work either and "were much more aggressive." They have "slowly mixed up" and "still today continue to mix with the debauched white-skinned population." "Practice shows," wrote the physician, that "in their descendants mostly the bad dominant characteristics were united." This position was the racial hygienic position on Roma that propagated the elimination and extinction of "the mixed-blooded" in order to protect the body of the nation. While Ésik listed the "dangers" this "type" posed to "productive society" in terms of their unwillingness to work as well as public safety and health risks, the solutions he proposed were different from the racial hygienic ones popular during the war. Taking an inborn predisposition among Gypsies to certain types of traditional forms of work for granted, he advocated their employment in professions, such as brick making and weaving, as well as providing them with a small piece of land and better housing. These were the same recommendations he made in connection with Galambos' proposal in *Public Health* in 1947 but at that time he used a different tone and different arguments. In the late 1940s, he emphasized the importance of separating the Gypsy population into segregated villages where they would be "riden from their diseases, taught cleanliness, educated to take up a permanent occupation, and trained to do regular work" under constant policing:

Such villages need to be set up in proportion to the number of Gypsies and when possible, far away from each other. [Gypsies] should be prohibited from marketing. They should preferably be trained to become coppersmiths such as tinsmiths or tinkers, because that is in their blood, and when they cannot do marketing for some reason that is what they mostly end up doing even today. (1947, 1450)

In Ésik's proposal, racial hygienic views about the danger the "mixed-blooded" Gypsies posed to the health of the nation were interwoven with a belief in the possibility of reeducating Gypsies when closely supervised and policed. His racial hygienic Gypsy typology became part of the report on the "situation of the Gypsy population" prepared by Károly Moskovitz, the county's chief medical officer and head of the council's Health Department, in 1955. The Central Committee's decision, however, already ruled the racist terminology out of the text for a decree in preparation on the "improvement of the social situation, health, and culture of the Gypsy population" (Decision 1955).

Imre Kise, another district physician in Szabolcs-Szatmár county, whom the county council was in touch with in the mid-1950s, was also in practice since 1930. Like his colleague Károly Ésik, Kise was actively involved in debating the "solution of the Gypsy-question" in the late 1940s. In his commentary on Galambos' proposal in *Public Health* in 1947 he advocated a similarly constraint- and policing-oriented approach as Ésik. He

declared that by “leaving the freedom of individuals,” the “Gypsy-question” could not be solved (1947, 1450). His categorization of the “Gypsy population” was also similar to his colleague’s. During his medical practice as a health officer, Kise claimed, he had observed that “there were almost everywhere among the Gypsies numerous families who were as hard-working and living the life of clean and normal workers as poor Hungarian agricultural workers” (1450). He advised that following a “strict and rigorous selection,” these families, who constituted “approximately ten to twenty percent of the Gypsy population,” needed to be removed from “the rest of the Gypsies,” which would be easy, he said, as these families were “keen to get rid of the others” (1947, 1450). At the same time as he criticized the exclusion of most Gypsy families from the redistribution of agricultural land in 1945, he proposed that from the remaining 80% of the Gypsy population young people under 30 needed to be sent to work camps around industrial centers and children into residential homes. In these camps and institutions, Gypsies would be under strict control and thus under pressure to do work. The elder adult population deserved no attention, since they were “used to work-shyness” and trying to reeducate them would bring no results (1947, 1450). Work-shyness was an inborn biological characteristic of Gypsies that constituted Gypsiness according to this interpretation. The “solution of the Gypsy-question” was to make the “Gypsy lifestyle” and thus the category of Gypsy disappear. Early and rigorous training in work and majority cultural values were the means to achieve this goal.

This vision guided Kise’s “commentary on the solution of the Gypsy-question” he sent to Ibolya Gaál in 1954. His report was based on the differentiation between the categories of the “settled” and “wandering Gypsies.” He wrote that “part of the Gypsy population already showed signs of assimilation” into majority society. It was the “lifestyle” of the “wandering Gypsies,” who were “reluctant to work and many of whom lived from stealing and begging,” that led to the segregated and bad living conditions of Gypsies. Deriding so-called “wandering Gypsies” as work-shy and a qualitatively worse group than other Gypsies, who needed constant policing, was reminiscent of the interwar approach to Roma that identified them as a problem group. Kise’s proposal reflected how this categorization could blend in with a socialist morality of work: those who had “proved already that they were willing to assimilate into socialist society with honest and regular work” needed to be removed from these disadvantaged living conditions, he claimed. Kise did not hesitate to turn his convictions into practice, and by the early 1950s the county council celebrated his achievements in recommending that the local council carefully select Gypsy families to be given a plot of land to build a house on. “He got to know them personally and led numerous conversations with them,” wrote Ibolya Gaál to the Ministry of Health in 1955. As a result, “the Gypsy settlement disappeared in the small town and a new street with tidy houses was formed.”

Finally, József Galambos was also in regular contact with the new socialist local council administration responsible for the “Gypsy-question” in the 1950s. A letter from January 1956 to Ibolya Gaál proves that he made renewed efforts to have his earlier ideas translated into practice through policy advice to the new government at both local and national levels. He reported to Gaál about an expert meeting at the Ministry of Health he had attended earlier that month, where a draft decision by the Politburo of the Hungarian Workers’ Party on the “Gypsy-question” was discussed. In his documentation of the making of this proposal, historian István Feitl confirmed that Galambos was one of three private experts invited to provide his views on the topic (2008, 263). Galambos’ letter to Gaál suggests that he presented his 1947 proposal and the resulting decision by the local municipality of Szatmár-Bereg county from 1948 at this meeting. He summarized the main points of both of these documents to Gaál too, expressing his hopes that it might influence

local policy-making. He highlighted that the Gypsy population consisted of three major groups along a scale of their “standard” of living between those “on top,” who had “distanced themselves already” from the “half nomadic” lifestyle, those in the middle, and the “half nomads at the bottom” (1956). All of these groups were characterized by their “attitude” to work. The first group was involved in “regular work” and lived a “decent life.” Those in the middle were also working but “were unable to use their income properly,” wasted it on “food and drink,” lived in shacks without furniture and had torn clothes. Those at the bottom of the scale, the half nomads, avoided work and “lived from fraud and stealing” (1956). The solutions Galambos proposed included the necessity of placing the last group under strict policing while encouraging access to employment and providing better housing to the “the worthy ones” from the first two groups. He reiterated his earlier belief in the state care of the children of those who “showed no signs of improvement” and in “ensuring” that such adults took up work. The final version of the Politburo proposal nevertheless contained only sporadic mention of differences among Roma and emphasized instead a variety of social measures to be undertaken in order to improve the living conditions of “the masses [of this population] still living in extremely backward economic conditions” (Feitl 2008, 266). Before the outbreak of the Hungarian Revolution of 1956 the proposal did not make it further along the decision-making process and was discarded (Feitl 2008, 265). The Party declaration finally introduced in 1961, however, built centrally on the three-tiered categorization that Galambos and other physician proponents of biological assimilation had advocated.

Physicians such as Ésik, Kise, and Galambos were part of the professional team the state socialist county council mobilized in the 1950s for the “solution of the Gypsy-question.” Their influence was clear in the categorization of the Gypsy population in the documents of the Szabolcs-Szatmár County Council at the time. Racial hygienic theory declared the “mixed-blooded” settled Gypsy groups dangerous due to heredodegeneration resulting from the mixing of better- and worse-quality races. The “solution of the Gypsy-question” following the theory of biological assimilation that eugenicist physicians in Hungary advocated after 1945 still aimed for the biological disappearance of Gypsies but through the means of culture/nurture. Accordingly, the “mixed-blooded” settled groups came to represent an already settled, partially assimilated and thus less problematic group in terms of their biological disappearance as the “wandering work-shy.” The case of Szabolcs-Szatmár County shows that the council mobilized and supported the activities of eugenicist physicians, some of whom were former representatives of the racist “radical solution of the Gypsy-question.” It demonstrates that the racist approach in which Gypsiness as a biologically determined lifestyle was to disappear could be adopted to the communist vision of a work-based, productive society.

Conclusions

Presenting material produced by doctors and the councils of Szatmár-Bereg and Szabolcs-Szatmár counties in northeastern Hungary between the late 1930s and the first half of the 1950s, I argued that physicians contributed to the categorization of those perceived to be Gypsies based on racial hygienic thought. Such a definition of Gypsies combined the ideology of the racially “less valuable, mixed-blooded Gypsies” used in Nazi Germany with Hungarian racial nationalism during World War II. Eugenicist physicians also influenced discourse on the “solution of the Gypsy-question” in the immediate postwar and the early state socialist period. They advanced an approach to Roma that retained an understanding of their inborn work-shyness. The postwar idea of biological assimilation entailed

instead of the physical separation or extermination of Gypsies their disappearance through less violent means. Contrary to a racial hygienic fear of contact and intermarriage between Gypsies and non-Gypsies, advocates of biological assimilation believed that exactly such contact was necessary to achieve the disappearance of Gypsies and Gypsiness. They also put an emphasis on the involvement of the Gypsy population in work. This point represented a common ground between biological assimilationists of the postwar period and state socialist authorities. In the 1950s, employment was the area on which the county council's decisions and decrees concentrated.

The first party declaration on the "Gypsy population," issued in 1961, defined Roma not as an ethnicity but a social group. This definition shows a clear move away from the "radical solutions" of World War II and the postwar years. The Politburo's decree, however, categorized Gypsies into three main groups that were constructed according to their perceived attitude to work. These were the assimilated Gypsies, who abandoned the "Gypsy lifestyle," the semi-assimilated, who lived from temporary work in segregated settlements and whose "level of culture was very low," and finally the non-assimilated, "partially settled and wandering Gypsies," who were "mostly unemployed [and] work-shy and lived on a day-to-day basis as social parasites" (Decree 1961). State socialist efforts to assimilate Roma into Hungarian working-class society through their involvement in productive work were thus from the onset undermined by the survival of an understanding of Roma as work-shy.

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Notes

1. Szabolcs-Szatmár county as an administrative district was created in 1950 out of the former Szabolcs and Szatmár-Bereg counties. In this northeastern region of Hungary, the density of the Romani population, which was higher than the national average, kept "the solution of the Gypsy-question" on the municipal agenda after World War II.
2. I predominantly use the term "Gypsy" throughout this paper to denote that there is a difference between those whom authorities identified as Gypsies and those who would identify themselves as Gypsy or Roma. I do not use inverted commas around the term "Gypsy" for the sake of readability.
3. Robert Ritter was head of the Race Hygiene and Population Biology Research Center, established in 1936. The research center was funded by the German Research Foundation (DFG) and was linked to the National Health Office. The aim of the center was "'to reveal with exact methods the root causes of social developments in the biological, i.e. ultimately in the laws of heredity' in order to legitimize the 'eradication of the unintegrated and the unproductive'" (Fings, Heuss, and Sparing 1997, 58).
4. Figures on the deported and executed Roma from and in the territory of Hungary during World War II are highly debated. Some researchers place the number of Romani victims between 40,000 and 70,000. These estimates do not take into consideration that the deported and executed Roma from the counties of Burgenland and Niederösterreich in Austria also had Hungarian family names. (I am grateful to Gerhard Baumgartner for drawing my attention to this point.)

5. The Hungarian expression used here for productivity (szaporaság) is associated with the fertility of animals. When used to describe human fertility, it has a derogatory meaning, referring to too high fertility and too many descendants as a result of “animal-like” sexuality.
6. The concept of heredodegeneration was originally developed by Hungarian psychologist Károly Schaffer (1864–1939) and neurologist Ernő Jendrassik (1858–1921) at the beginning of the twentieth century. Researching inherited diseases of the central nervous system, Jendrassik first used the term to describe “familial nervous diseases that manifested themselves sometime after birth.” Schaffer extended the notion to cover “any familial neurological disease with a defined microscopic pathology,” such as the Tay–Sachs disease (Baran et al. 2008). The concept was abused by racial scientists in Hungary during the 1930s and 1940s advocating the qualitative racial improvement of the nation. Schaffer himself, however, was an outspoken critic of negative eugenic measures in the interwar period and had an important role in preventing the introduction of the “Hungarian Sterilization Bill” in the 1930s (Turda 2015, 207).
7. Gregor Mendel’s original discovery in the 1860s referred to inheritance patterns in plants.
8. Act 15 of 1941 (known as the Marriage Law or the Third Jewish Law) that prohibited “mixed race” (Jewish and non-Jewish) marriages also introduced compulsory marriage counseling.
9. The name ONCSA comes from *Országos Nép- és Családvédelmi Alap* [National Fund for Public and Family Protection], which was used for the financing of the housing program.
10. As mentioned before, this proposal was also introduced in the Hungarian Parliament in 1942 but was ridiculed and rejected (Purcsi 2004).
11. Turda (2015, 213) mentions that eugenicists, who were not involved in scientific racial discourse during the 1930s and 1940s, ensured the survival of eugenic ideas into the 1950s in Hungary.
12. Historian István Feitl (2008) drew attention to ministerial proposals in the first half of the 1950s on the Gypsy-question, signaling that there were efforts to provide guidelines on the “solution of the Gypsy-question” at the national level long before the first Party resolution was finally issued in 1961.
13. Food rationing introduced during World War II in 1942 was abolished in 1949 but reintroduced between 1951 and 1952.

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