



INTERNATIONAL
**HOLOCAUST
REMEMBRANCE**
ALLIANCE

International Holocaust Remembrance Alliance (Ed.)

**Mass Murder of People with
Disabilities and the Holocaust**

Edited by Brigitte Bailer and Juliane Wetzel



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Declaration of the Stockholm International Forum on the Holocaust

The Declaration of the Stockholm International Forum on the Holocaust (or “Stockholm Declaration”) is the founding document of the International Holocaust Remembrance Alliance and it continues to serve as an ongoing affirmation of each IHRA member country’s commitment to shared principles.

The declaration was the outcome of the International Forum convened in Stockholm between 27–29 January 2000 by former Swedish Prime Minister Göran Persson. The Forum was attended by the representatives of 46 governments including; 23 Heads of State or Prime Ministers and 14 Deputy Prime Ministers or Ministers.

Their vision has remained intact, unaltered throughout the ensuing years, demonstrating its universal and enduring value.

The members of the International Holocaust Remembrance Alliance are committed to the Declaration of the Stockholm International Forum on the Holocaust, which reads as follows:

1. *The Holocaust (Shoah) fundamentally* challenged the foundations of civilization. The unprecedented character of the Holocaust will always hold universal meaning. After half a century, it remains an event close enough in time that survivors can still bear witness to the horrors that engulfed the Jewish people. The terrible suffering of the many millions of other victims of the Nazis has left an indelible scar across Europe as well.
2. *The magnitude of the Holocaust*, planned and carried out by the Nazis, must be forever seared in our collective memory. The selfless sacrifices of those who defied the Nazis, and sometimes gave their own lives to protect or rescue the Holocaust’s victims, must also be inscribed in our hearts. The depths of that horror, and the heights of their heroism, can be touchstones in our understanding of the human capacity for evil and for good.
3. *With humanity still scarred* by genocide, ethnic cleansing, racism, antisemitism and xenophobia, the international community shares a solemn responsibility to fight those evils. Together we must uphold

the terrible truth of the Holocaust against those who deny it. We must strengthen the moral commitment of our peoples, and the political commitment of our governments, to ensure that future generations can understand the causes of the Holocaust and reflect upon its consequences.

4. *We pledge to strengthen* our efforts to promote education, remembrance and research about the Holocaust, both in those of our countries that have already done much and those that choose to join this effort.
5. *We share a commitment* to encourage the study of the Holocaust in all its dimensions. We will promote education about the Holocaust in our schools and universities, in our communities and encourage it in other institutions.
6. *We share a commitment* to commemorate the victims of the Holocaust and to honour those who stood against it. We will encourage appropriate forms of Holocaust remembrance, including an annual Day of Holocaust Remembrance, in our countries.
7. *We share a commitment* to throw light on the still obscured shadows of the Holocaust. We will take all necessary steps to facilitate the opening of archives in order to ensure that all documents bearing on the Holocaust are available to researchers.
8. *It is appropriate* that this, the first major international conference of the new millenium, declares its commitment to plant the seeds of a better future amidst the soil of a bitter past. We empathize with the victims' suffering and draw inspiration from their struggle. Our commitment must be to remember the victims who perished, respect the survivors still with us, and reaffirm humanity's common aspiration for mutual understanding and justice.

About the International Holocaust Remembrance Alliance (IHRA)

The International Holocaust Remembrance Alliance (IHRA) unites governments and experts to strengthen, advance and promote Holocaust education, remembrance and research worldwide and to uphold the commitments of the 2000 Stockholm Declaration.

The IHRA (formerly the Task Force for International Cooperation on Holocaust Education, Remembrance and Research, or ITF) was initiated in 1998 by former Swedish Prime Minister Göran Persson. Persson decided to establish an international organization that would expand Holocaust education worldwide, and asked President Bill Clinton and former British Prime Minister Tony Blair to join him in this effort. Persson also developed the idea of an international forum of governments interested in discussing Holocaust education, which took place in Stockholm between 27 and 28 January 2000. The Forum was attended by twenty-three Heads of State or Prime Ministers and fourteen Deputy Prime Ministers or Ministers from forty-six governments. The Declaration of the Stockholm International Forum on the Holocaust was the outcome of the Forum's deliberations and is the foundation of the IHRA.

The IHRA is comprised of 32 Member Countries, two Liaison Countries, eight Observer Countries, and eight Permanent International Partners, including the United Nations and UNESCO. Delegates are appointed as members of IHRA's three working groups: Academic, Education, and Museum and Memorials, and to advance the work of three thematic committees on the Genocide of the Roma, antisemitism and Holocaust denial, and comparative approaches to Genocide studies.

Across national delegations, experts share knowledge, best practices and points of concern, and make recommendations to political representatives from ministries of Education, Foreign Affairs and Culture, to directly shape policy-making. Through its Grant Programme the IHRA fosters international dialogue and the exchange of expertise. The IHRA has funded 410 projects across 48 countries. The IHRA chairmanship rotates annually on a voluntary basis with bi-annual gatherings consisting of a four-day programme of meetings, discussions and presentations

culminating in a day-long Plenary. The Heads of Delegation of member countries comprise the decision-making body of IHRA, which operates on a consensus basis.

Preface

With its mass murder of people with disabilities, the National Socialist regime crossed the line from racist and inhuman propaganda to the actual extermination of people they deemed unfit to live. These murders paved the way for the Holocaust, in that the regime made further use of the experience and “expertise” of central figures in the murder of people with disabilities. Methods used in their extermination were applied especially in the death camps of “Aktion Reinhardt” in 1943.

The fact that the National Socialists tested their killing methods on people with disabilities before applying these methods to perpetrate the mass murder of European Jewry sinks easily into oblivion, given the enormity of the Holocaust. After the establishment of memorials at the former killing sites of the T4 program, such as Hadamar (Germany) or Hartheim (Austria)—to name just two—only in 2014 was a visible monument and information center opened at the historic location, Tiergartenstraße 4, where the “euthanasia” program was planned and organized under the code name “T4.” The website www.Gedenkort-T4.eu—currently only in German—provides a great deal of information on the Nazi “euthanasia” program.

Also in 2014, the Academic Working Group of the International Holocaust Remembrance Alliance (IHRA) began to consider how information about Aktion T4 and its influence on the Nazi mass murder of Jews could be introduced to the broader ranks of the IHRA. Although research on the mass murder of people with disabilities in several countries started rather late, we were able to access recent relevant research focusing on various regions of Nazi-occupied Europe. After broader discussions within the IHRA, and with the support of its Permanent Office, the organization agreed to constitute a preparation committee consisting of representatives of all IHRA Working Groups, with the aim of organizing an international conference on this topic and issuing the results as the fifth volume in the IHRA’s publication series. The editors wish to thank their co-committee members Thomas Lutz, Otto Rühl and David Silberklang for their cooperation on this project.

Some very interesting new research was conducted in the years leading up to the conference; the planning committee was pleased to win the

participation of the most prominent historians in this field for the conference in Bern. This publication presents the results of research, as discussed at the conference, on various aspects of the National Socialist murderous policy against people with disabilities in Western and Eastern Europe starting in 1939.

The conference was the outcome of an excellent cooperation between the IHRA, its Swiss chairmanship and the Pädagogische Hochschule Bern (Berne University of Teacher Education). We are grateful to the Pädagogische Hochschule and its staff, and particularly to Rolf Gschwend, for the organizational support they have given to the conference. Our special thanks go to the Swiss Chairmanship of the IHRA in 2017—our Swiss colleagues Ambassador Benno Bättig and François Wisard—who supported the idea of this conference from the very beginning.

Finally, we wish to thank the conference presenters, who provided us with their written contributions punctually and have been cooperative in every way as we bring this publication to fruition.

For proofreading and some of the translation we thank Toby Axelrod who was—as always—more than reliable. From the Permanent Office of the IHRA our thanks go especially to Laura Robertson, who has gone through the entire text carefully; and last but not least to Friedrich Veitl and Nicole Warmbold of the publishing house Metropol.

Brigitte Bailer/Juliane Wetzel

Opening Remarks

One of the methods of killing most closely associated with the mass murder of the Jews was the gas chamber. This method of murder was carried out in the extermination camps and in some concentration camps. But there was a predecessor: “Aktion T4,” the Nazi “euthanasia” program, and Aktion “14 f 13,” the murder of concentration camp inmates categorized as sick and no longer able to work.

Starting in 1939, more than 200,000 people with mental and physical disabilities were systematically killed in gas chambers, by lethal injection, starvation and with other cruel means under the “Aktion T4” program. Although these official policies were only carried out within the Reich, people with disabilities also fell victim to the Nazi ideology of “life unworthy of life” in parts of occupied Poland and the Soviet Union. There, disabled patients were murdered by mass shooting, in gas vans, by explosives and in other ways by the SS and police forces, not by the physicians, caretakers, and T4 administrators who implemented the “Euthanasia” Program itself.

Many people are not aware of these first programs of Nazi mass murder. The planners of the “Final Solution” drew on the gas chambers and crematoria, specifically designed for “Aktion T4,” to murder Jews. T4 personnel who had shown themselves reliable in this first mass murder program later figured prominently among the German staff of Aktion Reinhard stationed at the killing centers of Belzec, Sobibor, and Treblinka. The murder of people with disabilities gave direction to how the Nazis dealt with those deemed unfit to live in a racially pure and productive society.

Holding this conference on the mass murder of people with disabilities sends an important signal. It is important because it is our responsibility to shed light on the aspects of the Holocaust about which we still know relatively little. Indeed, this commitment is enshrined in the Stockholm Declaration, IHRA’s founding document. It is important because it also offers insight into the origins of the Holocaust. And it is important to remember long-forgotten victim groups, persecuted by the Nazis. Let us keep at the heart of all our discussion today the memories of those murdered in Brandenburg, Grafeneck, Bernburg, Sonnenstein, Hartheim,

Hadamar. Let us also remember those victims who were murdered where they lived.

I would like to express my gratitude to Brigitte Bailer, a member of the IHRA's Academic Working Group and the organizer of the conference, and to Rolf Gschwend from the Pädagogische Hochschule Bern, who is also a member of the Advisory Group to the Swiss IHRA delegation, for making this conference possible. I would also like to thank IHRA delegates Juliane Wetzel, Otto Rühl, Thomas Lutz and David Silberklang for their support in the organization and concept.

This is the second IHRA conference to be hosted in Switzerland and the Swiss Chairmanship is very pleased to support these important endeavors. The conference in Lucerne about research on teaching and learning about the Holocaust took place one month before Switzerland took over the chairmanship of the IHRA last year. The Lucerne conference, as well as today's conference, were organized in close and fruitful cooperation with Swiss universities of teacher education.

I would also like to say a few words about the International Holocaust Remembrance Alliance (IHRA), under whose auspices this conference today is taking place: The International Holocaust Remembrance Alliance is a unique organization that unites experts and government representatives. Its mission is to strengthen, advance and promote Holocaust education, remembrance and research worldwide. Through fruitful dialogue and exchange of knowledge, we aim to anchor the teaching and the commemoration of the Holocaust within our societies and to keep the subject alive for future generations.

In the current year, Switzerland is chairing the IHRA and has defined education and youth as two of its main priorities. The very valuable collaboration with the Berne University of Teacher Education is a sign of our commitment to teaching about the Holocaust and its related crimes, both in terms of research as well as in terms of what is taught to our future generations.

We are very pleased to see, within the framework of this conference, various contributions from many different countries being discussed today. I congratulate you on having gathered approaches and strategies to raise awareness of these unprecedented historical events.

I would like to conclude by mentioning how studying the crimes of the Nazis often also make us think of our contemporary societies. Today, as we discuss this rarely spoken of aspect of the mass murder of people with

disabilities, let us be reminded and let us never forget states' obligations to protect their citizens. Let us reaffirm that every human being has the inherent right to life.

Ambassador Benno Bättig
IHRA Chair 2017

Opening Remarks

As a teacher—a historian and especially a history professor—I have always followed the activities of the International Holocaust Remembrance Alliance (IHRA) with great interest and have highly benefitted from its projects and research.

My students have always shown a strong interest in the history of the Holocaust. They have been especially moved by the fate of those who were particularly defenseless against what happened—children, elderly people and people with disabilities. I therefore consider the topic of this conference extremely important.

As a university that educates teachers, we bear an explicit responsibility for Holocaust education and remembrance. It is our aim to promote the teaching of the Holocaust in schools and to make our students and teachers aware of available resources and teaching tools. The topic of the Holocaust is, therefore, taught in various contexts and is part of both compulsory curriculum and extra-curricular activities. Our students at the Institute of Secondary Education, for instance, prepared teaching materials on Switzerland's refugee policy during the Second World War in cooperation with the research center "Diplomatic Documents of Switzerland" (Dodis). Furthermore, the Institute for Further Education has been providing a wide range of teaching materials and educational resources regarding this topic to teachers and schools throughout the Canton of Bern.

Moreover, all of our institutes work closely together in order to realize an inclusive education system—a "school for all"—in line with the UN convention on the Rights of Persons with Disabilities. I consider it essential to advocate for a society that does not permit the exclusion of human beings, and I would like to express my great gratitude to everyone for your crucial contribution to this advocacy.

Andrea Schweizer

University of Teacher Education in Berne

Foreword

Aktion T4/“Euthanasia”

The term “euthanasia” can mean a number of things: the killing or suicide of one or more people who are terminally ill in order to shorten his/her/their suffering; the killing of people who have no chance of a future decent life; the murder of people whom some authority thinks are useless members of a society; the killing, or ending of life, of a person or persons who can no longer be looked after and is/are seen as a burden to the rest of society. In principle, there would seem to be a major difference between a voluntary end to life, when a person no longer wishes to live, and killing a person or persons without their consent — though even these boundaries can be indistinct.

Euthanasia in the sense of a voluntary ending of life was known and practiced in classical times, Greece and Rome, but also elsewhere in the so-called ancient world. Suicide was—and is—frowned upon by Judaism, Christianity, Islam, and Buddhism. The attitude of Hinduism is not quite clear. This is true even when the person wishes to end her/his life because s/he is suffering unbearable pain. There is an obvious contradiction there, as killing is permitted when it concerns an enemy, whereas a helpless person asking to be relieved of suffering is denied a mercy death.

The problem we face at this IHRA conference on “Mass Murder of People with Disabilities and the Holocaust” is the mass killing of people with disabilities by a dictatorship wanting to get rid of people it considers to be unfit, or incapable, to be members of its society and whose continued life it considers to be a burden, mainly economic but also social, to a healthy society: in other words, not mercy killing, but the murder of innocent people with disabilities.

An ideology to justify the killing of so-called superfluous people was developed not in Germany but in the US, towards the end of the nineteenth century. The scene was California, and the prime mover was Charles M. Goethe (1875–1966), son of German immigrants. Goethe was a pioneer of a sustainable ecology, and of new agricultural techniques. He was also anti-Mexican, and wanted to keep the West European human stock pure. He therefore favored forced sterilization of Mexican immigrants and was

behind the sterilizations of some 20,000 foreign migrants between 1903 and 1963. One can see this as a step towards so-called euthanasia, because it meant the denial of procreation, i.e. life, to people considered to be of a lower rank in human society. Goethe visited Nazi Germany in 1934, and returned full of enthusiasm for the mass sterilization proposed and executed by the Nazi regime. Such policies took root not only in the US but also in Britain, Sweden, and other countries, although actual killing, “euthanasia,” was forbidden. In Sweden, forced sterilizations took place until the early 1970s.

In Germany, the murder of people with physical or mental disabilities began to be favored probably from the end of the nineteenth century on. In 1920, possibly as a result of the brutalizing experience of World War I, a poll was conducted by Dr. Ewald Meltzer, who asked, “Would you agree, in any case, to the shortening of your child’s life, if experts determine that it is irredeemably idiotic?” A random sample of 200 parents were asked; 162 replied, of whom 119 (73%) answered positively. Meltzer himself, by the way, opposed such killings radically.

There is no doubt that racism played a role in the policy of killing people with disabilities, however most documents from the 1940s and 1930s do not mention hereditary issues but rather economic ones. In the overall policy directed against people with disabilities, sterilization was a central factor, murder a “natural” consequence. According to German research, 350,000 Germans underwent sterilization, practically all of them forced.

It is important to notice that purification of the race by murder went hand in hand with so-called reformist tendencies. The classic case is that of Dr. Paul Nitsche, a central figure in the murder program of people with disabilities, which we know to have been called T4 (after Tiergartenstraße 4, the headquarters of the murder apparatus). Nitsche, born in 1876, was an old hand in this area, contrary to other physician-murderers who were mostly born in the first decade of the twentieth century. Nitsche was a pioneer of sympathetic treatment of nervous and mental diseases, with an open approach, but was engaged, at the same time, in the elimination of “life unworthy of being lived” (*lebensunwertes Leben*). Nitsche was director of the Sonnenstein Euthanasia Clinic from 1928 to 1939 and in 1941 became chief physician of the T4 program. He was arrested in 1945, sentenced to death in 1947, and executed in Dresden in 1948.

The mass murder entitled T4 was prepared prior to the beginning of the Second World War. Hitler’s very brief written permission to implement T4,

in early October (pre-dated to September 1, the outbreak of the war), was followed by a meeting in the Führer's office, on October 9. The main figures in attendance were administrators and bureaucrats such as Viktor Brack, Philip Bouhler, Werner Blankenburg, and Hans Hefelmann. Doctors were then put in charge: at first Werner Heyde (who committed suicide in 1964 after having lived for years under a false name); then Herbert Linden (who committed suicide in 1945). The explicit target was to have 70,000 individuals killed. This was based on the calculation that out of each 10,000 Germans, ten needed psychiatric treatment. Of these, five had to be hospitalized and one had to be killed: approximately 60–70,000 altogether.

In 1940 and until August 1941, these murders proceeded. In addition to psychiatric cases, severe physical deformation also became a reason for murder. It was only natural that, as time went on, news that people were being killed in places that became well-known spread among the population. Party members were affected as well, and the regime had to face the possibility of popular resistance. Catholic Bishop Clemens August Graf von Galen from Münster became a leading opponent. Von Galen, a German patriot who supported the crusade against the Soviets that had just begun, expressed a basic theological opposition to the so-called euthanasia. In his pastoral letter of July 6, 1941, he wrote that “never, under any circumstances, is it permitted for anyone, apart from war actions, and the right to self-defense, to kill an innocent person.” Von Galen preached a series of sermons in the same spirit, ending on August 3, 1941. His audience knew very well what he was talking about. Even Viktor Klemperer, the Jewish diarist, wrote on August 22 that “nowadays there is general talk about the killing of mentally sick people in institutions.”

It happened that, independently of von Galen's sermons, Münster, in West Germany, was bombed by the Royal Air Force. The sermons did not put the blame on the British, but saw the bombing as the wrath of God because of the transgressions of the T4 killers. There is an interesting parallel with Jewish orthodox interpretations of the Holocaust. In Germany, the reaction of the regime was of course quite different. The local Gauleiter (National Socialist Party ruler of the region) thought von Galen should be executed, but given the bishop's position this was hardly practical. The reactions of German Catholics caused Hitler and Goebbels to advocate moderation. In his diary, Goebbels wrote that the war was going badly (there were the first reversals on the Eastern front). Hitler, he says, was nervous and in a bad mood. Franz Halder, the Chief of Staff, wrote

on August 4 that the Germans had underestimated the Russians (“haben den Feind unterschätzt”). There also arose the urgent need to help the local population in the face of the British bombing campaign. Clinics and hospitals had to be cleared in order to take care of wounded and bombed-out people. That meant that patients in those places had to be transferred elsewhere, this time not to be murdered but to receive care. Because of the prevalent rumors, families were now encouraged to accompany the wounded and sick, and visit them, to avoid all suspicions. All this was the background to Hitler’s instruction of August 24, to stop the T4 killings.

However, the killings did not stop. Murder had been committed largely by gassing, but now other methods would do as well. In an internal memo, on October 23, 1941, Dr. Herbert Linden, the Reich Responsible Person for Institutions for Curing and Recovery (*Reichsbeauftragter für die Heil- und Pflegeanstalten*), expressed his satisfaction that “non-working patients are getting much less food than those who work, and women get less than men.” Another T4 activist, Dr. Robert Müller (who committed suicide in 1945), added that “in this way death by euthanasia will be little different from natural death.” Dr. Carl Schneider (who committed suicide in 1946) asked for research on the ill, to be followed by more research after they were killed. It goes without saying that all Jews in psychiatric hospitals were murdered, as becomes clear from the material of Franz Schlegelberger, the Deputy Minister of Justice. This was formalized in the agreement between Otto G. Thierack, the Minister of Justice, and Heinrich Himmler, on September 18, 1942.

Most experts estimate that some 30,000 Germans were killed after August, 1941, so that the total number of victims is around 100,000. Some specific cases stand out. Thus, on August 7, 1943, after the bombing raids on Hamburg, 97 women with mental illnesses were transferred to the T4 Hadamar killing center. Even soldiers with mental illnesses were occasionally murdered. The rationale was that hospital beds had to be freed for wounded and bombed out citizens. In July, 1944, Linden entreated “physicians in institutions [to] do everything possible to achieve a reduction of mentally ill” persons in their care.

What is the exact connection between so-called euthanasia and the Holocaust? Ninety-two people who were involved in T4 were transferred to the extermination camps in Nazi-occupied Poland. The first commander of Treblinka was Dr. Irmfried Eberl, from T4; Christian Wirth, also a central figure in the T4 administration, was responsible for Belzec and

beyond. No documentation exists to show the exact connections between T4 and the Holocaust, but it may be safe to assume that the thinking was that if gassing worked in Germany, it might well be useful in the “wild” East. “Euthanasia” meant the racial cleansing of the German race, while the annihilation of the Jews was intended to remove a central racial danger to the German people of Aryan origin. There is, as has just been said, no explicit formulation of these ideas, but they seem to have been at the base of German attitudes. In any case, the practical experience gained in the murder of Germans considered racially inferior was used to annihilate the supposed main enemy of the Germanic race, the Satanic Jew. To cover all that up, the T4 people devised a special language with distinct terminology, as was the case also regarding the murder of the Jews.

There is, however, even more to it than that. The thought developed that, after victory, Nazi Germany would radically purify its own nation so as to be up to the challenge of hegemony in Europe and possibly the world. In the summer of 1940, Linden submitted a paper that demanded a division of the German people into four main categories: an asocial part; *Untermenschen*, who would be eliminated; a barely acceptable part of the nation; the average German who would form the basis of the development of the German people; and a superior element that would be supported, encouraged, and developed. As many children as possible should be produced by this superior group. The methods of elimination were developed after August, 1941: starvation, lethal injections, and medication (luminal). Gassing of Germans was now minimal, though not completely abandoned. The emphasis was on children, especially children of single mothers. One of the ideologues, a psychiatrist by the name of Hans Heinze (i.a. expert witness for the euthanasia of children), published an article after the war favoring the “annihilation [*Ausrottung*] of [German] subhumanity.”

One of the main moral problems that one encounters in this sordid business is the agreement of some parents to the murder of their own children. An example, quoted by Götz Aly in his book *Die Belasteten*,¹ is that of a mother who wrote to the institution where her daughter was treated—“I agree to the euthanasia of my child, Marianne, born on 17.3.1942 in Düsseldorf, now in the children’s hospital in Weimar, if it is assumed by medical experts that no useful person will become of it.” There are quite

1 Aly, Götz. *Die Belasteten. “Euthanasie” 1939–1945. Eine Gesellschaftsgeschichte.* Frankfurt a.M.: S. Fischer, 2013, p. 298.

a number of similar statements contained in the documentation that is now available. On the other hand, the authorities were very careful not to kill children or young adults in cases where the family clearly objected to “euthanasia.” No case is known of any murder committed against the express demand of parents or close relatives. Obviously, the T4 people did not want a repetition of the von Galen episode.

The impact, direct or indirect, of the murder of German people with disabilities and the sterilization process that preceded or accompanied it has not really been researched. As already stated, in Sweden for instance, forced sterilization continued until the 1970s. By 1975, 21,000 persons had been forcibly sterilized, 6,000 coerced into sterilization, and 4,000 cases undetermined. In the 2000s, the government paid reparations—some \$22,000 in each case. Less radical programs existed in Norway and Denmark as well. Forced sterilization and killing masked as euthanasia are now rejected by most governments. Voluntary euthanasia is another matter altogether, and is increasingly permitted, for instance in Switzerland. But what happened in Nazi Germany was something totally different—a mass murder of helpless, people with disabilities, many of them children, as a method of racial cleansing. It was not genocide, but not every horror has to be classified as genocide to be utterly rejected. And Nazi euthanasia was the partial result of a world outlook in which the value of human life became a minor, unimportant element of political and social engineering, culminating in genocide.

Yehuda Bauer
IHRA Honorary Chairman

Foreword

I.

Nazi racial ideology dictated a general policy of “racial engineering.” This was a consequence of its assumption that the movement of history, and the normative issues that arise within the historical and political reality, were the consequences of race and of the differences between races. By “racial engineering” I refer to the effort to change the shape and face of human society through the radical alteration of human populations. In a posited hierarchy of racial types that placed the “Aryan” at the top and the “Semite” at the bottom, the Third Reich, based on its racial principles, held that it was a moral obligation to re-order—and thereby “improve”—the human population. Not only was the “Endlösung,” that is, the eradication of the “Jews”, important and required but other national and ethnic groups also needed to be reconstructed or eliminated in whole or in part. The most well-known example of this necessity, second only to the “Jewish problem,” was that posed by the Roma and Sinti. While the Reich’s leadership was not uniformly agreed on the “threat” represented by these groups there was, nevertheless, a state-organized program to kill a minimum of 200,000 Roma and Sinti who were defined, at least in part, as “racial enemies.” Other groups that were highly stigmatized on strictly racial grounds included people of colour and Slavs.

It is important to recognize that this extreme drive to recreate the human makeup had both external and internal implications. By external I mean the demand, as understood by Hitler, to subjugate or eradicate racial groups that were not “Aryan,” depending on the threat they posed. By “internal” I mean the obligation flowing from racial theory to reconstruct and “better” the genetic composition of the “Aryan” community. Here racial theory becomes intertwined with the modern theory of eugenics.

By eugenics one means the theory that one can, and should, act to “improve” the biological *quality* of a given population, as the biological is the foundation of the sociological, political and economic. As an idea, eugenics was, in its original design, committed to the utilization of the principles of heredity and good breeding in order to improve society. Thus,

in spite of its later, perverse employment, its origins are to be located in the desire to overcome fundamental physical, mental, and socio-economic problems that continually confront the human community. In terms of a practical program eugenicists sought, on the basis of scientific research, to recommend social policies that could be enacted through legislation that would have long-term beneficial consequences for humanity.

The term “eugenics” was first used in 1883 by the British scientist Francis Galton in his book *Inquiries into Human Faculty and Its Development*. The term derives from the Greek word *eu*=well and the suffix *gēnos*=born. Though it is almost always difficult to locate the origin(s) of ideas, it would appear that eugenics grew out of an intellectual milieu influenced by Arthur Gobineau’s racial theory about history unfolding as a consequence of racial factors, with Mendelian biology and Social Darwinism adding elements and energy to the emerging pseudo-scientific doctrine that nature had created both unequal races and unequal human beings. As regards the latter, i.e., specific individuals, examples of undesirable mutations and deficiencies were represented by those with mental disabilities, schizophrenic, epileptic, or had Huntington’s disease, among other debilitating illnesses. And this list was easily extended to include people with physically disabilities, including those who were blind, and even to those who were said to be “genetically” predisposed to criminality, vice, and alcoholism.

At its core, eugenics is the belief that the progress, the evolution, of the human family will be decided by the outcome of “breeding.” Those who reproduce directly determine the future of mankind, while within individual national, ethnic and racial groups the same genetic determinism is at work. Therefore, matters of sexual relations and biological reproduction are too important to be left to individual choice and the serendipity of nature’s randomness. Eugenicists argued that the right to reproduce should be organized and controlled by the community at large. In this way society, with its normative values and utilitarian judgment, could decide who should be allowed to breed and who should be prevented from doing so. Society would decide who among its members were the “fittest” and who among its members were “unfit,” and would encourage the offspring of the former while preventing the progeny of the latter.

By the end of the nineteenth century the eugenics movement, with its activist principles, was well-established, not only in Europe and the United States but also in central states in Asia and South America. Research was

now undertaken in order to supply the “scientific” basis for the theory and in order to create a body of evidence that would persuade public policymakers and government officials to pursue the required interventionist programs. Eugenacists sought to encourage the passage of laws that would “solve” the medical, psychological, physical and sociological problems that still faced modern society, despite its progress. In their view, most of the problematic issues facing humanity could be overcome if the correct approach to sexuality and child bearing was adopted. Here we find, for example, among the research undertaken, the origin of IQ testing. This was intended to determine the intelligence of an individual, and the group to which he or she belonged, in order to determine if they were worthy of being allowed to continue their genetic line into the future. Those who did poorly on these tests, those who were intellectually inferior, were, in the interest of society at large, to be forbidden to reproduce. The eugenacists contended that if such a policy was instituted, the diseased, criminal and parasitic underclass that plagued all modern societies—and that they believed was rooted, in the first instance, in hereditary mental deficiencies—would be eliminated. Alternatively, those who were successful should be encouraged to have children through programs of positive incentives in order to raise the level of the social order. Included in this campaign of positive eugenics were efforts to retard the use of birth control by women of the middle and upper classes. This became especially significant after the vast losses in the First World War.

On the level of public policy this led, most significantly, to two outcomes. The first involved the attempt, especially by the United States, to close borders and stop immigration of the so-called inferior southern races. Individuals to be excluded included those from Southern Europe, as well as Africa, South America and Asia, plus Jews. President Theodore Roosevelt already called for such restrictive legislation before the First World War and in the 1920s this became a reality in the United States. The 1924 Immigration Act passed by the United States Congress is the most famous and consequential initiative of this sort. Whereas 800,000 immigrants had been admitted to the United States in 1920, the new quota system limited the number each year to 165,000 and gave preference to immigrants from certain countries like England and Germany. From 1924 to 1939 Jews, among others, were consciously discriminated against in order to prevent the “degeneration” of American society through their presence.

Eugenics had a wide and significant following in the United States. Eugenic research was endorsed and financially supported by J.H. Kellogg, the founder of Kellogg's cereals company, the Rockefeller Foundation, the Carnegie Foundation, and the Harriman family, owners of many of America's railroads. It also drew support from America's universities. By 1928 there were 378 courses on the subject offered in American colleges, with over 20,000 students enrolled. As early as 1906 the American Breeders Association had been founded to "emphasize the importance of superior blood and the menace to society of inferior blood."

The second effect was the impact on individuals. Now there would be a widely successful effort calling for the state's direct intervention in the reproductive practices of people with mental and physical disabilities. The most extreme demand that found practical application was the sterilization of those identified as "undesirable" and "inferior." (Nazi Germany required the sterilization of 375,000 in the decade following the 1933 Law for the Prevention of Hereditarily Diseased Offspring.) But sterilization, often forced, was only the most extreme manifestation of the concern of eugenicists with women's health and sexual practice. Eugenicists everywhere took an intense interest in matters of birth control, abortion, artificial insemination, sexually transmitted diseases such as syphilis, prostitution (often held to be a sign of "heredity" degeneration), female promiscuity (associated with "feeble-mindedness"), and masturbation. This, in turn, led to states demanding health tests for state marriage laws and licenses, among other actions. The first such law was introduced in Connecticut in 1896.

Many U.S. state governments—and national governments in Europe—and their legal and medical agents were persuaded that such practice was desirable. The state of Indiana passed the world's first compulsory sterilization law in 1907. By the 1920s, thirty American states had legalized such dramatic actions against those marked as mentally "inferior." In the name of society at large, and as justified social action, governments and courts now sanctioned the forced ending of reproduction for those whose progeny would be a burden to the community. Between 1907 and 1963 more than 64,000 forced sterilizations of both men and women were performed in the United States. This included the particular targeting of poor women of colour and Native American women who were deemed "feeble-minded." This process was especially favored in California where the largest number (20,000) of involuntary sterilizations was carried out. In probably the

best-known justification regarding such intervention by the state, United States Supreme Court Justice Oliver Wendell Holmes explained in the court's ruling in favor of the state of Virginia, which had ordered the sterilization of a woman identified as "mentally inferior," "Three generations of imbeciles are enough."¹

This description of legislation and state interference has concentrated on the United States because it is not one of the countries reviewed in the essays in this volume. However, parallel and comparable enactments took place in most European countries, as a perusal of the content of the present collection will quickly reveal. For example, Switzerland called for restrictive immigration in 1907, and many countries passed legislation against the mentally and physically disabled. This horrific story eventually came to know almost no boundaries.

II.

In discussing the T4 program it is correct, and necessary, to recall the links between T4 and the "Final Solution." Like the Holocaust, T4 was a state-sponsored and enacted project of mass murder of the innocent. And many of those who managed it went on to play important roles in the mass murder of European Jewry. Thus, this relationship is consequential and deserves recognition. However, at the same time, one needs to understand that the racial assault on Jews and Roma, and the assault on people with mental and physical disabilities, have both important similarities and dissimilarities. Three dissimilarities are of particular significance.

First, the "disabled" do not represent a group comparable in character, i.e. in its essential nature, to the type of putative racial group represented by Jews and Roma. The racial "programs" pursued by the Third Reich and the "eugenic" programs carried out by the Hitler state were, therefore, phenomenologically different in structure. Second, it must be understood that the overwhelming majority of the victims of the Nazi euthanasia program were "Aryans" (and Christians). They did not belong to a different racial group from their killers. They were neither "racial enemies" nor "racial criminals." Third, the primary reasons for

1 Buck v. Bell, 274 U.S. 200, 1927, <https://supreme.justia.com/cases/federal/us/274/200/>, accessed 10.7.2018.

eliminating people with disabilities were: (1) the *internal* danger they posed to the “health” and “fitness” of the “Aryan” community to which they themselves belonged; and (2) the cost of caring for them when they were not contributing to the national economic (and political-military) order. They were, especially in time of war, consuming valuable national economic resources. It was this brutal financial reasoning, and its heinous consequences, that led to the public backlash in Germany against the T4 program. This protest, led by the Churches, resulted in Hitler “officially” ending the project on August 24, 1941, after 93,000 people had been killed and 300,000 to 400,000 individuals had been sterilized. In fact, the program continued in secret, with Hitler’s approval, until the last year of the Second World War.

Parenthetically, it is to be noted that even relative to the T4 program Jews were treated differently. As Robert Jay Lifton reported when writing about the guiding instructions issued by the leaders of the program to staff: “Jewish inmates of institutions in Germany did not have to meet the ordinary criteria for medical killing.”²

These phenomenological, not moral, differences between the T4 program and the “Final Solution” reveal important distinctions that need to be recognized by those who would do serious and reliable research in both the area of eugenics and the Nazi murder of people with disabilities.

III.

The intrusion of the state into the lives of people with disabilities, most infamously and maximally represented by the Third Reich’s T4 program, was iniquitous. It represented, and where such efforts continue in our time represents, a cruel and immoral project of state intervention in the lives of individuals. Calling on science to assist in the solution of societal problems was not, and is not, in itself, unreasonable or pernicious, but such action needs always to be subject to strict procedural and moral rules. As practiced by eugenicists throughout Europe (and elsewhere) before the Second World War and then later by Nazi bureaucrats and physicians, science took a treacherous, misconceived turn that discredited the asserted science and

2 Lifton, Robert Jay. *The Nazi Doctors: Medical Killing and the Psychology of Genocide*. New York: Basic Books, 2017, p. 12.

the social analysis built upon it. When such misapplication occurs, as it did in Nazi Germany, the science becomes pseudo-science and the social projects undertaken become state-sponsored evils.

Steven T. Katz

Advisor to the IHRA 2012–2017

Foreword

The relevance of a conference about the mass murder of people with disabilities does not need much discussion. The so-called Euthanasia Program is known as one of the appalling crimes of the National Socialist regime. But the specific elements are far less known and this is also true for the wider meaning of the killings. Knowledge of special aspects and of regional developments could benefit of more intensive research, even if knowledge about “euthanasia” as an organized action has grown since the 1990s—following the opening of memorials in Germany and Austria and the “T4” memorial in Berlin in 2014.

The International Conference on the Mass Murder of People with Disabilities and the Holocaust, organized in Bern on November 26, 2017, brought together presentations that contributed to the dissemination of results of research in this field. The focus of the conference was explicitly extended to the connection of the Euthanasia Program with the Holocaust. Brigitte Bailer, speaking on behalf of the IHRA committee which organized the conference, formulated this intention in her opening remarks. The conference was co-organized by the Pädagogische Hochschule Bern in co-operation with the Swiss Ministry of Foreign Affairs and the Swiss IHRA Chairmanship.

Three panels were arranged along regional criteria. A fourth panel focused on the overall question: “Continuities and Comparisons.” Sara Berger explained explicitly the personal and technical continuity of “Aktion T4” staff in the Aktion Reinhardt extermination camps: “Murder already was their profession.” Her report is an indisputable argument for the relevance of “Aktion T4” for Holocaust studies and education. One could add that this kind of research contributes to the history of perpetrators in the Holocaust in general by underlining the continuity of personal and structural perspectives. The Honorary Chairman of IHRA, Yehuda Bauer, also tackled the question of comparison. People with disabilities were victims of the National Socialist system and in that sense their fate was connected to the murder of the Jews, who were the victims of the most radical and unprecedented forms of National Socialist criminality.

These questions were part of presentations at the closing Round Table, where education was at the center of discussion. The conclusions of the

other panels show that a comparison of regions and countries is useful for opening new perspectives. Regula Argast shows the links between eugenics in Switzerland and Nazi racial hygienics. Thus, even in neutral countries the indirect connection with the Nazi “Aktion T4” becomes clear. On the other hand, one should add that the interest in radical scientific ideas about eugenics, sterilization and “euthanasia” was present in many non-Nazi countries in Europe and functioned as a substrate for the often-silent acceptance of the killing of people with disabilities, setting aside the important exception of protests.

Paul Weindling, in his contribution about Germany and annexed Austria, pays attention to remembrance. There are still obstacles to commemorating victims of “euthanasia” by name. In some publications of records, names are blacked out, although since the opening of the T4 memorial in Berlin some relatives have authorized the public inclusion of victim details. These problems remind us of the difficulties of publishing names and data of Holocaust perpetrators in some European countries. Weindling mentions another sensitive issue: the “post-mortem” history of “euthanasia” victims. What happened after the medical experiments on victims of “euthanasia”? Weindling convincingly states that names and biographies are essential to restore the victims’ dignity and personal identity.

It is perhaps not unexpected but nevertheless meaningful that authors from different countries report that “euthanasia” actions started immediately after a territory was occupied by the German aggressors. Wehrmacht and Einsatzgruppen organized the killing of people with disabilities in hospitals and elsewhere and thus transferred the T4 policy from Germany. This is reported in contributions about Bohemia and Moravia, Poland and the Baltic countries (Michal Simunek, Filip Marcinowski, Tadeusz Nasierowski, Björn M. Felder, Alexander Friedman). Again the chronology is in line with the knowledge about the killing of Jews immediately after the annexation of territories.

Another interesting topic for comparison with the Holocaust is the fact that complex cases of “parallel killing programs” of people with disabilities were organized, both centrally and de-centrally imposed (Weindling). Different Nazi agencies and different methods were activated after the German occupation of the Baltic countries in 1941 (Björn M. Felder).

When comparing “euthanasia” actions in different countries it is striking that mainstream society accepted the carelessness and neglect

of medical attendance of the responsible authorities. In several countries people with disabilities were left to starve by the deliberate minimizing of food rations. This was, for instance, the case in Germany, but also in the occupied Netherlands (Cecile aan de Stegge).

A common criterion in the procedure of killing of T4 victims as well as in the Holocaust was the judgment that people were not worthy of living if they were not fit for labor. People with disabilities were selected for experiments and death, as were Jews. A common element was that German society and other countries accepted—at first silently and later openly—the collective murder of marginalized groups.

The results of the conference in Berne confirm that the concrete link between the “euthanasia” and the Holocaust was the employment of staff from “Aktion T4” in the extermination camps of the Aktion Reinhardt (Belzec, Sobibor and Treblinka). This staff was responsible for the execution of the extermination of the European Jews. They were a relatively small number, about 117 as Berger states, but this sufficed to kill 1.6 million Jews in one and a half years. They were supported only by the “Trawniki men,” who functioned as guards. On this level the central responsibility was clear: Staff wore SS uniforms but remained subordinate to the *Kanzlei des Führers*. This was already their superior authority in the “euthanasia” action in Germany. The killing of people with mental illnesses proved to be a preparation for the Holocaust. But despite these connections the “redemptive antisemitism” (Saul Friedländer) shows the difference with the unprecedentedness (Yehuda Bauer) of the Holocaust.

These conclusions about continuities and comparison, partly based on recent research, were a very important result of the Berne conference and of the contributions in this book.

Wichert ten Have
Advisor to the IHRA

Ideology—the German and Austrian Cases

Regula Argast

Swiss Eugenics and its Impact on Nazi Racial Hygiene

In the commemorative culture of Switzerland, eugenics is barely an issue. Even history students, trainee teachers, and laymen with an interest in history know little about eugenics. They know still less about the role Swiss scientists and doctors played in laying the foundations for eugenics and propagating ideas about eugenic measures common in Switzerland until the 1970s, or about links with National Socialism. Indeed, a broad public discussion on Swiss eugenics and its international significance has yet to take place. How Swiss eugenics relates to law, medicine, psychiatry, patient care, and anthropology, by contrast, has been the subject of intensive historical research over the past fifteen years.

This contribution gives insight into the history of the Swiss eugenic movement and its local and international significance since the late nineteenth century. It focuses on three issues: firstly, on the role of Swiss psychiatrists in laying the scientific foundations of eugenics in or around 1900; secondly, on eugenic measures in Switzerland until the 1970s; and thirdly, on the implication of Swiss scientists, doctors, and psychiatrists in Nazi racial hygiene.

Eugenics and Racial Hygiene

Eugenics is generally understood to be a “discipline for steering and controlling human genetic health.”¹ The term was coined by the English natural philosopher Francis Galton, a cousin of Charles Darwin. He first used it in “Inquiries into Human Faculty and its Development” published

1 Weingart, Peter & Jürgen Kroll & Kurt Bayertz. *Rasse, Blut und Gene: Geschichte der Eugenik und Rassenhygiene in Deutschland*. Frankfurt a.M.: Suhrkamp, 1988, p. 17.

in 1883. Galton focused on above average reproduction of the societal “elite” to ensure the proliferation of their cognitive abilities.²

Given the negative effects of industrialization, population growth, urbanization, rising marriage rates, and declining neonatal mortality in the late nineteenth century, however, attention increasingly was given to the lower classes.³ Large families were seen as a threat.⁴ Scientists and medical practitioners consequently pleaded for the regulation of reproduction, especially among the ill, weak, and disabled, and among alcoholics, delinquents, the sexually “unstable,” and people of “weak” character. They spoke not only of “eugenics” but also of “human selection” (August Forel) and “racial hygiene” (Alfred Ploetz).⁵ It was argued that Darwin’s evolutionary principle of “natural selection” was inactivated by culture.⁶ This, it was claimed, was leading to more and more weak and ill people surviving and reproducing, leading finally to the degeneration of humanity.

Eugenics soon developed into an applied science. In democratic countries like the United States, Sweden, and Switzerland, eugenic measures

- 2 Galton, Francis. *Inquiries into Human Faculty and its Development*. London: Macmillan, 1883. The concept of degeneration goes back to the French psychiatrist Benedict Augustin Morel (1857). Tanner, Jakob. “Eugenik und Rassenhygiene in Wissenschaft und Politik seit dem ausgehenden 19. Jahrhundert: ein historischer Überblick.” In: Zimmer, Michael (ed.). *Zwischen Erziehung und Vernichtung: Zigeunerpolitik und Zigeunerforschung im Europa des 20. Jahrhunderts*. Stuttgart: Franz Steiner, 2007, pp. 109–121, here p. 109.
- 3 “That the generation born in the 1860s and 70s produced the future leaders of hereditary biology shows how intensely this generation perceived the tensions between nature and the corrupting effects of industrial society, and suggestions that science was a means for resolving this conflict.” Weindling, Paul. *Health, Race and German Politics between National Unification and Nazism, 1870–1945*. Cambridge: Cambridge University Press, 1989, p. 73.
- 4 Tanner. “Eugenik und Rassenhygiene,” p. 110. Wecker, Regina. “Zur Geschichte des Verhältnisses von Psychiatrie und Gesellschaft—am Beispiel der Eugenik.” *Schweizer Archiv für Neurologie und Psychiatrie*, 163 (2012) 4, pp. 123–129, here p. 123.
- 5 Forel, August. *Die sexuelle Frage: Eine naturwissenschaftliche, psychologische, hygienische und soziologische Studie für Gebildete*. München: Ernst Reinhardt, 1907, p. 422. Ploetz, Alfred. *Grundlinien einer Rassen-Hygiene*. Berlin: S. Fischer, 1895.
- 6 For the period around 1910 see: Roelcke, Volker. “Programm und Praxis der psychiatrischen Eugenik.” *Medizinhistorisches Journal*, 37 (2002) 1, pp. 21–55, here p. 33.

ranged from marriage counselling and the prohibition of marriage to forced sterilization and castration. As historian Regina Wecker notes, the “escalation of eugenic measures into the reality of mass murder [...] was, however, limited to the German Nazi regime.”⁷

Swiss Psychiatrists Paved the Way for Eugenics

Already in 2003, Regina Wecker had pointed out that Swiss eugenicists were not mere free-riders in the international eugenics movement or emulators of eugenics-driven population and health policy in other countries. On the contrary, Swiss exponents in science and medicine, she asserts, “paved the way” for eugenics.⁸ Various fields of science participated in constituting and propagating the discipline.⁹ In Switzerland, however, it was in psychiatry that “eugenic patterns of thought and action” first managed to establish themselves.¹⁰

The historians Marietta Meier, Brigitta Bernet, and Roswitha Dubach see one reason for this in the “crisis of asylum psychiatry” in the late nineteenth and early twentieth centuries.¹¹ With a growing number of inmates,¹² the then common treatments for mental disorders such as “isolation, [...], straitjackets, or forced feeding” brought little success.¹³ With eugenics as a prophylactic field of knowledge, by contrast, psychiatry was able to open up new avenues of action to compensate for the “lack of therapeutic success.”¹⁴

7 Wecker. “Zur Geschichte,” p. 123.

8 Wecker, Regina. “Psychiatrie—Eugenik—Geschlecht,” *Schweizer Archiv für Neurologie und Psychiatrie*, 154 (2003) 5, pp. 224–234, 225. Historian Hans Jakob Ritter speaks of a “pioneering role.” Ritter, Hans Jakob. *Psychiatrie und Eugenik: Zur Ausprägung eugenischer Denk- und Handlungsmuster in der schweizerischen Psychiatrie, 1850–1950*. Zurich: Chronos, 2009, p. 105.

9 Wecker. “Zur Geschichte,” p. 123.

10 Ritter. *Psychiatrie und Eugenik*, p. 147. Wecker. “Zur Geschichte,” p. 126.

11 Meier, Marietta et al. (eds.). *Zwang zur Ordnung: Psychiatrie im Kanton Zürich, 1870–1970*. Zurich: Chronos, 2007, p. 63.

12 Ritter. *Psychiatrie und Eugenik*, p. 102. See also Meier et al. (eds.). *Zwang zur Ordnung*, p. 70.

13 Tanner, Jakob. “Schlusswort.” In: Meier et al. (eds.). *Zwang zur Ordnung*, pp. 271–306, here p. 282.

14 Wecker. “Zur Geschichte,” p. 126. Ritter. *Psychiatrie und Eugenik*, p. 103.

In Switzerland, this development originated in the Zurich University Psychiatric Hospital *Burghölzli*. Inseparably associated with it are the names of two professors of psychiatry and directors of *Burghölzli*, August Forel (1848–1931) and Eugen Bleuler (1857–1939). Forel headed the institution¹⁵ from 1879 to 1898 and his successor Bleuler, who introduced the concept of schizophrenia in psychiatry, from 1898 to 1927.¹⁶ Their eugenic and to some extent racist thinking, their lecturing and teaching activities,¹⁷ as well as their commitment to eugenic social reform (for instance, their plea for sterilization of people with disabilities,¹⁸ their support for an amendment to the Swiss civil code to ban marriage for people with mental disorders,¹⁹ and their medical expertise) had a decisive influence on the early eugenics movement, on the next *Burghölzli* directors Wolfgang Maier and Manfred Bleuler, and on the national clinical landscape.²⁰ Therefore, Historian Urs Germann describes the *Burghölzli* as the “training ground” for the Swiss asylum directors of the time.²¹

15 The *Burghölzli* was founded in 1870. Koelbing-Waldis, Vera. “August Forel.” *Historisches Lexikon der Schweiz (HLS)*, <http://www.hls-dhs-dss.ch/textes/d/D14365.php>, accessed 4.11.2017. Meier et al. (eds.). *Zwang zur Ordnung*, p. 51.

16 Huonker, Thomas. *Diagnose: ‘moralisch defekt’: Kastration, Sterilisation und Rassenhygiene im Dienst der Schweizer Sozialpolitik und Psychiatrie*. Zurich: Orell Füssli, 2003, p. 84.

17 Ritter. *Psychiatrie und Eugenik*, p. 129.

18 *Ibid.*, p. 132. The first castrations on this basis were undertaken above all at the Wil Asylum, as the 1907 annual report notes. Bugmann, Mirjam. *Hypnosepolitik: Der Psychiater August Forel, das Gehirn und die Gesellschaft (1870–1920)*. Köln: Böhlau, 2015, p. 281.

19 There was unanimity in the *Verein Schweizerischer Irrenärzte* (Association of Swiss Alienists) on the need to ban marriage for mental patients. Ritter. *Psychiatrie und Eugenik*, p. 129. Forel, however, was convinced that the legal prohibition of marriage under the Civil Code was insufficient and needed to be flanked by sterilization. *Ibid.*, 129. See also Bugmann. *Hypnosepolitik*, p. 281.

20 Until completion of his term of office in 1970, the latter upheld the eugenic paradigm of his father. Bugmann. *Hypnosepolitik*, pp. 279–281.

21 Germann, Urs. *Psychiatrie und Straffjustiz: Entstehung, Praxis und Ausdifferenzierung der forensischen Psychiatrie in der deutschsprachigen Schweiz 1850–1950*. Zürich: Chronos, 2004, p. 96. Apart from Forel’s own successor, Eugen Bleuler, they included the director of the Bern asylum, Wilhelm von Speyr, the director of the Vaud asylum Céry, Albert Mahaim, and the director of the clinic in Münsterlingen, Ludwick Frank. *Ibid.* See also: Bugmann. *Hypnosepolitik*, pp. 279–281.

Furthermore, August Forel was in regular contact with Alfred Ploetz (1860–1940), his junior by twelve years, who had earned his doctorate in medicine in Zurich in 1890 and is regarded as the founder of German racial hygiene. In Zurich, as Paul Weindling has shown, Forel and Ploetz were members of the same “utopian circle,”²² comprising socially critical professors and students. This was where Forel propagated his idea of a “world without alcohol” and discussed genetic issues with students.²³ Much discussed were the writings of Charles Darwin and Ernst Haeckel. Forel also demonstrated to Ploetz the “causes and effects of degeneration” in alcoholic and syphilis patients.²⁴ In 1895, Ploetz published the book *Die Tüchtigkeit unserer Rasse und der Schutz der Schwachen* (The Efficiency of our Race and the Protection of the Weak) in which, as he said himself, he sketched the “outlines of a sort of racial hygiene utopia.” He describes the killing of “feeble” or “deformed” newborn children and rigorous birth control as practical consequences of a consistent racial hygiene.²⁵

It should particularly be noted that Ploetz’s brother-in-law, Ernst Rüdin from St. Gallen, worked as assistant to Eugen Bleuler at the *Burg-hölzli*.²⁶ Volker Roelcke points out that Rüdin, as a medical historian, occupied an “authoritative position in the whole of German psychiatry” during the Nazi period.²⁷ Rüdin was also in correspondence with Forel. In 1898 he wrote to Forel that he had influenced him in his “profound urge to eradicate misery and disease *at the source*.”²⁸ In 1907, Rüdin became assistant to the professor of psychiatry Emil Kraepelin in Munich. A year later, Rüdin

22 Weindling. *Health*, p. 63. See also: Ritter. *Psychiatrie und Eugenik*, p. 102.

23 Becker, Peter Emil. *Zur Geschichte der Rassenhygiene: Wege ins Dritte Reich*. Stuttgart: Thieme, 1988, p. 61.

24 Weiß, Ludger (ed.). *Die Träume der Genetik: Gentechnische Utopien von sozialem Fortschritt*. Nördlingen: Greno, 1989, p. 93.

25 Quoted from: Weiß. *Die Träume der Genetik*, p. 97.

26 Haenel, Thomas. “Rüdin, Ernst.” HLS, <http://www.hls-dhs-dss.ch/textes/d/D14607.php>, accessed 12.11.2017. Schwalbach, Nicole. “*Es ist jetzt noch Zeit, die Trennlinie zwischen Schweizern und Verrätern zu ziehen*”: *Die Ausbürgerung des Psychiaters Ernst Rüdin vor dem Hintergrund der Schweiz am Ende des Zweiten Weltkriegs*. Unpublished Master’s thesis. Basel, 2000, p. 23.

27 Roelcke, Volker. “Ernst Rüdin—renommierter Wissenschaftler, radikaler Rassenhygieniker.” *Der Nervenarzt*, 83 (2012) 3, pp. 303–310, 306.

28 Rüdin to Forel, November 11, 1898, highlighting in the original. Quoted from: Bugmann. *Hypnosepolitik*, pp. 279–281.

obtained a “license to practice medicine for the German Empire”; in 1912 he became a civil servant and thus a German citizen.²⁹

But back to Forel. Like Ploetz, he was initially close to socialism, and throughout his life fought against alcoholism and what he had termed *blastophtoria* or *Keimverderbnis* (germ lesion) through the poisoning of germ cells by alcohol and transmission by heredity. The concept was adopted by other psychiatrists such as Ploetz and Rüdin.³⁰ As early as 1884, Forel raised the question of “preventing the reproduction of criminal persons.”³¹ In his 1905 standard work *Die sexuelle Frage* [The Sexual Question] he wrote openly of what he called *menschliche Zuchtwahl* (human selection) and in favor of eugenics-driven sterilization.³² He wrote:

It is by no means our purpose to create a new human race, an *übermensch*, but only to gradually eliminate the defective *untermensch* by removing the causes of *blastophtoria* and through the deliberate sterility of carriers of bad germs, and instead to bring better, more social, healthier, and happier people to ever greater reproduction.³³

Eugenic Measures in Switzerland until the 1970s

In Switzerland, eugenic practices often fell into a legal grey zone. But precisely the lack of legislative regulation gave doctors greater scope for action. Fundamental was the recognition in 1905 of the so-called “social indication for the sterilization of the mentally ill” by the professional organization for Swiss psychiatry, the *Verein Schweizerischer Irrenärzte* (Association of Swiss Alienists).³⁴ This professional code of conduct led to the first eugenics-driven castrations and sterilizations among people with mental disorders in Switzerland.³⁵ In fact, the director of the Wil Asylum in the canton of St. Gallen reported four castrations already in 1906. They

29 Schwalbach. *Zeit*, p. 23.

30 Tanner. *Eugenik*, p. 111.

31 Bugmann. *Hypnosepolitik*, p. 277.

32 Koelbing-Waldis. “August Forel.” Forel. *Sexuelle Frage*, p. 422.

33 Forel. *Sexuelle Frage*, p. 557.

34 Ritter. *Psychiatrie und Eugenik*, p. 124.

35 *Ibid.*, pp. 105, 124–133. The rules were postulated by the Bern psychiatrist Anton Good.

involved two single mothers and two male sexual delinquents. The arguments offered a mixture of motives drawn from poor relief considerations, social psychiatry, crime prevention, birth control, and eugenics.

As Hans Jakob Ritter shows, the professional association *Deutscher Verein für Psychiatrie* (German Psychiatric Association) at the same time rejected the introduction of marriage prohibitions and sterilizations, on the grounds that the genetic origins of mental illness had not been sufficiently investigated.³⁶ In 1908, however, Emil Kraepelin, the later founder of the *Deutsche Forschungsanstalt für Psychiatrie* (German Institute for Psychiatric Research) drew attention to the sterilization debate among Swiss psychiatrists. Furthermore, the 1911 Dresden Hygiene Exhibition addressed sterilization and castration practices in various Swiss institutions.³⁷

Interventions required the consent of the person concerned. But, as research has shown, “consent” for sterilization was often obtained under pressure. Patients were extorted with release from the institution or, in the event of unwanted pregnancy, with the approval to abort.³⁸ For the Psychiatric Polyclinic in Zurich alone, Roswitha Dubach names a figure of between 1,700 and 3,600 sterilizations during the 1930s.³⁹ About 30 percent were for eugenic reasons.⁴⁰ In Basel between 1920 and 1960, Regina Wecker estimates that some 4,000 sterilizations were carried out.⁴¹ Also in Basel and Zurich the arguments mostly offered a mixture of motives.

36 Ibid., p. 125. Vasectomy and sterilization by partial resection of the oviducts were new techniques that gradually replaced castration in the United States and Germany. The first eugenics-driven sterilization law in the world was in Indiana in 1907. Ibid., p. 126.

37 Ibid., p. 133.

38 Wecker. “Zur Geschichte,” p. 127. Dubach explains the fact that it was mostly women who were subjected to sterilization in terms of the restrictive Swiss policy on abortion: medical consent for abortion was mostly contingent on consent to sterilization. Dubach. “Zur ‘Sozialisierung,’” p. 192.

39 Burghölzli psychiatrists provided medical expertise for the Polyclinic. Dubach. “Zur ‘Sozialisierung,’” p. 158. See also: Meier, Marietta. “Zwangssterilisationen in der Schweiz: zum Stand der Forschungsdebatte,” *traverse*, 11 (2004) 1, pp. 130–146, here p. 134.

40 Dubach. “Zur ‘Sozialisierung,’” p. 191.

41 Wecker. “Zur Geschichte,” p. 127.

The first European sterilization law should also be mentioned; it was passed in the canton of Vaud in 1928. It permitted coerced sterilization and remained in force until 1985.⁴² Pursuant to this law, doctors and public authorities lodged 378 applications for sterilization, of which 187 were approved.⁴³ Paradoxically, the aim of the law was to protect people with mental disabilities from abusive practices by municipal authorities and guardians.⁴⁴

Another implementation of the eugenic idea was the entrenchment of the prohibition of marriage of mentally disabled persons in the Swiss Civil Code in 1912 under strong pressure from the Association of Swiss Alienists.⁴⁵ Finally, one should mention other eugenic measures that had to do with poor-law and regulative policy objectives: In 1932, the first Swiss *Zentralstelle für Ehe- und Sexualberatung* (Central Agency for Marriage and Sexual Counselling) was established with the task of advising the population on “genetic responsibility.”⁴⁶ The canton of Basel-Stadt introduced eugenics-driven restrictions on naturalization, requiring the University Psychiatric Hospital to produce 900 expert opinions on applications for naturalization by 1969.⁴⁷ And through the so-called *Hilfswerk für die Kinder der Landstrasse* (Relief Agency for the Children of Travelers) of the Swiss Pro Juventute Foundation, “586 children from so-called vagrant families” (Jenische) were taken away from their families with the aid of the public authorities between 1926 and 1973 in order that they be raised “as sedentary and industrious individuals,” overcoming their “innate *wanderlust*.”⁴⁸

42 Bugmann. *Hypnosepolitik*, p. 281.

43 Heller, Geneviève & Gilles Jeanmonod & Jacques Gasser. *Rejetées, rebelles, mal adaptées: Débats sur l'eugénisme: Pratiques de la stérilisation non volontaire en Suisse romande au XXe siècle*, Geneva: Georg, 2002, pp. 413–417.

44 But sterilizations were also performed outside the legal framework. Meier. “Zwangssterilisationen,” p. 132.

45 Ritter. *Psychiatrie und Eugenik*, pp. 110–112.

46 Ramsauer, Nadja. “Blinder Fleck im Sozialstaat: Eugenik in der Deutschschweiz 1930–1950.” *Traverse*, 2 (1995) 2, pp. 117–121, here p. 120.

47 Argast, Regula. “Das Basler Kantons- und Gemeindebürgerrecht.” In: Studer, Brigitte & Gérald Arlettaz & Regula Argast (in collaboration with Anina Gidkov, Erika Luce und Nicole Schwabach) (eds.). *Das Schweizer Bürgerrecht: Nationalität und Ordnung des Sozialen in der Schweiz von 1848 bis zur Gegenwart*. Zurich: NZZ libro, 2008, pp. 167–228, here p. 213.

48 Galle, Sarah. *Kindswegnahmen: Das “Hilfswerk für die Kinder der Landstrasse” der Stiftung Pro Juventute im Kontext der schweizerischen Jugendfürsorge*. Zürich: Chronos, 2016, pp. 15, 303.

Connections between Swiss Eugenics and Nazi Racial Hygiene

After the remarks about the eugenic movement and eugenic measures in Switzerland, it is crucial to ask about the implication of Swiss scientists, doctors, and psychiatrists in Nazi racial hygiene. To this end, I focus on the prominent example of Ernst Rüdin, former assistant to Eugen Bleuler and dual Swiss-German citizen; and on the Basel psychiatrist Carl Brugger.

In the 1920s, Ernst Rüdin became an internationally recognized expert in psychiatric genetics. As head of the *Genealogisch-Demographische Abteilung* (GDA; Genealogical-Demographic Department) at the *Deutsche Forschungsanstalt für Psychiatrie* (DFA; German Research Institute of Psychiatry) in Munich, he was able to establish this still young science from 1917/18 onwards.⁴⁹ From 1931 to 1945, Rüdin was director of the German Research Institute of Psychiatry.⁵⁰ In this capacity, he placed his research, notably the psychiatric and genetic “inventory” of large sections of the population, in the “service of race and state.”⁵¹ In 1933, furthermore, Rüdin co-authored the official commentary on the *Gesetz zur Verhütung erbkranken Nachwuchses* (Act for the Prevention of Genetically Diseased Offspring) with Ministerial Director Arthur Gütt and SS lawyer Falk Ruttke. Pursuant to this act, some 360,000 to 400,000 people were forcibly sterilized up to 1945.⁵²

Medical historian Volker Roelcke has looked closely at Rüdin’s responsibility for forced sterilization, patient murders, and inhumane research during the Nazi period. Unlike Rüdin’s biographer, Matthias M. Weber, Roelcke comes to the conclusion that Rüdin, a member of the Nazi party

49 Roelcke. “Ernst Rüdin,” p. 304. The DFA was founded in 1917 and the predecessor of the present Max Planck Institute of Psychiatry.

50 Roelcke. “Ernst Rüdin,” p. 303.

51 Ibid., p. 310. See also: Ritter, Hans Jakob. “Die Institutionalisierung der Vererbungs-forschung in Basel : Formierung und Institutionalisierung einer wissenschaftlich fundierten Eugenik in Basel zwischen 1925 und 1944.” In: Wecker, Regina et al. (eds.). *Wissen, Gender, Professionalisierung Historisch-soziologische Studien*. Zürich: Chronos 2003, pp. 269–290, here p. 275

52 Roelcke, Volker. “Psychiatrie im Nationalsozialismus: Historische Kenntnisse, Implikationen für aktuelle ethische Debatten.” *Der Nervenarzt*, 81 (2010) 11, pp. 1317–1325, here p. 1317. Roelcke. “Ernst Rüdin,” p. 306. In the commentary, Rüdin’s method of “empirical genetic prognosis” for assessing the probability of hereditary diseases where corresponding disorders occur in the family came to bear.

since 1937, was among the psychiatrists who “in full knowledge of the lethal consequences [...] lent scientific authority to the principles of selection.”⁵³ Even before the murder of patients under the so-called *Aktion T4* began, he had been in close contact with the protagonists Paul Nitsche, Carl Schneider, and Kurt Pohlisch. Moreover, he had been informed about the killings and had “repeatedly rejected attempts by individual directors of institutions [...] to intervene jointly vis-à-vis the state authorities” against the killings.⁵⁴ Rüdin also initiated a program of research on children and young people, which was developed in 1943 by the head of the Heidelberg University Psychiatric Hospital, Carl Schneider, and in which Julius Deussen, a student and collaborator of Rüdin played a “major role.” For the program, under which at least twenty-one of the fifty-two children examined were killed at the Eichberg Institution, so their brains could be examined, Rüdin received funding from the budget of the German Institute for Psychiatric Research.⁵⁵

The example of Rüdin is certainly striking evidence for the direct responsibility of a Swiss psychiatrist for medical crimes in Nazi Germany. But, as historian Nadja Ramsauer points out, there was—over and above this example—a “tradition of scientific exchange” between Swiss and German researchers that was “not upset” by the Nazi seizure of power in 1933.⁵⁶ Hans Jakob Ritter cites the example of the Basel psychiatrist Carl Brugger (1903–1944), which I would like to consider in conclusion.

In 1925, Ernst Rüdin was appointed to the chair of psychiatry in Basel. At the cantonal sanatorium *Friedmatt*, he set up a department for genetic research, which was headed by his assistant Hans Luxenburger and operated as a “branch” of the Genealogical-Demographic Department in Munich. The latter was still headed by Rüdin.⁵⁷ Rüdin’s colleagues included the medical student Carl Brugger, who followed Rüdin to Munich in 1928 when he was reappointed to the German Research Institute of Psychiatry. In Munich, Brugger worked on Rüdin’s “genetic inventory,”⁵⁸ but in 1933 returned to Basel. In his capacity as school doctor, he investigated the intelligence of children with special educational needs and disabilities

53 Roelcke. “Ernst Rüdin,” p. 307.

54 Ibid.

55 Ibid., p. 303.

56 Ramsauer. “Blinder Fleck,” p. 119.

57 Ritter. “Institutionalisierung,” p. 274.

58 Ibid., p. 275.

and their siblings in Basel and, using Rüdin's method of the "empirical genetic prognosis," elaborated the "scientific basis for sterilization in cases of 'light forms of mental deficiency.'"⁵⁹ In the years that followed, Brugger repeatedly advocated a "qualitative population policy" for Switzerland to promote "socially valuable circles" and restrict the "dangerous fertility of the mental deficient."⁶⁰ However, further efforts by Brugger, supported by Ernst Rüdin, to establish a "central agency for genetic pathology" at the University of Basel came to nothing, not least because of Brugger's close ties with the German Institute for Psychiatric Research in Munich.

Hans Jakob Ritter attributes Brugger's failure to achieve institution-ization to the marked distance adopted by Swiss eugenics towards Nazi Germany and to its institutionalization "in a democratic negotiation process."⁶¹ Pascal Germann calls this interpretation into question, citing the example of medical genetics in Zurich. He argues that Swiss eugenics and Nazi racial hygiene represented mutual resources, and their relationship until well into the war was marked "by cooperation, friendly ties, research alliances, and partial concordance in ideological orientation."⁶² Although, he asserts, there was widespread rejection of Nazi racial hygiene in Switzerland, limiting genetic research following the German lead,⁶³ cooperation was nevertheless to be maintained "as fully as possible" without risking "being regarded as Nazi collaborators."⁶⁴

In support of his thesis, Germann cites recognition of the "Act for the Prevention of Genetically Diseased Offspring" by Swiss doctors, for example the Zurich human geneticist Ernst Hanhart; the influence (backed by Otto Nägeli, director of the Zurich Medical Clinic) exercised by Ernst Rüdin and Otmar von Verschuer in the journal *Schweizerische Medizinische Wochenschrift* (Swiss Medical Weekly) in 1935; the rules on appointment to the Zurich chair for hygiene between 1934 and 1936, which excluded Jewish candidates and for which Swiss candidates were required to give proof of their descent; and publications of Swiss genetics researchers such as Carl

59 Ibid., p. 276.

60 Quoted from: *ibid.*, p. 276.

61 Ibid., p. 285.

62 Germann, Pascal. *Laboratorien der Vererbung. Rassenforschung und Human-genetik in der Schweiz, 1900–1970*. Göttingen: Wallstein, 2016, p. 235.

63 One example is the director of the Zurich Neurological Polyclinic Mieczyslaw Minkowski. *Ibid.*, p. 227.

64 Ibid., p. 225.

Brugger, Otto Nägeli, and Manfred Bleuler in the racial hygiene journal *Der Erbarzt* (The Genetic Doctor).⁶⁵

Conclusion

In 1945, the Swiss authorities stripped Ernst Rüdin of his Swiss citizenship: not primarily because of his implication in the medical crimes of the Nazis. Rather, as historian Nicole Schwalbach notes, there were fears that Rüdin would be called to account by the Allies as a Swiss war criminal.⁶⁶ It was hoped that depriving him of his citizenship would quash the problem. For many decades, the links between Switzerland and Nazi Germany were a topic hardly broached in the public arena as was Swiss refugee policy during the Second World War.

In the late 1990s, however, the *Unabhängige Expertenkommission Schweiz—Zweiter Weltkrieg* (Independent Expert Commission Switzerland—Second World War) confronted the Swiss population with bitter truths: For the Axis powers, Switzerland had been an important hub for foreign exchange dealings, a transit country for merchandise, and a major arms supplier; and under the antisemitic refugee policy of the Federal Department of Justice and Police between 1939 and 1945 at least 24,000 refugees had been denied entry into the country.⁶⁷ In more recent times, the removal of children from Jenische (traveler families), sterilization practices in the psychiatric context and care context, and the so-called *Administrative Versorgung* (administrative detention) of juveniles have received greater attention. However, a broad public debate about the trail-blazing role of eugenics in Switzerland and its entanglement with Nazi racial hygiene has yet to take place. The culture of remembrance and the politics of memory have a major task ahead.

65 Ibid., p. 240.

66 Schwalbach. *Zeit*, pp. 52, 65.

67 Unabhängige Expertenkommission Schweiz—Zweiter Weltkrieg. *Die Schweiz, der Nationalsozialismus und der Zweite Weltkrieg: Schlussbericht*. Zurich: Chronos, 2002, p. 195. Unabhängige Expertenkommission Schweiz—Zweiter Weltkrieg, *Die Schweiz und die Flüchtlinge zur Zeit des Nationalsozialismus*. Zurich: Chronos, 2001, p. 370. See also: Spuhler, Gregor. “Alte und neue Zahlen zur Flüchtlingspolitik: Zeit für Streit?” *Schweizerische Zeitschrift für Geschichte*, 67 (2017) 3, pp. 405–416.

Paul Weindling

The Need to Name: The Victims of Nazi “Euthanasia” of the Mentally and Physically Disabled and Ill 1939–1945

Declaring War on the Weak

On August 5, 1929, at the Nuremberg Party Rally, Hitler proclaimed that killing several hundred thousand of the weakest would strengthen the German race. That “cretins” could procreate meant that the nation was breeding the weak and killing off the strong.¹ The consequences were devastating in terms of mass sterilization of a suggested 360,000 to 400,000 persons, and the killing of some quarter of a million victims in the context of what Nazis euphemistically called “euthanasia.” Yet there is no accessible listing of the victims of the killings. For reasons of commemoration, information for descendants, and historical reconstruction a person-based and publically accessible memorial listing should be compiled, bringing together numerous partial listings. This overview considers the different components of this program of racial murder, showing how they unfolded as part of a planned Nazi attack on those defined as “unfit.” Why the victims have remained for the most part shrouded in anonymity merits explanation.

Hitler believed that he had a mission to defend German racial health. His Nazi logic was that German health was under lethal threat because of burdensome expenditure on care for the disabled and mentally ill, and this prompted his attack on the humanitarian basis of the welfare state. In 1929 the National Socialist Physicians’ League was founded as part of a new

1 “Der Aufruf and die Kraft! Die große Abschlußrede Adolf Hitlers—Ausblutung des Volkes durch Auswanderung und Minderwertigenschutz—Kampfesmut als Auslesemittel des Nationalsozialismus—Der Nachwuchs der Jugend von Ypern—Das Schwert auf die Waage! Unser Führer hat das Wort,” *Völkischer Beobachter*, Aug. 7, 1929, pp. 1ff.

NSDAP strategy to reach out to middle class professions.² The recruiting of eugenically minded physicians meant that hereditary health issues achieved prominence in NSDAP propaganda and policy.³ Racial biological ideas penetrated from the medical side into the Nazi ideology of race and nation. Welfare was to be on a racially selective basis, excluding persons designated as racial threats (notably Jews) and the hereditarily (alleged on the basis of “racial hygiene” and a Nazified genetics) sick.

Hitler spoke only of “the weakest” and of “cretins.” The initiative for the view that the mentally ill and disabled were a burden on society came from ultra-nationally minded physicians and lawyers. The 1920 text by the Leipzig professor of law Karl Binding and the psychiatrist Alfred Hoche had placed the concept of “*lebensunwerten Lebens*”/“Life unworthy of life” on the socio-political agenda.⁴ In 1936 the biologist Alexis Carrel—in the German translation of his *L’homme cet inconnue*/Man the Unknown—recommended a lethal chamber for social parasites.⁵ These exterminatory ideas were taken up by a circle of Nazi physicians around Hitler. Eugenically minded psychiatrists flocked to the NSDAP: Herbert Linden in 1925, Paul Nitsche (a very early member of the German Society for Racial Hygiene) in 1933, Alfred Fernholz and Rudolf Lonauer in 1931, Friedrich Mennecke in 1932, Emil Gelny in 1932, and Johannes Schottky in 1933 to name a few. Psychiatrists and racial hygienists expected a leadership role in a biologically managed state. The racial hygienist Fritz Lenz considered that National Socialism offered the best opportunity for the imposition of legislation based on the laws of heredity.⁶

2 Lilienthal, Georg. “Der Nationalsozialistische Deutsche Ärztebund (1929–1943/1945): Wege zur Gleichschaltung und Führung der deutschen Ärzteschaft.” In: Kudlien, Fridolf (ed.). *Ärzte im Nationalsozialismus*. Köln: Kiepenheuer & Witsch, 1985, pp. 105–121.

3 Mühlberger, Detlef. *Hitler’s Voice*. The Völkischer Beobachter 1920–1933, vol. 1. London: Peter Lang, 2003, p. 62.

4 Binding, Karl & Alfred E. Hoche. *Die Freigabe der Vernichtung lebensunwerten Lebens. Ihr Maß und ihre Form*. Leipzig: Felix Meiner, 1920.

5 Carrel, Alexis. *Der Mensch, das unbekannte Wesen*. Stuttgart: Deutsche Verlags-Anstalt, 1936, p.V.

6 Lenz, Fritz. “Die Stellung des Nationalsozialismus zur Rassenhygiene.” *Archiv für Rassen und Gesellschaftsbiologie* (ARGB), 25 (1931), pp. 300–308.

From Compulsory Sterilization to "Euthanasia"

The coming of National Socialism to power on January 30, 1933, led to the rapid drawing up of a compulsory sterilization program: The legislation was finalized on July 14, 1933, and implemented from January 1, 1934, as a means to prevent physical and mental disabilities and illness.

Genetically minded eugenicists, notably Ernst Rüdin,⁷ a Swiss pioneer of psychiatric eugenics working in Germany, devised the sterilization measures with the support of public health officials, notably the Prussian Ministerial Director, Arthur Gütt. The Nazi strategy placed public health on a racial and biological basis.⁸ Rüdin had researched the genetic basis of schizophrenia at the *Deutsche Forschungsanstalt für Psychiatrie*/German Research Institute for Psychiatry (today, the Max Planck Institute for Psychiatry) in Munich; he had a decisive role in determining the scope of the sterilization legislation. Rüdin proposed sterilization for schizophrenia, congenital feeble-mindedness, muscular dystrophy/Huntington's chorea, epilepsy, severe mental defects, inherited deafness and blindness, and chronic alcoholism. It is important to understand that these disease categories were ideological constructs of the period and involved suppositions such as epileptics having subnormal intelligence.

At least 360,000 sterilizations were carried out in Germany. The pattern was regionally uneven. Although Franconia was an area with a high ideological commitment to Nazism, numbers of sterilization were—as Astrid Ley has shown—relatively low.⁹ Sterilizations were imposed in Austria at a proportionally lower level than in what was referred to as the *Altreich*/former German Reich. There were an estimated 6,000 sterilizations in annexed Austria, including 1,203 sterilizations in Vienna.¹⁰ There

7 On Ernst Rüdin also see the contribution of Regula Argast in this publication.

8 Labisch, Alfons & Florian Tennstedt. *Der Weg zum "Gesetz über die Vereinheitlichung des Gesundheitswesens" vom 3. Juli 1934. Entwicklungslinien und Entwicklungsmomente des staatlichen und kommunalen Gesundheitswesens in Deutschland*. Düsseldorf: Akademie für öffentliches Gesundheitswesen in Düsseldorf, 1985.

9 Ley, Astrid. *Zwangssterilisation und Ärzteschaft. Hintergründe und Ziele ärztlichen Handelns 1934–1945*. Frankfurt a.M.: Campus, 2004.

10 Spring, Claudia Andrea. *Zwischen Krieg und Euthanasie, Zwangssterilisationen in Wien 1940–1945*. Vienna: Böhlau, 2009. <http://www.erinnern.at/bundeslaender/oesterreich>.

were an estimated 3,000 sterilizations in the “Reichsgau Sudetenland.”¹¹ Whether there were sterilizations in annexed Alsace (linked to Gau Baden) and Lothringen/Lorraine (as “Gau Westmark”) remains unknown. Similarly unclear is the extent to which castration of homosexuals and sexual criminals took place in concentration camps and prisons. An estimated 4,500 women and 5,000 men died as a result of the sterilization operation. These high numbers have a basis in official sources of the period, but also require critical historical scrutiny. There should be a shift from estimates of victims to numbers based on documented individuals. The use of estimated victim numbers is, furthermore, a highly problematic feature of the historical writing on “euthanasia” killings.¹²

The analysis of sterilization by historian Gisela Bock in 1986 demonstrated that sterilization was an integral part of Nazi racial policy.¹³ National Socialism enabled the principle of coercion to be imposed, albeit through an administrative construction of *Erbgesundheitsgerichte*/hereditary health tribunals of a medical officer (or another medical official), and another doctor, and as chair generally a lawyer. The criteria for sterilization were formulated in genetic and medical-hereditary categories. It is important to recognize that hereditary biology and race were diverse and contested areas of ideology under National Socialism. The medical system focused on psychiatric illness, mental ability and the pathology of alcohol consumption. The result was frustration among Nazi medical and scientific ideologues (notably of the Reich Physicians Führer Gerhard Wagner) that while psychiatric heredity was well covered, the eliminating of racial hereditary pathogenic threats to the German race and nation (of Jews, Sinti/Roma) was not.

“Race” was defined in various ways under National Socialism, ranging from genealogical records on birth, baptism and marriage over generations to physical and psychological characteristics. The overall extent to which victims of “euthanasia” had been sterilized is documented in certain cases,

11 Šimůnek, Michal. “Czechoslovakia.” *The History of East-Central European Eugenics, 1900–1945*, London: Bloomsbury, pp. 128–145.

12 For an evidence-based victim analysis see Weindling, Paul & Anna von Villiez & Aleksandra Loewenau & Nichola Farron. “The victims of unethical human experiments and coerced research under National Socialism,” *Endeavour*, 40 (2016) 1, pp. 1–6.

13 Bock, Gisela. *Zwangssterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik*. Opladen: Westdeutscher Verlag, 1986.

but the lack of a full analysis of "euthanasia" victims means that there is no definite figure for how many had been previously sterilized.

After his success with imposing sterilization and in taking over the chair of the *Deutsche Gesellschaft für Rassenhygiene*/German Society for Racial Hygiene in 1933, the genetic psychiatrist Rüdin worked to forge a unified professional organization for psychiatry as part of "Gleichschaltung" to serve the racial state. The hitherto separate professional organizations for neurology and psychiatry were fused in 1935. This reinforced Rüdin's leadership position in psychiatry, and the stifling of any opposition to Nazi policies, including "euthanasia."¹⁴ The view, strenuously promoted at the Max Planck Institute for Psychiatry until the 1990s, that Rüdin opposed "euthanasia" killings is no longer tenable. In fact, the reverse was the case, as Rüdin saw research opportunities with the killing of "idiot" children in terms of acquiring research "material": This indicated his condoning of "euthanasia" policies.¹⁵

The anthropologists of the Kaiser Wilhelm Institute for Anthropology had suffered a setback in terms of their influence from 1933, as Rüdin gained prominence. The nationalist campaign to sterilize the so-called *Rheinlandbastarde* (mixed race African-German and Asiatic-German adolescents) in 1937 represented an effort to reassert the power of the faction of racial anthropologists. There resulted the "illegal" targeting of racial minorities for sterilization. Anthropologists, notably the Austrian Wolfgang Abel and the German Eugen Fischer from the Kaiser Wilhelm Institute for Anthropology measured the "mixed race" children and determined their mental capacity.¹⁶

14 Schmuhl, Hans-Walter. *Die Gesellschaft Deutscher Neurologen und Psychiater im Nationalsozialismus*. Heidelberg: Springer, 2016.

15 Roelcke, Volker. "Ernst Rüdin: Renommierter Wissenschaftler—radikaler Rassenhygieniker." *Der Nervenarzt*, (2012) 3, pp. 303–310. Roelcke, Volker. "Programm und Praxis der psychiatrischen Genetik an der Deutschen Forschungsanstalt für Psychiatrie unter Ernst Rüdin: Zum Verhältnis von Wissenschaft, Politik und Rasse-Begriff vor und nach 1933." *Medizinhistorisches Journal*, 37 (2002), pp. 21–55. Hohendorf, Gerrit & Volker Roelcke & Maike Rotzoll. "Psychiatrische Genetik und 'Erbgesundheitspolitik' im Nationalsozialismus: Zur Zusammenarbeit zwischen Ernst Rüdin, Carl Schneider und Paul Nitsche." *Schriftenreihe der Deutschen Gesellschaft für Geschichte der Nervenheilkunde*, 6 (2000), pp. 59–73.

16 Lilienthal, Georg. "'Rheinlandbastarde.' Rassenhygiene und das Problem der rassenideologischen Kontinuität. Zur Untersuchung von Reiner Pommerin:

Sterilization could mean release back into the community from a custodial institution. But it could also mean that the person was identified as *lebensunwert* or a “worthless life.” “T4” was an abbreviation for Tiergartenstraße 4, where the central administration of adult “euthanasia” was located. The lack of a full person-by-person analysis of even just the surviving approximately 30,000 T4 files out of a total of 70,273 files means that the number of “euthanasia” victims who were sterilized remains unclear.¹⁷

To date there has been no full person-by-person analysis of the remaining T4 files. The methodology of randomized sampling one in ten surviving files (so ca. 5% overall of the T4 victims) and a very few in-depth case studies (even fewer with victim names) has meant that the fullest analysis of T4 to date, conducted between 2002 and 2006, is based on statistical extrapolations.¹⁸ Despite the care taken with the 10% sample, a full analysis of all available T4 files is long overdue, as is record linkage with intermediate and originating institutions to reconstruct victim biographies and organizational procedures. Moreover, one might question whether it is appropriate to apply statistical sampling to records, which contain a high level of individuality in terms of the patient situation, and of physician-patient interactions. While one can discuss issues, such as prior sterilization, gender, age and social origins on an anonymized level of cohorts, this screens out recognition of the individuality of each victim. The methodology omits most information about individuals with non-German origins. The statistically based and anonymized analysis is especially problematic for the purposes of individual commemoration, which appears to have been disregarded apart from a partially anonymized set

‘Sterilisierung der Rheinlandbastarde.’ *Medizinhistorisches Journal*, 15 (1980), pp. 426–436.

- 17 Rotzoll, Maike & Paul Richter & Petra Fuchs & Annette Hinz-Wessels & Sascha Topp & Gerrit Hohendorf. “The First National Socialist Extermination Crime: the so-called ‘T4 Program’ and its Victims,” *International Journal of Mental Health*, 35 (2007) 3, pp. 17–29. For the sample biographies Fuchs, Petra & Maike Rotzoll & Ulrich Müller & Paul Richter & Gerrit Hohendorf (eds.). “*Das Vergessen der Vernichtung ist Teil der Vernichtung selbst*”—*Lebensgeschichten von Opfern der nationalsozialistischen “Euthanasie.”* Göttingen: Wallstein, 2007.
- 18 Orth, Karin & Willi Oberkrome (eds.). *Die Deutsche Forschungsgemeinschaft 1920–1970. Forschungsförderung im Spannungsfeld von Wissenschaft und Politik.* Stuttgart: Steiner, 2010.

of 24 biographies. Furthermore, there are disturbing echoes of the past atrocity: reducing victims to statistical samples was ironically an economic device to justify killings as cost-saving in terms of institutional care. The rationale of sampling imposed by the Deutsche Forschungsgemeinschaft (DFG) appears insensitive, and if not methodologically flawed, historically inappropriate and inadequate. Indeed, the DFG has failed to identify comprehensively the extent to which its own research funding supported research on brain pathology on specific murder victims. Psychiatric victims were marginalized, aside from some attention paid to psychiatric genetics.¹⁹ In short, the DFG-funded historians' approach to victim records has been catastrophic. The Max Planck Society's Commission on the Kaiser Wilhelm Society under National Socialism similarly failed to analyze its Institutes for Psychiatry and Brain Research on a comprehensive basis, and again neglected victims of research.²⁰ As myself a member of the Presidential Commission, I can say from the inside that my requests for a full-scale historical analysis of the Kaiser Wilhelm Institute for Psychiatry were brushed aside, and no concerted effort to identify each individual research victim was made.

Preparing the Killing Program

It took 10 years for the killing program to come into effect with the period from January 1, 1934, until September 1939 dominated by compulsory sterilization. The question arises as to the relations between sterilization

- 19 Roelcke, Volker. "Funding the Scientific Foundations of Race Policies. Ernst Rüdin and the Impact of Career Resources on Psychiatric Genetics." In: Eckart, Wolfgang (ed.). *Man, Medicine and the State*. Stuttgart: Steiner, 2006, pp. 73–106. The DFG history project offered only case studies rather than a comprehensive analysis.
- 20 Peiffer, Jürgen. *Wissenschaftliches Erkenntnisstreben als Tötungsmotiv? Zur Kennzeichnung von Opfern auf deren Krankenakten und zur Organisation und Unterscheidung von Kinder-"Euthanasie" und T4-Aktion*. Berlin: Max-Planck-Ges. zur Förderung der Wiss., 2005. Schmuhl, Hans-Walter. *Hirnforschung und Krankenmord. Das Kaiser-Wilhelm-Institut für Hirnforschung 1937–1945*, ed. by Carola Sachse on behalf of Präsidentenkommission der Max-Planck-Gesellschaft zur Förderung der Wissenschaften e.V. Berlin: Präsidentenkommission "Geschichte der Kaiser-Wilhelm-Gesellschaft im Nationalsozialismus", 2000.

and its radicalization as coerced killing. From the mid-1930s there are indications that radicalization into the killing of the psychiatrically ill was contemplated.

A group of physicians in Hitler's entourage (Hellmuth Unger, Ernst Wentzler, the *Reichsärztführer*/Reich Physicians Leader Gerhard Wagner, and the ambitious surgeon Karl Brandt) pressed for radicalization of non-racial sterilizations. Gerhard Wagner attacked sterilization as insufficiently racial. His complaint was that a Nazi Party member could be sterilized for feeble mindedness or chronic alcoholism, but not a Jew for being a Jew (though implementation of even the sterilization measures under the 1933 law against Jews could be vindictively racial). The group of racially minded experts around Hitler became increasingly frustrated with the scientific and administrative limitations of sterilization. Signs of a new policy included registration of malformed births from August 18, 1939, by the *Reichsausschuß zur wissenschaftlichen Erfassung von erb- und anlagebedingten schweren Leiden*/Reich Committee for Inherited Disabilities. This organization established *Kinderfachabteilungen*/Special Care Children's Departments under the Chancellery of the Führer, marking the start of administrative arrangements for the killing of children. The Reichsausschuß was a front for control by officials from the Chancellery of the Führer. They imposed systematic registration of disabilities among children under the age of three, notably for microcephaly, hydrocephaly, missing limbs, spina bifida, and Down syndrome. Midwives were paid two Reichsmark for each child whom they registered. Around 10,000 forms were sent in; they were reviewed by a medical committee consisting of Werner Catel, Hans Heinze and Ernst Wentzler. Children were then ordered to be transferred to special children's units.

These *Kinderfachabteilungen* varied in scale and killing methods: the Wiesengrund in Berlin and the Spiegelgrund in Vienna were large-scale metropolitan institutions which exploited the children for research. Other "*Kinderfachabteilungen*" were smaller and primarily oriented to killing. Hitler's escort surgeon Karl Brandt stated at the Nuremberg Medical Trial that the parents of a disabled newborn, referred to as the "Kind Knauer," appealed to the Führer in 1939 for the baby to be killed; after inspection by Brandt the pediatrician Werner Catel carried this out on July 1, 1939. This scenario was to justify Hitler's entrusting Brandt and Bouhler of the Chancellery of the Führer with an order coinciding with the start of the war to carry out the "euthanasia" killings. In 1998, historian Udo

Benzenhöfer identified but did not name the "Kind K"/"Child K."²¹ Owing to family opposition, Benzenhöfer then withdrew the identification but still considers a "Leipzig Case" existed, when parents of a disabled newborn baby in the Leipzig area petitioned the Führer for "mercy killing."²²

The war would conceal large-scale killing of psychiatric patients and the disabled. In terms of chronology, the first to be killed were children; then in September 1939 shootings of Polish patients began and in November killing with poison gas by the SS-Sondereinheit commanded by Herbert Lange.²³ Only then did the T4 killings commence with a trial gassing using carbon monoxide from canisters at Brandenburg Prison in January 1940.

Hitler backdated his order to Reichsleiter Bouhler and to Dr. med Karl Brandt to September 1, 1939 for medical *Gnadentod*/mercy killing for the "incurably sick." This legitimated the procedure of distinguishing between curable and incurable; the latter were earmarked for killing. The sheet of personal notepaper carried the inscription: "Von Bouhler mir übergeben am 27.8.1940, Dr. Gürtner," the latter being Reich Minister of Justice, thereby indicating that the Führer order was a substitute for legislation.²⁴

From April 1940, the directing T4 office was located in an expropriated villa in Tiergartenstraße 4. The T4 administration was at first under

21 Benzenhöfer, Udo. "'Kindereuthanasie' im Dritten Reich: Der Fall 'Kind Knauer.'" *Deutsches Ärzteblatt*, 95 (1998) 19, pp. B 954–955. "Richtigstellung zum Fall 'Kind K.'" *Monatsschrift Kinderheilkunde*, 155 (2007) 11, p. 1097.

22 Benzenhöfer, Udo. *Der Fall Leipzig (alias Fall Kind Knauer) und die Planung der NS-Kindereuthanasie*. Münster: Klemm+Oelschläger, 2008. Cf. Schmidt, Ulf. *Karl Brandt: The Nazi Doctor*. London: Hambledon Continuum, 2007, p. 118. Schmidt named the supposed child in 1999, following Benzenhöfer. The sister of the identified child rejected Benzenhöfer's identification as defamatory, because her parents were critical of National Socialism and would not have petitioned Hitler. Benzenhöfer accused Schmidt of *geistige Piraterie* "academic piracy" or plagiarism. Schmidt has not retracted the identification made in Schmidt. "Reassessing the Beginning of the 'Euthanasia' Programme," *German History*, 17 (1999), pp. 543–550 or in the biography of Karl Brandt or responded to Benzenhöfer. Opinion has increasingly followed the authoritative studies of Benzenhöfer.

23 See the contribution on Poland by Tadeusz Nasierowski, and Filip Marcinowski in this publication.

24 Burkhardt, Anika. *Das NS-Euthanasie Unrecht vor den Schranken der Justiz*. Heidelberg: Mohr Siebeck, 2015, p. 80.

Werner Heyde, a neurologist from Würzburg; from November 1940 it was directed by Paul Nitsche. Forty expert medical reviewers were recruited, including five university professors. The decisions were backed by state bureaucracies. Herbert Linden took a key role in developing the necessary organization, and was from 1941 *Reichsbeauftragten für die Heil- und Pflegeanstalten*/Reich-designated Executive for Hospitals and Care Institutions and thus responsible for all psychiatric hospitals. Provincial state administrators had far-reaching responsibilities in realizing “euthanasia.” Bureaucrats included Egon Stähle in Württemberg, who recommended the site of Grafeneck for killing psychiatric patients, and Alfred Fernholz of the Saxon Ministry of Interior Department for Volkspflege.²⁵ Dietrich Allers ran the T4 accounting department and charged the responsible health departments (which in turn would pass charges on to relatives) for the costs of the killings. Bodies were disposed of by cremation (although an estimated 3% of brains were retained for research).

Patient registration forms were sent to the T4 office for decision. A crucial issue was whether the patient could still work. Patients deemed *unbrauchbar*/useless were killed. There were 40 paid *Gutachter*/experts: three adjudicators would receive forms detailing an individual patient and then make a recommendation, with Heyde, Linden or Nitsche as *Obergutachter*/Senior Experts taking the final decision. A *Gutachter* might evaluate 3,500 patient forms per month.²⁶ An initial trial killing at the prison at Brandenburg was meticulously documented by Astrid Ley.²⁷ Six killing centers covered the Greater German Reich, but they functioned at slightly different times. These were: Brandenburg Prison, Hadamar from January to August 1941, Schloss Hartheim under Rudolf Lonauer/Georg Renno from April 1940, Schloss Grafeneck during 1940 under Horst Schumann, and Sonnenstein-Pirna from June 1940 to August 1941; Brandenburg Prison,

25 Böhme, Boris. “Funktion und Verantwortung des Sächsischen Innenministeriums während der ‘Aktion T4,’” *Berichte des Arbeitskreises*, 1 (2001), pp. 63–90. Sandner, Peter. *Verwaltung des Krankenmordes. Der Bezirksverband Nassau im Nationalsozialismus*. Gießen: Psychosozial, 2003.

26 Kepplinger, Brigitte. “NS-Euthanasie in Österreich: die ‘Aktion T4,’” *Berichte des Arbeitskreises*, 8 (2012), pp. 9–36, here p. 18.

27 Ley, Astrid & Annette Hinz-Wessels (eds.). *The Euthanasia Institution of Brandenburg an der Havel. Murder of the Ill and Handicapped during National Socialism*. Berlin: Metropol, 2012.

due to its town center location, was replaced in October 1940 by the psychiatric hospital of Bernburg, near Halle. First in line for killing were patients at large provincial state psychiatric hospitals. A complex system of holding hospitals was instituted, in part so that relatives would lose track of the whereabouts of their family members, and in part to regulate the efficient "processing" of batches of 80 to 100 persons, who were transported to the killing center. Patients underwent a fake medical examination before being sent into a room with a fake showerhead. The physician turned the carbon monoxide gas on. The procedure was carefully planned in terms of patient logistics, arrival and then removal of bodies. A Standesamt/Registry Office issued a fake cause of death, although occasional mistakes included giving appendicitis as a cause when the appendix had been removed. Families received an urn with (randomly collected) ashes, and a bill for the costs of cremation.

A special commission under Heyde and Nitsche visited psychiatric hospitals in the so-called Ostmark (the post-Anschluss name for Austria) in June 1940 to speed up procedures, and a further commission under Mennecke dealt with Tirol and Vorarlberg patients in August 1940.²⁸ 2,200 mainly adult patients were murdered from the Steinhof psychiatric hospital. Grey buses of the "Gekrat" (an abbreviation for the *Gemeinnützige Krankentransport GmbH/Communal Transport for the Sick*) organization transported victims to Hartheim (just as to other T4 killing centers). The high rates of killing in Austria continued after the "euthanasia stop" in holding institutions—so that in August 1942 patients from Hall in Tirol were killed in Niedernhart (Linz) psychiatric hospital at Lonauer's direction.²⁹ On June 9, 1941, the annexed Yugoslav territory of "Untersteiermark" saw 357 patients transported for killing at Hartheim, representing 89% of the patients from Novo Celje/Neu Cilli.

An activist in the Austrian resistance, Karl Schuhmann, photographed in secret the Hartheim chimney exuding smoke of incinerated bodies. On August 24, 1941, came an ostensible "Stop" with the sermon in Münster by

28 Kepplinger. "NS-Euthanasie in Österreich," p. 19. Chroust, Peter (ed.). *Friedrich Mennecke. Innenansichten eines medizinischen Täters im Nationalsozialismus. Eine Edition seiner Briefe 1935–1947*. Hamburg: Hamburger Institut für Sozialforschung, 1988.

29 Kepplinger. "NS-Euthanasie in Österreich," p. 25.

the Roman Catholic Bishop Clemens August Graf von Galen.³⁰ The British Royal Air Force dropped leaflets to inform Germans about the killings.

A handful of nurses offered resistance.³¹ A few psychiatrists discharged patients. Gottfried Ewald, a professor of psychiatry at the University of Göttingen and a supporter of sterilization, refused to support “euthanasia” killings; Hans Roemer was director of the Illenau psychiatric hospital and opposed patient killings. The few who resisted were not subject to any penalty for resistance.

Sara Berger has analyzed how 120 T4 staff were transferred to set up and supervise the “Aktion Reinhardt” death camps of Belzec, Sobibor and Treblinka.³² Franz Stangl was transferred (in a managerial capacity) to Belzec and Treblinka, and the physician Irmfried Eberl to administer Treblinka, albeit a task beyond his capacities.

While this T4/Aktion Reinhardt linkage was crucial in connecting “euthanasia” to the Holocaust, the killings of psychiatric patients (and others) continued at a high rate until May 1945. Bernburg’s gas chamber was used to kill forced laborers and Soviet prisoners. While Hadamar was used as a children’s home, further killings took place including Wehrmacht/German army and SS soldiers; so-called *Mischlingskinder*/“mixed race” children were killed by starvation, poisons and lethal injections. The T4 installations of Hartheim, Bernburg and Sonnenstein were used from 1941 to 1944 in the 14f13 program when invalid and Jewish prisoners were sent from concentration camps to be killed in the gas chambers. 14f13 had an estimated 20,000 victims.³³ Other T4 installations were dismantled and

30 Griech-Poelle Beth. *Bishop Galen, German Catholicism and National Socialism*. New Haven: Yale, 2002.

31 Benedict, Susan & Linda Shields (eds.). *Nurses and Midwives in Nazi Germany: The “Euthanasia Programs.”* New York: Routledge, 2014. McFarland-Icke, Bronwyn R. *Nurses in Nazi Germany. Moral Choice in History*. Princeton, NJ: Princeton University Press, 1999.

32 Berger, Sara. *Experten der Vernichtung. Das T4-Reinhardt-Netzwerk in den Lagern Belzec, Sobibor und Treblinka*. Hamburg: Hamburger Edition, 2013. See also the contribution by Sara Berger in this publication.

33 Schwanninger, Florian. “Schloss Hartheim und die “Sonderbehandlung 14f13.” In: Arbeitskreis zur Erforschung der nationalsozialistischen “Euthanasie” und Zwangssterilisation (ed.). *NS-Euthanasie in der “Ostmark”*. Fachtagung vom 17. bis 19. April 2009 im Lern- und Gedenkort Schloss Hartheim, Alkoven (Berichte des Arbeitskreises, Bd. 8). Münster 2012, pp. 61–88.

effectively camouflaged as at Grafeneck, and Hartheim became a children's home. Pirna-Sonnenstein became a military hospital from October 1942.

T4 continued to exist as a research organization until 1945, and in the event of a victory systematic gassings would have been restarted. There were two dedicated T4 clinical research centers: the Forschungsabteilung/research department of the Landesanstalt Brandenburg-Görden, from January 26, 1942 until March 31, 1943, with 160 beds under Heinze, and the Heidelberg Psychiatric Clinic from summer 1943. At Heidelberg 21 children were clinically examined in meticulous detail and then killed so that their brains could be analyzed.³⁴ In 1944–45 there was systematic destruction of documents at Hadamar.³⁵

Child "Euthanasia" 1939–1945

The child "special care" units were secret and widespread. They ranged from large metropolitan departments like the Spiegelgrund in Vienna, to smaller more transitory units. There were some thirty units, although for some (as at Dobransy) the requested records have not been released.³⁶ The forms of killing included lethal injections, starvation or overdoses of medication. Starvation and use of drugs like Luminal and Morphium-Scopolamine were officially favored in the period of decentralized "euthanasia."³⁷ The types of child killing units have been well captured by Lutz Kaelber in a superbly documented website covering the relevant literature, fragmented sources, historic and contemporary pictures, and commemorative events.³⁸

34 Rotzoll, Maike & Gerrit Hohendorf. "Murdering the Sick in the Name of Progress? The Heidelberg Psychiatrist Carl Schneider as a Brain Researcher and 'Therapeutic Idealist'." Weindling, Paul (ed.). *From Clinic to Concentration Camp. Reassessing Nazi Medical and Racial Research, 1933–1945*. Abingdon: Routledge, 2017.

35 See *Quellen zur Geschichte der "Euthanasie"-Verbrechen 1939–1945 in deutschen und österreichischen Archiven. Ein Inventar*, ed. on behalf of the Federal Archives by Harald Jenner, https://www.bundesarchiv.de/geschichte_euthanasie/Inventar_euth_doe.pdf, accessed 13.9.2018.

36 Kaelber, Lutz & Raimond Reiter (eds.). *Kinder und "Kinderfachabteilungen" im Nationalsozialismus. Gedenken und Forschung*. Frankfurt a.M.: Lang, 2011.

37 Faulstich, Heinz. *Hungersterben in der Psychiatrie 1914–1949. Mit einer Topographie der NS-Psychiatrie*. Freiburg im Breisgau: Lambertus, 1998.

38 <http://www.uvm.edu/~lkaelber/children/>, accessed 13.9.2018.

Table: Children's Killing Wards: Duration and Victim Numbers

Name/Location	Opened	Closure	Numbers killed	Numbers used for Research
Görden	1939/40	1945 May	1040/1275	ca. 1000
Steinhof [Vienna]	1940 July	1945 March	800	800
Wiesloch [Baden]	1940 Oct	1941 August	?	?
Leipzig-Dösen	1940 Oct	1943 Dec	551	n
Niedermarsberg	1940 Nov	1941 Dec	53	
Eglfing-Haar	1940 Oct	1945 May	332	250
Rothenburgsort	1940	1945	60	5
Langenhorn [Hamburg]	1941 Feb	1943	22	
Eichberg	1941 March	1945 March	500	ca. 30
Wiesengrund ["Sudetengau"] (Dobřany)	1941 April/ May?	1944 Oct?	?	
Uchtspringe	1941 June	1945 April	350/800	
Berlin-Wiesengrund	1941 July	1945	175	175
Sachsenberg [Mecklenburg]	1941 Aug	1945	600	
Waldniel [Neuss]	1941 Aug	1943 July	91	
Kalmenhof [Idstein, Hesse]	1941 Aug/ Sep	1945 March	600	
Lüneburg	1941 Oct	1945 May	450	

Dortmund-Aplerbeck	1941 Nov	1943	236	
Schleswig-Hesterberg	1941 Dec	1942 Feb	216	
Loben/Lubliniec	1941 Dec	1944	302	302
Leipzig Uni-Klinik	1941	1943 Dec	ca. 700?	ca. 700?
Am Feldhof Graz	Late 1941	1945 April	270	
Kaufbeuren-Irsee	1941 Dec	1945 April	221	23
Wiesengrund/Sudetengau	1941 Apr–1942 Sept	1945	?	?
Konradstein/Kocborowo (Starogard Gdański)	1942	1944	550	
Schleswig-Stadtfeld	1942 Feb	1945 May	216	
Stadtroda [Thuringia]	1942	1945 April	133	
Ansbach [Bavaria]	1942 Dec	1945 March	86	86
Tiegenhof/Dziekanka (Gnieźno)	1943 Feb	1944	138	
Ueckermünde [Vorpommern]	1943 April	1945 April	?	
Breslau	1943	1944	145	
Grossschweidnitz [Saxony]	1943 Dec	1945	300	
Stuttgart	1943	1944/45	?	
Total			9731	

Victim representations vary between biographies of exemplary individuals and comprehensive naming of complete groups. The adolescent Ernst Lossa, who was killed after having smuggled food into the starvation ward, has become talismanic.³⁹ Waltraud Häupl (whose own sister was a victim) has commendably published biographies of whole series of victims, notably for the Spiegelgrund in Vienna. Many of the children and youths killed were transported long distances from locations in Germany, such as from Hamburg and Mönchengladbach. The compiled biographies cite extracts from the children's case histories, and include medical diagnoses.⁴⁰ This renders Häupl's work vivid and in many ways a much better tribute than the often-bland, semi-anonymized notices that often only give the child's first name and date of death.

“Euthanasia” and the Holocaust

All phases of “euthanasia” intersect with the killing of Jews. In March to April 1940 there was the *Sonderaktion zur Ermordung jüdischer Patienten*/the Special Operation to Kill Jewish Patients. It was extremely difficult for the chronically sick and disabled to gain entry to foreign countries, and families were forced to leave relatives behind in the hope that they would be cared for. The first killing of Jews by poison gas took place at the T4 installations. The killing of Jewish patients took place in phases: in July to October 1940 using the T4 killing centers at Brandenburg/Havel and Hartheim bei Linz, and then from February to May 1941 at Hadamar (328 persons) and Hartheim. The Reich Ministry of the Interior decreed

39 Cranach, Michael von & Hans-Ludwig Siemen (eds.). *Psychiatrie im Nationalsozialismus. Die Bayerischen Heil- und Pflegeanstalten zwischen 1933 und 1945*. München: Oldenbourg Wissenschaftsverlag, 1999, (Aufsatzsammlung: pp. 265–325; Heil- und Pflegeanstalt Kaufbeuren, pp. 475–486; Ernst Lossa: Eine Krankengeschichte).

40 Häupl, Waltraud. *Die ermordeten Kinder vom Spiegelgrund. Gedenkdokumentation für die Opfer der NS-Kindereuthanasie in Wien*. Wien/Köln/Weimar: Böhlau, 2006. Häupl, Waltraud. *Der organisierte Massenmord an Kindern und Jugendlichen in der Ostmark 1940–1945. Gedenkdokumentation für die Opfer der NS-Euthanasie*. Wien/Köln/Weimar: Böhlau, 2008, Häupl, Waltraud. *Spuren zu den ermordeten Kindern und Jugendlichen in Hartheim und Niedernhart. Gedenkdokumentation für die Opfer der NS-Euthanasie*. Wien, Köln, Weimar: Böhlau, 2012.

on August 30, 1940, the establishment of *Sammelanstalten*/Collecting Institutions for Displaced Jewish Patients. These institutions were spread throughout German territory: The Heil- und Pflegeanstalt Eglfing-Haar was a *Sammelanstalt*/Collecting Institution for Bavaria; the Landesheil- und Pflegeanstalt Wunstorf for the Provinz Hannover; the Landesheilanstalt Gießen for Nordhessen and Westfalen; Heil- und Pflegeanstalt Hamburg-Langenhorn for Norddeutschland, and "Am Steinhof" in Vienna for the "Ostmark"/former Austria. The costs of "care" (more accurately of killing) were charged to the Jewish community. There were 2,040 victims.⁴¹ From September 1941 transports of unknown numbers of Jewish patients took place to extermination camps. The complex logistics of transfers should be studied not as batches but as named persons.

Decentralized or so-called "wild euthanasia" intensified after August 1941 using specified and widely distributed wards, similar to the children's killing program. Holding centers became places of decentralized "euthanasia." An example is Landesanstalt Grossschweidnitz in Saxony, where an estimated 5,000 patients were killed. Food rations were drastically cut; then Luminal doses were introduced.⁴² In the Ostmark/former Austria decentralized "euthanasia" killings continued at a high rate until the end of the war: among the institutions were Ybbs, Mauer-Öhling, Valduna in Vorarlberg, Hall in Tirol, Mils, Brück an der Glocknerstrasse, Schneeberg, Schlierach, Am Feldhof (Graz), Kainbach, Gugging (by Klosterneuburg), Krankenhaus Klagenfurt, and at Niedernhart (Linz), where the psychiatrist Emil Gelný used a vicious electroshock apparatus. Gelný's murderous conduct shows how much was left to the individual initiative of psychiatrists.⁴³ Historical

41 Lilienthal, Georg. "Jüdische Patienten als Opfer der NS-'Euthanasie'-Verbrechen." *Medaon*, 3 (2009), <http://www.medaon.de/de/artikel/juedische-patienten-als-opfer-der-ns-euthanasie-verbrechen/>, accessed 13.9.2018.

42 Boehm, Boris. "Funktion und Verantwortung des Sächsischen Innenministeriums während der 'Aktion T4.'" In: Arbeitskreis zur Erforschung des nationalsozialistischen "Euthanasie" und Zwangssterilisation (ed.). *Der Sächsische Sonderweg bei der NS-"Euthanasie"*. Fachtagung vom 15. bis 17. Mai in Pirna-Sonnenstein (Berichte des Arbeitskreises, 1). Münster 2001, p. 89. Krumpolt, Holm. "Die Landesanstalt Großschweidnitz als 'T4'-Zwischenanstalt und Tötungsanstalt 1939–1945." *Ibid.*, pp. 139–174.

43 Czech, Herwig. "Jenseits von Hartheim. Dezentrale Krankenmorde in Österreich während der NS-Zeit." NS-Euthanasie in der "Ostmark." Fachtagung vom 17. bis 19. April 2009 im Lern- und Gedenkort Schloss Hartheim, Alkoven (*Berichte*

study of this decentralized phase has been very partial and reconstruction of a complete analysis of all victims of decentralized “euthanasia” in the Ostmark, Altreich (German national territory prior to annexing Austria), and other annexed and occupied territories is long overdue.

The killing of prisoners selected as nominally sick or disabled in concentration camps was known as *Sonderbehandlung*/Special Treatment 14f13 and began in April 1941 with a team of doctors visiting concentration camps. There is no composite listing of 14f13 victims. Jews, forced laborers and prisoners of war were killed in the former T4 killing centers of Bernburg and Hartheim. 3,000 prisoners from Mauthausen concentration camp were killed in the Hartheim gas chamber.⁴⁴

The concept of an “Aktion Brandt” has been historically more controversial. In 1985 the political scientist Götz Aly supposed that Karl Brandt, in his role as the Führer’s representative for the Sanitary Provision, organized the displacement of psychiatric patients to rural barracks so as to clear hospital beds for air raid casualties. This implied centralized direction of the killings. The historian Winfried Süß postulated that the administrative efforts to free beds was regionalized, and there is some evidence of the transfer of psychiatric patients to improvised accommodation.⁴⁵

Victims from the peripheries of the Reich require detailed reconstruction. The *Umsiedler*/resettlers from Bessarabia “returning” (after more than 100 years) to the Reich were screened for mental illness, and family members disappeared.⁴⁶ The links between deportations from the “Sude-

des Arbeitskreises zur Erforschung der Nationalsozialistischen Euthanasie und Zwangssterilisation 8). Münster: Klemm+Oelschläger, 2012, pp. 37–60.

44 Schwanninger, Florian. “‘Wenn du nicht arbeiten kannst, schicken wir dich zum Vergasen.’ Die ‘Sonderbehandlung 14f13’ im Schloss Hartheim 1941–1944.” In: Kepplinger, Brigitte et al. (ed.). *Tötungsanstalt Hartheim*. Linz: Verlag OÖ. Landesarchiv, 2008. pp. 155–208.

45 Süß, Winfried. “Dezentralisierter Krankmord. Zum Verhältnis von Zentralgewalt und Regionalgewalten in der ‘Euthanasie’ seit 1942.” In: Möller, Horst & Jürgen John & Thomas Schaarschmidt (eds.). *NS-Gaue—regionale Mittelinstanzen im zentralistischen ‘Führerstaat’*. München: Oldenbourg, 2007, pp. 123–135.

46 Schlechter, Susanne. “Verschwundene Umsiedler—SpurensucheProjekte zum Schicksal sogenannten ‘lebensunwerten Lebens’ bei der Umsiedlung der Bessarabiendeutschen im Herbst 1940,” *Berichte des Arbeitskreises*, 8 (2012), pp. 193–218. Fiebrandt, Maria. “Volks und Reichsdeutsche in den Heilanstalten Warta und Tiegenhof (Warthegau) 1939 bis 1945.” *Ibid.*, pp. 219–254.

tenland" to Sonnenstein-Pirna have been documented.⁴⁷ This is similarly the case for transfers of psychiatric patients from South Tyrol. South Tyrol patients were taken to Grafeneck/Zwiefalten and a small number to Kaufbeuren as research subjects; six of the transferred children died in TB vaccine research.⁴⁸ By way of contrast there has been no systematic study of transfers of patients from the annexed Alsace and Lorraine/Lothringen.⁴⁹

There is no documentation of patients and other murdered persons who were foreign nationals; and no way of knowing who among the victims were Jews, Sinti/Roma or Jenisch. Studies of wholesale killings should be based on patient registers so that the victims can be identified. The approach to date has been very much top down, using orders and subsequent trials for killings by Einsatzgruppen.⁵⁰ Victims were characterized as having irritating behavior, an inability to work, and for being unclean. A higher proportion of women among the victims is evident.

The last known killing was of Richard Jenne on May 29, 1945 at Kaufbeuren, where the Americans found the patient killing procedures still in operation. An estimate is that there were 216,400 victims in the territory of Germany and Austria, and 60/80,000 for territories under German occupation.⁵¹ The estimates vary and need to be replaced by aggregating actual persons killed so that the shocking figures of persons killed as part of the Nazi strategy to liquidate the ill and disabled become evidence-based, verifiable and commemorated. The killings were racially motivated, justifying re-categorization from being medical to being Holocaust related

47 <http://www.schloss-hartheim.at/projekt-sudetenland-protektorat/de/ergebnisse-des-projekts.htm#6>, accessed 13.9.2018.

48 <http://www.menschenfolter.de/PDF/NS-Euthanasie-Tirol-Vorarlberg.pdf>, accessed 13.9.2018.

49 See for example the chapter by Simunek on occupied Bohemia and Moravia in this publication.

50 Hohendorf, Gerrit. "Krankenmorde im Osten—das Beispiel Mogilew/Belarus," *Berichte des Arbeitskreises*, 8 (2012), pp. 239–254. Friedman, Alexander & Rainer Hudemann. *Diskriminiert—vernichtet—vergessen. Behinderte in der Sowjetunion, unter nationalsozialistischer Besatzung und im Ostblock 1917–1991*. Stuttgart: Steiner, 2016.

51 Faulstich, Heinz. "Die Zahl der 'Euthanasie'-Opfer." In: Frewer, Andreas & Clemens Eickhof (eds.). *"Euthanasie" und die aktuelle Sterbehilfe-Debatte. Die historischen Hintergründe medizinischer Ethik*. Frankfurt a.M./New York: Campus, 2000, p. 227.

documents. Here there is a need for full disclosure on the part of German and Austrian archives, and some re-categorizing of documents in victim countries like Czechoslovakia and Poland in order to open collections and permit citation of victim names. This will open the way to a person-based historical analysis and commemoration.

Historiography

In 1940–41 the US journalist William Shirer drew attention to the psychiatric killings and their organization.⁵² After the war, Allied war crimes units investigated the killing centers such as Hartheim, in June to July 1945.⁵³ A series of Allied trials uncovered major contours of the killing program. For reasons of legal jurisdiction, the Allied trials focused on the killing of “Allied nationals”—especially of Poles and Soviet citizens. This was the strategy at the Hadamar trial in Frankfurt/Main in October 1945. At the Nuremberg Medical Trial from December 1946 to August 1947 the Czech prosecutor Horlick-Hochwald prepared a successful case against Karl Brandt and Viktor Brack of the Chancellery of the Führer by focusing on “14f13” (the numbers and letter f were SS administrative codes) links between “euthanasia” killings and selections of the infirm from concentration camps.⁵⁴

The first historical work was written between 1945 and 1948 by eyewitnesses of Nazi psychiatry. Gerhard Schmidt, the post-war commissar director of Eglfing-Haar psychiatric hospital near Munich, wrote “Selektion in der Heilanstalt”/“Selection in the Hospital” in 1945 but it remained unpublished for 20 years.⁵⁵ Alice Platen-Hallermund (later, von Platen-Ricciardi) was a psychiatrist and a member of the German delegation of observers at Nuremberg; she based her pioneering historical account

52 Noack, Thorsten. “William L. Shirer and International Awareness of the Nazi ‘Euthanasia’ Program.” *Holocaust and Genocide Studies*, 30 (2016) 3, pp. 433–457.

53 Kepplinger, Brigitte & Irene Leitner (eds.). *Dameron Report—Bericht des War Crimes Investigating Teams No. 6824 der U.S. Army vom 17.7.1945 über die Tötungsanstalt Hartheim*. Innsbruck/Wien/Bozen: Studienverlag, 2011.

54 Weindling. *Nazi Medicine and the Nuremberg Trials*, p. 101.

55 *Selektion in der Heilanstalt*. Stuttgart: Evangelisches Verlagswerk, 1965 (new ed. 2012 Springer) ed. by Frank Schneider.

on the Nuremberg Medical Trial and the US-run Hadamar Trial at Frankfurt.⁵⁶

In 1947 the Russian zone conducted an effective trial for "euthanasia" at Sonnenstein-Pirna concluding with death sentences against Nitsche and three others.⁵⁷ In 1948 the Soviets condemned Erwin Jekelius to 25 years' hard labor for patient deaths at the Spiegelgrund/Steinhof. In Austria Ernst Illing, director of "Spiegelgrund," was sentenced to death and Marianne Türk to ten years in prison in 1946. Later, prosecution of Nazi crimes lessened and two of the doctors, Heinrich Gross and Hans Bertha, had highly successful careers without being convicted (the prosecution of Gross for murder of just a single patient being quashed in 1951). Once the two Germanies took over responsibility for prosecution, there were numerous acquittals. From the 1950s to the early 80s "euthanasia" was seen as a marginal area disconnected from the Holocaust.⁵⁸ Sentences became light and pleas of acting conscientiously following medical principles were accepted.⁵⁹ The 1983 overview by the journalist Ernst Klee aroused new public concern with "euthanasia."⁶⁰ Klee focused on exem-

56 Bryant, Michael. *Confronting the "Good Death." Nazi Euthanasia on Trial. 1945–1953*. Boulder: University Press of Colorado, 2005. Westermann, Stefanie & Richard Kühl & Tim Ohnhäuser (eds.). *NS-"Euthanasie" und Erinnerung. Vergangenheitsaufarbeitung—Gedenkformen—Betroffenenperspektiven*. Münster: LIT, 2011. Platen-Hallermund, Alice. *Die Tötung Geisteskranker in Deutschland. Aus der Deutschen Ärztekommision beim Amerikanischen Militärgericht*. Frankfurt a.M.: Frankfurter Hefte, 1948. Schmidt, Gerhard. *Selektion in der Heilanstalt 1939–1945*. Stuttgart: Evangelisches Verlagswerk, 1983.

57 Hohmann, Joachim S. *Der "Euthanasie"-Prozeß von Dresden 1947. Eine zeitgeschichtliche Dokumentation*. Frankfurt a.M.: Lang, 1993. Schweizer-Martinschek, Petra. *Die Strafverfolgung von NS-"Euthanasie"-Verbrechen in SBZ und DDR*. Stöttwang: Bauer, 2016.

58 Raim, Edith. *Nazi Crimes Against Jews and German Post-War Justice. The West German Judicial System During Allied Occupation (1945–1949)*. Berlin: De Gruyter Oldenbourg, 2014. Raim, Edith. *Justiz zwischen Diktatur und Demokratie. Wiederaufbau und Ahndung von NS-Verbrechen in Westdeutschland 1945–1949*. München: Oldenbourg, 2013.

59 Osterloh, Jörg & Clemens Vollnhals (eds.). *NS-Prozesse und deutsche Öffentlichkeit. Besatzungszeit, frühe Bundesrepublik und DDR*. Göttingen: Vandenhoeck & Ruprecht, 2011.

60 Klee, Ernst. *"Euthanasie" im NS-Staat: die "Vernichtung lebensunwerten Lebens."* Frankfurt a.M.: S. Fischer, 1983.

plary cases of perpetrators and victims with eloquent irony. The political scientist Götz Aly took up issues of Berlin psychiatry in its wider political and scientific context. He made the shocking discovery that brain specimens from deliberately killed children were held at Max Planck Institute for Brain Research.⁶¹ The other factor in the marginalization of “euthanasia” was that it was seen as detached from the Holocaust. The achievement of the historian Henry Friedlander was to have integrated “euthanasia” with the unfolding of the Holocaust.⁶²

Some 30,000 case files held by the *Stasi*/former East German Secret Police were discovered in 1990 and transferred to the *Bundesarchiv*/Federal German Archives. The Heidelberg group of medical historians selectively studied these on the basis of sampling. Between 1999 and 2002, 3,000 out of the approximately 30,000 available records were evaluated using 90 variables.⁶³ Working with such a large number of variables meant that the research was highly selective, restricted to 10% of the records. More than 80% of the victims (and more than 70% of T4 survivors) were in asylums for more than five years.

Women were more often murdered than men. Patients with the diagnosis “schizophrenia” (47% of all asylum inmates) made up 58% of the victims. Patients with the diagnosis “mental retardation” had a better chance to survive (if they were working), but “disturbing” and “high maintenance” patients had a reduced chance of survival. Only 10% of the surviving documents were sampled, but even more selective was that in 2007, 23 victim biographies were published under the title (somewhat ironic given partial anonymization) “Forgetting Destruction is Part of Destruction Itself.”⁶⁴

The existence of post-mortem research specimens of brain tissue in scientific collections in Germany and Austria was ignored, creating the

61 *Totgeschwiegen 1933–1945: Zur Geschichte der Wittenauer Heilstätten—seit 1957 Karl-Bonhoeffer-Nervenlinik*. Berlin: Hentrich, 1989.

62 Friedlander, Henry. *The Origins of Nazi Genocide. From Euthanasia to the Final Solution*. Chapel Hill: North Carolina University Press, 1995.

63 *Die nationalsozialistische “Euthanasie”-Aktion T4 und ihre Opfer*. Paderborn: Schöningh, 2010.

64 Fuchs, Petra & Maike Rotzoll & Ulrich Müller & Paul Richter & Gerrit Hohendorf. “Das Vergessen der Vernichtung ist Teil der Vernichtung selbst”. *Lebensgeschichten von Opfern der nationalsozialistischen “Euthanasie.”* Göttingen: Wallstein, 2007.

false impression that, historically, "euthanasia" was a closed issue. There is a lack of expertise in working with victim histories when there still is material historical evidence of brain tissue (as scientifically forensic and diagnostic analysis is rapidly advancing). It remains unclear how the brain tissues and documents can be brought together—whether for analysis of the cause of death, or commemoration.

The early 1980s saw significant new interest in Nazi "euthanasia" killings in Germany and Austria.⁶⁵ *Der Arbeitskreis zur Erforschung der Geschichte von NS-"Euthanasie" und Zwangssterilisation/Working Group for the History of Nazi "Euthanasia" and Compulsory Sterilization* was established in 1983. Klaus Dörner, a psychiatrist, played a crucial role in encouraging psychiatrists and nurses to recall details of the killings in their place of work, and soon many others joined them. This association, inclusive of Austrians and Germans, has accomplished a vast amount in terms of detailed institutional and local studies, as well as regional studies. The Arbeitskreis involved professional historians, historians of medicine, health care workers and lay persons. They called themselves *Barfußhistoriker*/barefoot historians (a reference to populist healers). Sascha Topp has reviewed the engaged historical work, very much history "from below," covering a multiplicity of topics on institutions, and extending to the role of the churches and resistance. Less prominent has been the reconstruction of patient life stories, and if individuals are mentioned they will be anonymized. As a lobbying group, the Arbeitskreis has pressed for compensation for victims and, in 1995, it argued for preservation—as a single entity—of the T4 files discovered in a former Stasi Archive, rather than fragmenting the collection in provincial archives.⁶⁶ In 1986 the Arbeitskreis commendably lobbied against inadequate victim compensation. In 1989 the Arbeitskreis launched a petition against the re-legalization of coerced sterilization.

65 Neugebauer, Wolfgang. "Zur Psychiatrie in Österreich: 'Euthanasie' und Sterilisation." In: Weinzierl, Erika & Karl R. Stadler (eds.). *Justiz und Zeitgeschichte*. Wien, 1983, pp. 197–286.

66 Topp, Sascha. Das Ringen der Zwangssterilisierten und NS-"Euthanasie"-Geschädigten um "Wiedergutmachung" und 25 Jahre Arbeitskreis NS-"Euthanasie." *Berichte des Arbeitskreises*, 8 (2012), pp. 255–286. Wunder, Michael. "Zur Geschichte des "Arbeitskreises zur Erforschung des nationalsozialistischen 'Euthanasie' und Zwangssterilisation." *Berichte des Arbeitskreises*, 1 (2001), pp. 9–19.

Thereafter, attention shifted from victims to general bioethical issues. In 1996, a “Grafeneck Convention” on human embryo research and human genome research was drawn up by the psychologist Michael Wunder.⁶⁷ In 2011 came the Irsee *Stellungnahme zur Präimplantationsdiagnostik*/Irsee Position on Preimplantation Diagnosis. The Arbeitskreis protested against preimplantation tests on embryos and stem cell research. “Euthanasia” history loses its focus on the original victims of a Nazi racial atrocity by becoming involved with current bioethical issues. While people may draw their own conclusions on current issues, it is a violation of the integrity of victims of “euthanasia” to be linked in any way to positions against or for current bioethical issues of reproductive ethics. The arguments on human fertility instrumentalize the victims of National Socialist mass murder. Bioethical agendas divert attention from the full reconstruction of the victims in their own terms as the persons they once were. When the question of naming of victims was raised at a meeting at Irsee in 2011, opinions were divided.⁶⁸ The practice of blacking out names (or removing them digitally) had become routine and unquestioned.⁶⁹ A practice imposed by restrictive archives had somehow been assumed as fulfilling a necessary responsibility, placing the putative interests of (possible) descendants in the present over the past. Reconstructing all victim life histories and according victims the dignity as persons by restoring names has been regarded as neither historically necessary nor as essential for dignified commemoration.

A victim organization, *Bund der “Euthanasie”-Geschädigten und Zwangssterilisierten*/League for Persons Damaged by Euthanasia and Compulsory Sterilization was founded in 1987. A key issue was recognition in terms of Federal German Parliamentary legislation (Austria

67 “Appell des Arbeitskreises zur Aufarbeitung der der nationalsozialistischen ‘Euthanasie’ und Zwangssterilisation.” <https://www.ak-ns-euthanasie.de/stellungnahmen/neues-sterilisationsgesetz-2/?lang=en>, accessed 13.9.2018.

68 Weindling, Paul. “Menschenversuche und ‘Euthanasie’—das Zitieren von Namen, historische Aufarbeitung und Gedenken.” In: Arbeitskreis zur Erforschung der nationalsozialistischen “Euthanasie” und Zwangssterilisation (ed.). *Den Opfern ihre Namen geben. NS-“Euthanasie”-Verbrechen, historisch-politische Verantwortung und Erinnerungskultur*. Münster: Klemm+Oelschlaeger, 2011, pp. 115–132 (Berichte des Arbeitskreises 7).

69 Beddies, Thomas (ed.). *Im Gedenken der Kinder. Die Kinderärzte und die Verbrechen an Kindern in der NS-Zeit (Ausstellungskatalog)*, Berlin 2006.

initially falling out of view) of the racial character of both sterilization and "euthanasia" killings. Modest compensation was achieved.⁷⁰ Austria subsequently indirectly recognized sterilization victims through eligibility for compensation from the National Fund from 1995, and later inclusion in the Victims' Welfare Act. In 2007 the sterilization law of 1933 was finally subject to *Ächtung*/proscription. In 2009 Bund was replaced by an "Arbeitsgemeinschaft," with Margret Hamm remaining as spokesperson.⁷¹

The deep and enduring problem remains anonymization of victims. The recent accessible naming of 30,076 of the ca. 72,000 T4 victims (and the selective sampling), as well as recent local commemorative publications, such as for Munich, represent a significant turning point.⁷² Yet the overall history (with 14f13, and decentralized adult and child "euthanasia") remains based on estimated numbers of victims. The concealment means that the majority of individual identities remains unknown, so that although "euthanasia" shows the first targeted killing of Jews, it was an achievement to reconstruct the identities of the first Jews killed by poison gas. The estimated numbers of "euthanasia" victims were often calculated by prosecution lawyers in the 1950s. These aggregates, taken often as absolute numbers, in fact require re-evaluation. Benzenhöfer has reviewed how a prosecutor provisionally calculated 5,000 child victims. Benzenhöfer concedes that the number is higher, approaching 9,000 victims, although given the shadowy nature of certain clinics and high numbers at Spiegelgrund, Wiesengrund, Görden, and Eglfing-Haar, his revised number still appears to be too low.⁷³ Similar uncertainties prevail for decentralized adult killings. Other estimates are on even shakier ground, such as the 14f13 killings. The deception imposed at the time effectively remains in place, blocking individual victim identification. Only by naming victims can persons be traced through the network of intermediary holding insti-

70 Weindling, Paul. "Entschädigung der Sterilisierungs- und Euthanasie-Opfer nach 1945." In: Henke, Klaus-Dietmar (ed.). *Tödliche Medizin im Nationalsozialismus. Von der Rassenhygiene zum Massenmord*. Köln: Böhlau, 2008, pp. 31–46.

71 Hamm, Margret (ed.). *Ausgegrenzt! Warum? Zwangssterilisierte und Geschädigte der NS-"Euthanasie" in der Bundesrepublik Deutschland*. Berlin: Metropol, 2013.

72 *Gedenkbuch für die Münchner Opfer der nationalsozialistischen "Euthanasie"-Morde*. Göttingen: Wallstein, 2018.

73 See table in this chapter.

tutions. Anonymization thus supports an initially Nazi-imposed system of concealment. The importance of names of patients and their files as indicating medical conduct was shown in the case of Babette Fröwis, because Hans Joachim Sewering, who had ambitions to become president of the international ethical World Medical Association, signed Babette's transfer to a known "euthanasia" institution.⁷⁴ Issues of historical accountability have arisen with the children's doctor Hans Asperger's referral of patients to the killing wards of the Spiegelgrund.⁷⁵

For T4 the 30,076 personal case files have—in terms of public access—finally become accessible. Since August 2018 the collection R179 has an online finding aid. Previously there was an "illegal" list, dating from 2002, and placed online for commemorative purposes by Hagai Aviel.⁷⁶ After reading names in public in Berlin, Aviel's group of anti-psychiatry activists placed family and first names, and dates of birth online. This was highly revealing, showing the numbers of elderly people—those born in the 1860s or 70s—who had been killed. However, by the summer of 2016 the Bundesarchiv recognised the desirability of publishing named victims along with the location of the institution where patients were held, dates of birth, and the final transport or the final record entry dates of the ca. 30,000 "T4" victims.⁷⁷

74 Roelcke, Volker & Sascha Topp & Etienne Lopicard & William S. Seidelman. "Requiescat sine Pace": Recollections and Reflections on the World Medical Association, the Case of Dr. Hans Joachim Sewering and the Murder of Babette Fröwis." In: Roelcke, Volker & Etienne Lopicard & Sascha Topp (eds.). *Silence, Scapegoats, Self-Reflection. The Shadow of Nazi Medical Crimes on Medicine and Bioethics*. Göttingen: V&R Unipress, 2014, pp. 281–300. Hohendorf, Gerrit & Heiner Fangerau & Bettina Wahrig. "Zum Nachruf auf Prof. Hans Joachim Sewering—Kein Hinweis auf seine Rolle im Nationalsozialismus." *Deutsches Ärzteblatt*, 107 (2010) 32/33, A 1520.

75 Czech, Herwig. "Hans Asperger, National Socialism, and 'race hygiene' in Nazi-era Vienna." *Molecular Autism*, 9 (2018) 29 [https://molecularautism.biomedcentral.com/articles/10.1186/s13229-018-0208-6, accessed 13.9.2018]. Scheffer, Edith. *Asperger's Children: The Origins of Autism in Nazi Vienna*. New York: W.W. Norton, 2018.

76 https://www.iaapa.de/il/46024/Claims.html, accessed 13.9.2018.

77 https://www.bundesarchiv.de/DE/Content/Downloads/Aus-unserer-Arbeit/liste-patientenakten-euthanasie.pdf?__blob=publicationFile, accessed 31.8.2018.

There is a high percentage of elderly victims, many born in the 1860s. The online listing finally ends the suppression of the identities of a major group of Nazi victims. Diagnoses made at the time are not included. The reasons might include presumptions about illness being transmitted over generations and so thereby legitimating the diagnoses of Nazi racial science. Indeed, as the psychiatrist Michael von Cranach has pointed out, a medical record condemning a patient to death loses the status of being a valid medical record.⁷⁸

The reasons for anonymization make less and less sense over time. The Spiegelgrund victims were commendably named in 2002 by the municipality of Vienna, when the children’s brains and brain slides were buried. In 2012 when Aly asked for German victims to be fully named, he had a positive response from relatives.⁷⁹ The early collective memorials have begun to be supplemented by Stolpersteine and named memorials. The situation is today chaotic, with a continued tendency to anonymize as the default position, whereas public naming (as now considered respectful commemoration for Holocaust victims) should be the norm. It remains the case that no “T4” Memorial Institution publicly names all victims, and there is no linkage planned to provide a single memorial site for the T4 and for other sectors of “euthanasia” killings:

Victim Record on Request	Victim Listing in a Memorial Space	Online Accessible Victim Records
Bernburg	Brandenburg	Sonnenstein-Pirna [selected biographies only]
Hadamar	Grafeneck	
	Hartheim	

78 Cranach, Michael von. “Ein Plädoyer für die Namensnennung.” In: Nachama, Andreas & Uwe Neumärker (eds.). *Gedenken und Datenschutz: die öffentliche Nennung der Namen von NS-Opfern in Ausstellungen, Gedenkbüchern und Datenbanken*. Berlin: Hentrich & Hentrich, 2017, pp. 77–82.

79 Aly, Götz. *Die Belasteten: “Euthanasie” 1939–1945. Eine Gesellschaftsgeschichte*. Frankfurt a.M.: S. Fischer, 2013, p. 11.

The idea of a *Gedenkraum*/memorial space is to allow full names to be read but only in a specific location. Such memorial spaces have been established since the 1980s and are to be welcomed for any visitor who wishes to reflect on victims at the site of killing. How will anyone—especially from outside Germany—searching for a lost relative know where the appropriate space is located? Essentially, names are hidden away because of alleged legal restrictions on naming victims without consent of descendants, although most victims will not have descendants. That victims killed in a confined gas chamber should have their names restricted to a new confined space is symbolically problematic, imposing a new type of stigmatization. Such confining effectively means the listing remains inaccessible and buried. If the names are placed in arbitrary order (notably at Schloss Hartheim) this sends a message that the name can only be disclosed by special request, because of a need to conceal. There is an urgent need for collective memorials and restricted memorial spaces to finally offer named public commemoration, restoring the individual dignity of the victims. Article 1 of the German constitution declares that human dignity is inviolable: The current situation deprives victims of the dignity of their name. Rather, collective anonymization stigmatizes the whole murdered group.

Aly has questioned why naming victims of calculated murder for racial ends is declared illegal. One might further ask, why is it allowed to have Jewish victims publicly named, but not Jewish victims of “euthanasia” when racial motives were crucial in their killing? Aly rightly requests that victim names be placed accessibly online.⁸⁰ Since Aly’s impressive statement, a meeting at the Topographie des Terrors in Berlin in 2016 agreed the desirability of public naming the T4 victims, murdered nearly 80 years ago.⁸¹ The position was taken (albeit with modest dissent) that the diagnoses of the time should remain concealed (making the killings somewhat banal). The protecting of medical data on patients conceals mistreatment imposed by Nazi racial policies, culminating in murder. The priority of the need to commemorate and document victims of Nazi racial murders requires urgent attention. As studies of affected families have shown, there is still a need felt for recognition of the deceased relative; or a line has

80 Ibid., p. 17. Weindling, Paul. “‘Jeder Mensch hat einen Name’: Psychiatric Victims of Human Experiments under National Socialism.” *Die Psychiatrie*, 7 (2010), pp. 255–260.

81 Nachama & Neumärker (eds.). *Gedenken und Datenschutz*.

already been drawn and the family is detached from the deceased ancestor. In the Bregenzerwald there has been strong community support for recognizing victims with a named memorial.⁸² The Spiegelgrund has shown the desirability of releasing the names and diagnoses. There is no reason for the victim's name and even for the reasons given for holding and killing the individual—especially as a victim of Nazi racial policy—to be concealed.

Victims between Stigmatization and Recognition

The German Psychiatric Association (DGPPN) gave a courageous (albeit long overdue) public apology, delivered by Professor Frank Schneider, for psychiatrists' role in "euthanasia" in 2001.⁸³ The DGPPN has commendably sponsored a major historical program culminating in a monograph on its history under National Socialism, and an informative and well-documented traveling exhibition on the murder of the sick and disabled.⁸⁴ The T4 Memorial next to the Philharmonie in Berlin has been reconfigured with an informative public exhibition that includes 20 victim biographies, four of which are semi-anonymized.⁸⁵

But what is tragically missing is a "euthanasia" documentation center or at least a program to fully reconstruct the biographies of the 72,000 T4 victims (at least some could be identified from holding institution records). Should not the T4 memorials collaborate on a full-scale and publicly accessible reconstruction of the totality of victims? The Bundesarchiv has to its credit released the name listing of the files it holds, although it is not inclined to compile such a full victim listing as it has done for Germany's Jewish victims of the Holocaust. But what is missing is a full-scale reconstruction of—as far as possible—all victims as named persons.

The issue of naming continues to be discussed but without resolution. The Psychiatric Clinic Munich in 2013 saw a heated debate on "euthanasia"

82 Weber, Wolfgang. "Von Tätern und Opfern der NS-'Euthanasie' im Bregenzerwald." *Virus. Beiträge zur Sozialgeschichte der Medizin*, 8 (2009), pp. 181–193.

83 <https://www.dgppn.de/en/Core-areas/psychiatry-in-time-of-National-Socialism/speech-schneider.html>, accessed 13.9.2018.

84 <https://www.dgppn.de/schwerpunkte/psychiatrie-im-nationalsozialismus/wanderausstellung.html>, accessed 13.9.2018.

85 <https://www.t4-denkmal.de/>, accessed 13.9.2018.

victims between stigmatization and recognition.⁸⁶ The meeting “Den Opfern einen Namen geben”/“Give Victims a Name,” held on June 29, 2016 at the Topographie des Terrors, Berlin, achieved consensus that naming victims is legal in a memorial space because of concern with medical confidentiality. So if a victim of 14f13 was gassed in a hospital cellar this is a confidential killing, but if the gassing was in a concentration camp the murdered victim’s name may be disclosed. The idea of a “memorial space” is highly restrictive, both historically and in terms of public access. Where these “spaces” exist is obscure. No online advice exists for relatives anxious to find out about lost family members, which is difficult for tracing relatives not killed in T4, for example from Silesia.⁸⁷ The present situation prevents commemoration and impedes inquiries, particularly from outside Germany. From an international point of view, the procedures concerning killed victims block access by relatives, as well as making it difficult to find out about victim nationality, ethnicity and religion. Being murdered as a victim of Nazi racial science some 78 years ago means that the victim’s killing often remains confidential.

The current position (at least in Germany) is that the person and their illness have to be separated, and the illness (an ostensible cause of the killing) considered anonymously. However, illness can be essential for an existential understanding of a person—and reasons for their killing. This means that data protection regulations are used to suppress Nazified rationales for killing as well as the names of those killed. For an in-depth biography it would be necessary to include the medical diagnoses and the personal sides. Searching according to criteria other than a name—for example by nationality (if indeed nationality is given)—remains impossible. As a consequence there are no composite figures or name lists of non-German victims of “euthanasia” killings: For example, the number of

86 Anerkennung: Forschungs- und Ausstellungsprojekte zu den Verbrechen an psychisch Kranken und die der Namensnennung der Münchner “Euthanasie”-Opfer: Fachtagung vom 15. bis 17. November 2013 in der Klinik für Psychiatrie und Psychotherapie der Universität München: Tagung zur Frage der Namensnennung der Münchner Opfer der NS-“Euthanasie” in einem Gedenkbuch am 15. November 2013.

87 Coincidentally while completing this piece I received an inquiry from a victim’s relative from the United States concerning a family member killed in Southern Austria, and asking where the memorial listing of all victims of “euthanasia” can be accessed.

French or Norwegians who fell victim to "euthanasia" killings cannot be reconstructed, and instead such a legitimate historical inquiry encounters a long series of obstacles. Germany and Austria could make such listings of killed foreign citizens available. The current situation is left to local initiatives, which might encounter restrictive local archives. A positive example is the *Hamburger Gedenkbuch Euthanasie*/Hamburg Euthanasia Memorial Book, although this omits the diagnostic rationale for the killing.⁸⁸

The situation remains profoundly unsatisfactory. Date and place of death often remained unclear because the murderers and their bureaucracy intentionally manipulated the date, the cause and the place of death—on one hand, to cover up the accumulation of fatalities in extermination centers like Hadamar; and on the other, to obtain funds surreptitiously from relatives with incorrect and delayed billing as well as to appropriate the estate of the dead, unimpeded by friends and family.

Art created by patients has meant that a few victims are now named as "persons of historic interest." Again, the selective distinction is invidious as it implies that the lives of the masses of patients killed are of lesser cultural and historical value. One example of a permissibly named artist is that of Wilhelm Werner (1898–1940) and his series of drawings "Der Triumphzug der Sterelation"/the "Triumphal Procession of Sterelation," indicating how art gives insight into individual sensibility and alternative visions of the world.⁸⁹

"Euthanasia" research has long paid inadequate attention to the post-mortem history of victim brains and brain tissue which still exists in collections. The practice of sluicing away body tissue of "euthanasia" victims—conducted certainly until at least around 1990—should definitively cease. Again, there is the difficulty of connecting past atrocities to present human tissue. There were diverse structural models for research on the brains of victims.

1. Single integrated killing/research centers such as the Spiegelgrund with storage of brains on site.
2. Systematized supply of brains from peripheral killing institutions to institutes of the Kaiser Wilhelm Society/university research centers:

88 <http://www.hamburger-euthanasie-opfer.de/index.html>, accessed 13.9.2018.

89 Rotzoll, Maike & Thomas Röske (eds.). *Wilhelm Werner Sterelationszeichnungen*. Heidelberg: Das Wunderhorn, 2014.

for example Görden psychiatric hospital to the Kaiser Wilhelm Institute for Brain Research, although to fully reconstruct the sources of brains is complicated.⁹⁰ Similarly, the Kaiser Wilhelm Society financed a *Prosektur*/pathology laboratory in the psychiatric hospital of Eglfing/Haar to supply brains to the Kaiser Wilhelm Institute for Psychiatry. Another example is that the Langenhorn hospital in Hamburg supplied the Neuroanatomical Institute, Hamburg-Eppendorf. T4 continued as a clinical research organization. It designated children as “Reichsausschuss Kinder.” The Kinderfachabteilungen functioned to a varying extent as research organizations. There was interest in correlating clinical observations with brain pathology.

3. Children from psychiatric hospitals were vulnerable for sometimes-fatal human experiments, for example testing tuberculosis vaccines.⁹¹

Once brain tissue was collected and dissected, there was then the problem of its “disposal.”⁹² After the war, most tissue was disposed of as human waste, rather than disclosed. The Rector of Heidelberg University preferred a secret disposal to public disclosure of the Carl Schneider research children.⁹³ Burial—on rare occasions as at Tübingen and by the Max Planck Society in Munich, both in 1990—was without names on a collective and anonymized basis.⁹⁴ A group of slides were removed from the stockpiles of

90 Wässle, Heinz. “A Collection of Brain Sections of ‘Euthanasia’ Victims: The Series H of Julius Hallervorden.” *Endeavour*, 41 (2017) 4, pp. 166–175.

91 Beddies, Thomas & Heinz-Peter Schmiedebach. “‘Euthanasie’-Opfer und Versuchsobjekte: Kranke und behinderte Kinder in Berlin während des Zweiten Weltkriegs.” *Medizinhistorisches Journal*, 39 (2004), pp. 165–96. Schweizer-Martinschek, Petra. “NS-Medizinversuche: Nicht gerade körperlich besonders wertvolle Kinder.” *Deutsches Ärzteblatt*, 105 (2008) 26, A-1445/B-1248/C-1216. Weindling, Paul. *Victims and Survivors of Nazi Human Experiments: Science and Suffering in the Holocaust*. London: Bloomsbury, 2014.

92 Weindling, Paul. “Post-war Legacies, 1945–2015: Victims, Bodies, and Brain Tissue.” In: Weindling, Paul (ed.). *From Clinic to Concentration Camp: Reassessing Nazi Medical and Racial Research, 1933–1945*. Abingdon: Routledge, 2017.

93 Hohendorf, Gerrit & Volker Roelcke & Maike Rotzoll. “Innovation und Vernichtung—Psychiatrische Forschung und ‘Euthanasie’ an der Heidelberger Psychiatrischen Klinik 1939–1945.” *History of Psychiatry*, 5 (1994), pp. 517–532.

94 Weindling, Paul. “‘Cleansing’ Anatomical Collections: The Politics of Removing Specimens from German Anatomical and Medical Collections 1988–92.” *Annals of Anatomy*, 194 (2012) 3, pp. 237–242.

Julius Hallervorden by the neuropathologist Franz Seitelberger to Vienna. Had the slides remained in Germany they would have been anonymously buried, but in Vienna they could be identified as two brothers and a cousin, who were killed to order, and thus the tissues of Alfred, Günther and Herbert Kutschke could be buried in 2003 at the Landeslinik Görden.⁹⁵

Families have reconstructed biographies suggesting: 1. a need to know, and 2. a need for archives and documentation centers to provide accessible information. Although Jewish identity is highly varied, the consensus is that all persons persecuted as Jews should be recognized. Similar arguments can be made for the mentally ill and disabled to overcome routine anonymization. In Austria the Spiegelgrund identifications and named burials was a progressive instance authorized by the Vienna municipality in 2002. The naming and commemoration have been wholly positive and indeed provides both a national and international model. By way of contrast, victim names still remain—if not blanked out—held in the banal construction of a “memorial space,” which in fact serves the opposite purpose. The fragmentation and barriers to tracing need to be removed. A unified Internet site with all victim names should be a priority. The standards of Holocaust research requiring naming and identification of the pathways to and circumstances of death need to be fully applied to “euthanasia” killings.

Conclusions

Anonymization with blacked out or digitally removed victim names, and restrictive access to a remote (as opposed to a publically accessible) memorial space deny dignity to the victims of racially motivated killings, which were closely associated with, and part of the Holocaust. There still needs to be victim identification, and here commemoration attains a deeper meaning. The killed persons merit commemoration on a par with Holocaust victims. Memorial institutions need to provide access to victim documents in modern user-friendly ways. This would include placing

95 Landesamt für Soziales und Versorgung des Landes Brandenburg & Landeslinik Brandenburg-Görden (eds.). *Sonderdruck der Gedenkfeier vom 28.10.2003 in Brandenburg-Görden*. Berlin, 2003.

victim details online, ideally as a composite listing from all the memorial institutions.

Beyond disclosure of individual names, German and Austrian memorials and archives need to collaborate in a cross-national reconstruction of the totality of “euthanasia” victims (broadly understood to include persons transported from concentration camps, as well as the murdered Allied prisoners of war and Polish citizens whose brains were taken for research) under National Socialism. The current situation is one of fragmentation, due to provincial and local jurisdictions. In Austria and Germany psychiatry has been a provincial responsibility, and decentralized killings mean local research is required in provincial archives, which interpret access vicariously. The fragmentation needs to be overcome in order to produce a comprehensive commemorative documentation for all victims of the killings. Ideally, a bilateral German/Austrian commission should work within a wider international structure to reconstruct the biographies of all victims, Jews and non-Jews, on an individual and named basis. Only then will a meaningful historical overview of the mass murder of the mentally and physically ill and disabled, and other targeted groups, be achieved, along with named documentation accessible to families wherever located. Provincial, local and medical archives remain highly varied in their policies. A concerted effort is needed to protect all sterilization and psychiatric records in Austrian and German archives, and in medical institutions, from further destruction.⁹⁶

We should have a positive international scheme for the commemorative naming of all victims of “euthanasia” killings. Relevant documents should be viewed from a wider international perspective of Holocaust history. Historical research on Nazi “euthanasia” lacks a comprehensive vision of documenting and commemorating all victims, according them the dignity as named individuals and recognizing that every individual person has a life history.

Western Europe

Isabelle von Buelzingsloewen

Starvation in French Asylums During the German Occupation

Reality and Misinterpretations

In its edition of June 10, 1987, the French national daily *Le Monde* published an article entitled “Death Asylums,” which revealed that 40,000 people with disabilities had died of hunger, cold and infections caused by undernourishment in French psychiatric hospitals between 1940 and 1945.¹ Actually, this fact had been published a few months before by the psychiatrist Max Lafont in a book with the eye-catching title “L’Extermination douce. La Cause des fous 40 000 malades mentaux morts de faim dans les hôpitaux sous Vichy” (Gentle-extermiation. The deaths of 40,000 mentally ill people in French mental hospitals under the Vichy regime).² In this heretofore unnoticed book, Lafont indeed maintained that the Vichy regime had taken advantage of the food crisis caused by the war and the Nazi occupation to get rid of patients who were considered socially useless, a threat to the purity of the race and an excessive financial burden on society.

Far more radical than Lafont’s book, the article published in the daily *Le Monde* violently implicated French psychiatrists, who were accused—as were their German colleagues—of having contributed to the extermination of 40,000 people with disabilities, or at least of having left them to die without attempting to save them. In the following weeks, several deeply shocked psychiatrists strongly rejected these allegations.

Over the following two decades, the “gentle extermination” thesis—also called “hidden extermination”—positioned itself in the collective memory and was increasingly considered an undisputable truth. Although the thesis was vigorously contested by several historians, including Henry Rousso and

- 1 Escoffier-Lambiotte, Claudine. “Les asiles de la mort: Quarante mille victimes dans les hôpitaux psychiatriques pendant l’Occupation.” *Le Monde*, 10 June 1987.
- 2 Lafont, Max. *L’Extermination douce. La Cause des fous 40 000 malades mentaux morts de faim dans les hôpitaux sous Vichy*. Ligné: Editions de l’AREFPPI, 1987.

Claude Quétel,³ both specialists in the Vichy regime, it was spread by the media and by several leftist intellectuals, including the psychiatrist Boris Cyrulnik, who has popularized the concept of “resilience” in France.⁴

At the same time, the “gentle extermination” thesis became progressively more radical. Thus, in 1998, the psychiatrist Patrick Lemoine published a work of fiction entitled “Droit d’asiles” (Right of asylum).⁵ In his preface he contented, without providing any proof, that the Vichy regime had intended to eliminate the mentally ill who were confined in psychiatric hospitals; in other words, the Vichy regime not only took advantage of the food crisis to get rid of people with disabilities but that it organized the starvation, perhaps obeying German orders; this interpretation has nonetheless remained isolated.

In 2000, Max Lafont published a second edition of his book, which was far more accusatory than the first one.⁶ In June 2001, the extreme leftist publisher Syllepse, directed by Armand Ajzenberg, decided to launch a petition entitled “Pour que douleur s’achève” (For an end of suffering). It describes the duty of remembrance in the following terms:

“The time has come for the highest authorities of France to recognize the responsibility of the French Vichy regime for this catastrophe, as has been done for the victims of other catastrophic events; and for the history of this slaughter to be included in educational curricula and textbooks in lycées and colleges, where it has so far been excluded. We want the highest government authorities to acknowledge that the French state of Vichy abandoned human beings confined to mental hospitals to their deaths during World War II in France. We want responsibility for these events to be understood in terms of their wider political ideology and institutions, and taught in schools. We believe that resolving

3 Rousso, Henry. “Compte rendu des livres de Max Lafont et de Pierre Durand.” *Vingtième Siècle. Revue d’histoire*, 21 (1989), pp.156–157. Quétel, Claude & Olivier Bonnet. “La surmortalité asilaire en France pendant l’Occupation.” *Nervure. Journal biologique et clinique* IV, March 2, 1991, pp. 22–32.

4 Cyrulnik, Boris. *Un merveilleux malheur*. Paris: Editions Odile Jacob, 1999.

5 Lemoine, Patrick. *Droit d’asiles*. Paris: Éditions Odile Jacob, 1998.

6 Lafont, Max. *L’Extermination douce. La Cause des fous 40 000 malades mentaux morts de faim dans les hôpitaux sous Vichy*. Bordeaux: Le Bord de l’eau éditions, 2000.

the virtual amnesia surrounding these dreadful events will make such tragedies more difficult to repeat.⁷⁷

This pressing request referred to the speech delivered by French president Jacques Chirac in 1995 in which, in commemorating the massive round-up of Jews in Paris in July 1942, he admitted the participation and responsibility of the French state under German occupation for the deportation of 76,000 Jews.⁸

This was, broadly outlined, the memorial context in which I started my investigation. This is not the place to go into the details of my study, which was published in 2007 (2009 for the second paperback edition) under the title “L’hécatombe des fous. La famine dans les hôpitaux psychiatriques français sous l’Occupation” (The hecatomb of lunatics. Starvation in French psychiatric hospitals under German occupation).⁹

My study invalidated the extermination thesis defended by Patrick Lemoine and the gentle or hidden extermination thesis defended by Max Lafont and others. Until now the thesis had never been validated by a rigorous historical study and, it is important to point to the responsibility of academic historians who never held an historical inquiry on this tragic event despite the fierce debate described above.

Thanks to very abundant sources, most of which had never been tapped for the debate, I could indeed show that—although it had indisputably provoked the death of a large number of people (45,000 according

- 7 See Bueltzingsloewen, Isabelle von. The Mentally-ill who Died of Starvation in French Psychiatric Hospitals during the German Occupation in World War II. *Vingtième Siècle. Revue d’histoire*, 4 (2002) 76, https://www.cairn-int.info/article-E_VING_076_0099--the-mentally-ill-who-died-of-starvation.htm#re30no30, accessed 20.7.2018.
- 8 On 16 July 1995, on the occasion of the commemoration of the July, 16/17 1942 raid of the Vel’ d’Hiv’ during which almost 13,000 Jews (including more than 4,000 children) were arrested and sent to French transit camps before being transported to extermination camps, President Jacques Chirac officially acknowledged the responsibility of the French police in this tragic raid. In 1992, on the 50th anniversary of the raid, his socialist predecessor François Mitterrand had refused to do so. On this point see Wiewiorka, Olivier. *La mémoire désunie: Le souvenir politique des années sombres, de la Libération à nos jours*, Paris: Le Seuil, 2010.
- 9 Bueltzingsloewen, Isabelle von. *L’Hécatombe des fous. La famine dans les hôpitaux psychiatriques français sous l’Occupation*. Paris: Aubier, 2007. In French the word *hécatombe*—meaning a huge loss of life—is used far more often than in English.

to my calculations)—the starvation that had decimated the population of “mentally ill” patients confined in French psychiatric institutions between 1940 and 1945 had not been organized by the regime of Marshall Pétain in Vichy: The “mentally ill” were not exterminated by systematic killing as in the German T4 operation and other policies that followed in countries occupied by the Reich. But this does not mean that the Vichy government had no responsibility in this tragedy. By choosing to collaborate, Vichy also yielded to the increasing demands of the occupational forces that organized the systematic pillage of French resources in order to support its total war effort on the eastern front, thus endangering the most fragile segments of the French population:¹⁰ not only confined “mentally ill” people but also elderly in hospices (we now know that 50,000 elderly or disabled persons starved to death in these institutions between 1940 and 1945)¹¹, or detainees in prisons or internment camps (especially those for Jews) who also suffered deeply from shortages of food, as well as elderly people who were left alone in large cities or infants who, deprived of milk, died en masse in 1940 and in 1945, and also those who were indigent or chronically ill and lacked the physical and mental capacity to develop a survival strategy amidst a severe food crisis.¹²

Although it has often been asserted that no one died of hunger in France during the Second World War because French people were particularly ingenious, we now know that probably more than 300,000 people died of hunger during these terrible years. I say “probably” because I cannot give a more precise calculation of these indirect “victims of the conflict” as demographers often call them. Victims of starvation can hardly be evaluated because in the general mortality rates the increase of deaths due to starvation were offset by the decrease of deaths due to other causes such as alcoholism.¹³

10 See Grenard, Fabrice. “Les implications politiques du ravitaillement en France.” *Vingtième Siècle. Revue d’histoire*, 94 (2007), pp. 199–215.

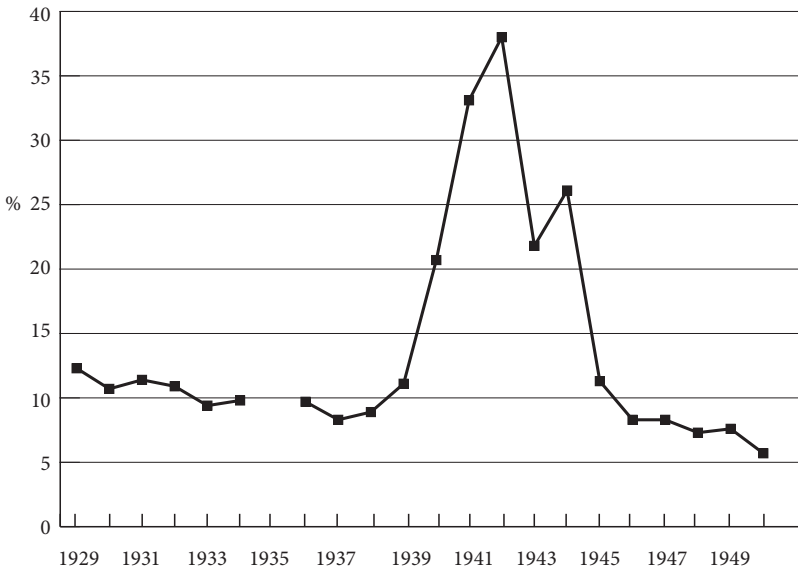
11 According to François Chapiro, 50,000 old or disabled residents died of hunger in French hospices between 1940 and 1945. But hospices were proportionately less affected than mental hospitals. See Chapiro, François. “La mortalité des malades mentaux hospitalisés en France pendant la Seconde Guerre mondiale. Etude démographique.” *L’Encéphale*, 35 (2009) 2, pp. 121–128.

12 See Bueltzingsloewen, Isabelle von (ed.). “*Morts d’inanition*.” *Famine et exclusions en France sous l’Occupation*. Rennes: Presses universitaires de Rennes, 2005.

13 See Bueltzingsloewen, Isabelle von. “Inégaux devant la mort.” *La France pendant la Seconde Guerre mondiale. Atlas historique*. Paris: Fayard, 2010, pp. 138–139.

In addition, I could show that the Vichy government did not abandon people with disabilities to their tragic fate but rather took measures to stop the starvation in psychiatric institutions. On December 4, 1942, a directive by the Secretary of State for Family and Health allocated a substantial quantity of supplemental rations to patients confined in psychiatric hospitals. Not mentioned, relativized or even denied by those who support the gentle extermination thesis, this directive demonstrates the intention of the central power to stop the starvation in psychiatric hospitals. As a result of its application, a significant decrease in mortality was observed in a large majority of psychiatric hospitals.

Evolution du taux de mortalité annuelle à l'hôpital psychiatrique du Vinatier (1929–1950)



Here is the mortality curve of one of the biggest psychiatric hospitals in France located in the suburbs of Lyon: There is an enormous increase of mortality between 1939 and 1942; in 1943 the death rate drops abruptly and increases in 1944 again in a context marked by the battles for liberation, which intensified the food crisis.

Hence, contrary to what the supporters of the gentle extermination thesis have often insinuated, it is not possible to place the extermination of German people with handicaps by the Nazi regime on the same level as the death of French people with disabilities due to starvation or even to claim that “it amounts to the same thing.” The National Socialists never expressed any interest in the fate of French “mentally ill” people. They did not necessarily intend to do the same in the occupied countries of the West as they did in the East or within their own territory.

The attitudes of psychiatrists towards confined “mentally ill” people constitute another major element of differentiation between the French and German situation. We know that the extermination of German patients with disabilities was possible because of the collaboration, or at least the consent, of the great majority of psychiatrists employed in psychiatric hospitals. I have established that on the French side, on the contrary, the Directive of December 4, 1942, which gave priority in the rationing system to confined patients with disabilities along with other vulnerable categories of the population, was drafted under pressure from doctors in psychiatric hospitals. Beginning in the autumn of 1941, some physicians united to take action within the framework of the Medico-psychological Society, and later during the Congress of French Alienists and Neurologists in October 1942 in Montpellier.

At the local level, numerous directors of psychiatric institutions and chief physicians also took up the cause of their patients, multiplying appeals to the prefects, to sanitary authorities and provision services in order to obtain more food and means for heating their establishments. There were, of course, those who remained passive but no one took advantage of the context to call for the “euthanasia” of incurable patients or to use the Nazi regime to this end. It is consequently surprising to read what the German geneticist Benno Müller-Hill wrote in his book “Tödliche Wissenschaft. Die Aussonderung von Juden, Zigeunern und Geisteskranken 1933–1945” (Murderous science. Elimination by scientific selection of Jews, Gypsies and others in Germany 1933–1945):¹⁴ “Approximately 40,000 confined mentally ill died of starvation in France [...]. French psychiatrists followed the German example without having received the order to do so.”

14 Müller-Hill, Benno. *Tödliche Wissenschaft. Die Aussonderung von Juden, Zigeunern und Geisteskranken 1933–1945*. Reinbek: Rowohlt, 1984.

Finally, the comparison with the German situation has allowed for a new examination of the delicate subject of eugenics. The extermination of patients with disabilities by the National Socialist regime was in fact made possible by the strong attachment of the medical corps and parts of the population to highly extremist eugenic theories. This extremist (or negative) eugenics had few advocates in France and was not promoted in the framework of the National Revolution advocated by supporters of the Vichy regime.¹⁵ That said, we cannot assert that these eugenic theories largely circulated throughout French society in the period between the two World Wars had no influence over the tragedy that took place within psychiatric institutions between 1940 and 1945 and that seems to have been a minor event for a majority of the French population. In order to obtain additional food for their patients, doctors in psychiatric hospitals had to fight highly negative, entrenched opinions about “mentally ill” patients. People with disabilities were perceived as incurable and therefore a burden on society; their survival was not a priority in the context of a severe food shortage.

Nonetheless, it is notable that in a very unfavorable context, the humanist argument that emphasizes a society’s unquestionable obligation to protect its weakest members whatever the circumstances, as numerous psychiatrists as Henry Ey, the famous catholic psychiatrist of the psychiatric hospital in Bonneval (Eure), affirmed during the period, remained sufficiently audible to forestall eugenic and economic arguments. This victory was perhaps narrow, but the decision to provide additional calories to confined “mentally ill” patients was made in the name of humanism, despite some reticence, in particular from some members of the prestigious Academy of Medicine.¹⁶

- 15 The Vichy program of eugenics can be summed up by the introduction of a mandatory premarital certificate, a measure called for by numerous hygienists in the period between the two world wars. See Taguieff, Pierre-Henry. “Eugénisme ou décadence, l’exception française.” *Ethnologie française*, 24 (1994) 1, pp. 81–103. Carol, Anne. *Histoire de l’eugénisme en France: Les médecins et la procréation XIX-XXe siècles*. Paris: Le Seuil, 1995. Drouard, Alain. *L’eugénisme en question. L’exemple de l’eugénisme français*. Paris: Ellipses, 1999.
- 16 At the session of February 3, 1943, Dr. Pierre Martel, one of the members of the commission for food rationing created by the Academy of Medicine in September 1940, expressed his opinion that the additional food allocated to the mentally ill was not justified. Martel, Pierre Henri. “Au sujet d’une circulaire qui attribue un supplément de ration alimentaire aux malades internés des hôpitaux psychiatriques.” *Bulletin de l’Académie de médecine*, 107 (1943) 6.

One should now clarify the strategies at work in the historical narratives produced by supporters of the gentle extermination thesis and consider why this weak thesis has spread so widely and easily over three decades.

Historians are increasingly concerned with analyzing contemporary uses of the past; that is, with clarifying how the past influences the discourse, practices and identity of specific groups or even of society as a whole. From this perspective, I tried to identify the memorial issues at work in the instrumentalization—by psychiatrists (and other professionals involved in the psychiatric field) and non-psychiatrists—of a highly traumatic event in the history of psychiatric care. I noticed that these memorial issues have progressively shifted. This shift not only reflects the radical transformations of the psychiatric institution but also the transformation of the relationship between French society and the remembrance of the painful episode of the Vichy regime.¹⁷

First, I established that—contrary to what supporters of the gentle extermination thesis firmly claimed—the psychiatric corporation did not try to conceal the facts. The subject of the deaths of 45,000 “mentally ill” people due to starvation in French psychiatric hospitals under Nazi occupation and the Vichy regime has never been a taboo issue. On the contrary, the reference to this tragedy was always part of the strategy developed by communist and left Christian psychiatrists soon after the liberation, in particular in the framework of the “Syndicat des médecins des hôpitaux psychiatriques” (the Union of Mental Hospital Physicians), founded in May 1945.¹⁸

At that time the aim was to take advantage of the guilty conscience provoked by remembrance of the tragic wartime fate of people with disabilities in order to pressure the government into taking concrete measures to improve conditions in psychiatric hospitals and to promote the reform of psychiatric care in accordance with the demands of some progressive psychiatrists in the thirties. To reach this goal, some radical psychiatrists—most of them communists such as Lucien Bonnafé, Louis Le Guillant or

17 See Rousso, Henry. *Le syndrome de Vichy*. Paris: Seuil, 1987 (2nd edition 1990). Idem. *La hantise du passé*. Paris: Textuel, 1998. Conan, Eric & Henry Rousso. *Vichy, un passé qui ne passe pas*. Paris: Fayard, 1994 1996. Wieviorka. *La mémoire désunie*. Laborie, Pierre. *Le chagrin et le venin? La France sous l'Occupation, mémoire et idées reçues*. Paris: Bayard, 2011.

18 See for example the special issue of the prestigious journal *Esprit* published in December 1952 under the title “The misery of psychiatry.”

Henri Wallon—maintained that “mentally” ill people who had died of hunger in French psychiatric institutions had suffered the same fate as German psychiatric patients murdered by the Nazi regime.

During the 1970s, remembrance of the starvation that caused the death of so many “mentally ill” people had been revisited by the anti-psychiatrists, particularly communists or extreme leftists. The most hard-hitting intervention on this topic is probably the scathing book by the psychiatrist Roger Gentis, published in 1970 under the title “*Les murs de l’asile*” (The walls of asylum).¹⁹ Gentis was involved in the “therapeutic community” movement and in the promotion of the “politique de secteur” (sectoral policy) implemented in France at the beginning of the 1970s, which consisted of developing outpatient care so as to avoid excluding “mentally ill” patients from society. In this highly provocative text, Gentis declared that societal attitudes towards mental illness had not changed since 1945. Therefore, in his opinion, the scenario that had led to the extermination of people with disabilities by the National Socialists during the Second World War could happen again even in France, where—he argued—such radical policies are not inconceivable at all.

Max Lafont’s 1987 work is in line with this militant process developed as early as the end of the war. Born in 1950, Lafont belongs to a generation that did not experience the war and the German Occupation. Although his corpus of sources is poor and his methodology very questionable, his study aims to clarify the conditions in which massive numbers of confined “mentally ill” people died of hunger under German occupation. But it must be read as a radical work. At that time, it was no longer urgent to obtain a reform of psychiatric care. Rather, the motive was to denounce, in a context of economic crisis, the financial restrictions that imperil the sector policy and the therapeutic innovations that had been initiated in this framework through the end of the 1960s. In the second edition of his book, Lafont also castigates the closing of beds in psychiatric hospitals, a move that had led to the neglect of numerous patients with no choice but to live on the streets or land in prison.

The media impact of Lafont’s book cannot be explained by a new sensibility to the condition of psychiatric patients but rather by a change in the memorial configuration. During the 1970s, the French public rediscovered the scale of Vichy crimes, in particular its involvement in the deportation

19 Gentis, Roger. *Les murs de l’asile*. Paris: François Maspero, 1970.

and extermination of the Jews.²⁰ Lafont's book came out during the trial of Klaus Barbie, head of the local Gestapo in Lyon, who was responsible for the deportation of thousands of Jews and for the deaths of numerous resistance fighters.²¹ Above all, many associations campaigned in the name of the "duty of memory" for recognition of all crimes perpetrated by a regime that had called for the exclusion of entire segments of the population. In addition, through the mid-90s, the tragic fate of people with disabilities under the Vichy regime met with a great response due to the fierce debate about the 1912 Nobel Prize winner for Medicine, Alexis Carrel, and his eugenic ideas.²² By stating the indisputable connection between Carrel's ideas and the massive mortality—described as a mass murder of patients confined in psychiatric institutions under the Vichy regime—and by calling on the French government to accept its responsibility for this tragedy, the campaigners for changing the names of French streets named after Alexis Carrel²³ affirmed they could prove indisputably the Vichy regime's eugenic character, a point long contested by historians.²⁴ Thus, they created a perverse competition between Vichy and the Nazi regime. If Vichy can be held responsible for thousands of deaths among "mentally ill" patients, this regime must in many ways resemble Hitler's. That is also evidenced by speeches delivered at remembrance ceremonies dedicated to wartime victims of starvation in French psychiatric institutions.²⁵

20 See Roussio. *Le syndrome de Vichy*. Wiewiorka. *La mémoire désunie*. Laborie. *Le chagrin et le venin?*

21 This trial, which was filmed, started on May 11, 1987 in Lyon. On July 4, 1987, Klaus Barbie was sentenced to life imprisonment for crimes against humanity.

22 Alexis Carrel, Nobel Prize winner for medicine in 1912, spent his entire career at the Rockefeller Institute for Medical Research in New York. In 1941 he decided to return to France, and Marshall Pétain appointed him head of the French Foundation for the Study of Human Problems (also known as the Carrel Foundation) which had been set up to regenerate the country after the defeat of 1940. See Drouard, Allain. *Une inconnue des sciences sociales. La fondation Alexis Carrel 1941–1945*. Paris: Ed. de la Maison des Sciences de l'Homme, 1993.

23 The action group for changing the name of French streets named after Alexis Carrel was formed in 1993.

24 See Taguieff. "Eugénisme ou décadence, l'exception française". Carol. *Histoire de l'eugénisme en France, and Drouard. Une inconnue des sciences sociales*.

25 For instance, the ceremony held on January 5, 1995 at the psychiatric hospital of Stephansfeld-Brumath to commemorate the 49 disabled patients of Alsace

It was shown that the starvation that decimated the psychiatric hospital population between 1940 and 1945 was largely due to the fact that most of those confined in such institutions were deprived of social contacts and were not aided by solidarity movements dedicated to other vulnerable segments of the French population, such as political prisoners or people interned in camps. They could not count on help from relatives because they often had lost contact with them. Nor could these patients count on the help of charitable organizations like the French Red Cross or the Secours National, with which all French charitable associations had to be affiliated because they were not considered to be war victims—all of these associations, however, were overwhelmed by numbers of people in need.²⁶ Thus, their social transparency or invisibility must be considered as a factor influencing their fate—a point that raises the delicate question of society's approach to mental illness.

The instrumentalization of history by groups that may defend contradictory causes is hardly surprising to historians. Yet they feel very uncomfortable when historical reality is simply dismissed or even falsified in the name of a cause—even if this cause is respectable. They are particularly appalled when this falsification leads to banalizing or relativizing of an actual genocide, namely the “euthanasia” of psychiatric patients by the Nazi regime. The aim of examining the reality of the extermination of psychiatric patients by the Vichy regime is of course not to minimize the regime's criminal nature, which has been highlighted by numerous other historical studies. Rather, the aim is to consider the complexity of this regime and of this period. The Vichy regime contributed to the deportation of the Jews to the extermination camps, yet it did not eliminate psychiatric patients by food deprivation.

It should be added that, contrary to what many seem to think, the fact that people with disabilities who died of starvation in French institutions during the Second World War were not murdered does in no way turn them into inferior victims. These victims, as other civil war victims like those of bombings, deserve their place in the collective memory as evidenced by

exterminated in the German asylum of Hadamar or the ceremony held on April 7, 1999 to unveil a monument dedicated to the patients who died of hunger in the psychiatric hospital of Clermont-de-l'Oise.

26 See Le Crom, Jean-Pierre. *Au secours Maréchal! L'instrumentalisation de l'humanitaire (1940–1945)*. Paris: Presses universitaires de France, 2013.

two very moving documentaries made in 2018.²⁷ In December 2016 French president François Hollande, inaugurated a stele dedicated to the memory of the disabled victims of the Second World War in France, at the square in front of the Trocadéro in Paris. Still, although belated, this memorial consecration, demanded by a motley collective of activists of the cause of the disabled, did not put an end to a polemic which, although very attenuated, can at any time reappear.²⁸

27 *L'hécatombe des fous* by Elise Rouard and *La faim des fous* by Frank Seuret. Note that no TV has agreed to broadcast these two documentaries which have however been presented in a number of places and have had an echo in the print media.

28 Jean-Marc Maillet & Charles Gardou. "Pour un mémorial en hommage aux personnes handicapées victimes du régime nazi et de Vichy". Petition hosted on the website Change.org: <http://www.change.org/p/pour-un-mémorial-en-hommage-aux-personnes-handicapées-victimes-du-régime-nazi-et-de-vichy>, accessed August 19, 2014. Given the controversial nature of the subject, the Elysée commissioned a report in 2015 from historian Jean-Pierre Azéma. This report was considered defamatory by Armand Ajzenberg, the latter complained. The case is still pending. In 2012, Armand Ajzenberg had published a pamphlet in which he attacked frontally my work without bringing any argument or new material. The book has had no echo in the psychiatric environment or in the media. Ajzenberg, Armand. *L'abandon à la mort... de 76 000 fous par le Régime de Vichy*. Paris: L'Harmattan, 2012.

Cecile aan de Stegge

Excess Mortality and Causes of Death in Dutch Psychiatric Institutions 1940–1945

This article is an extended version of the presentation I gave during the conference on November 26, 2017, in Berne. First, it provides an overview of Dutch literature, published between 1945 and 2017, on the various problems Dutch psychiatric institutions faced during the German occupation of the Netherlands. This overview makes it clear that until 2017—when a first in-depth and detailed study of the events and the death rate in the psychiatric hospital “Willem Arntsz Hoeve” was published—the violent deportation of more than 1,440 Jewish patients from Dutch psychiatric institutions was by far the best researched topic by historians within this field. This article presents the official statistics on mortality of institutionalized psychiatric patients in the Netherlands from January 1, 1940 until December 31, 1945. The statistical data have been produced by the Dutch Central Agency for Statistics (CBS) based on annual reports issued by the Dutch Chief Inspector for the Insane and the Asylums during these years. A few critical remarks are made with regard to the reliability of these statistics. Subsequently, new and detailed data are presented about the death rate in three recently researched Dutch psychiatric institutions during the six war years.¹ These four psychiatric institutions were led by psychiatrists with different religious and political convictions, facing rather different local circumstances. Besides, they were under pressure from either Dutch National Socialists or locally present German officials. This

1 The work necessary to compare the mortality and causes of death at the *Willem Arntsz Hoeve* hospital with those of three newly researched psychiatric hospitals has been funded by the Mental Health Division of the Dutch Nurses' Association, the Prins Bernhard Culture Fund of the Province of Northern-Brabant and the Mental Health Organization ANTES in Rotterdam/Poortugaal. I would like to thank Floris van Dijk, Kasper van Mens, Rut Stokman and Tanny van de Ven-Hamels for their encouragement and support. I thank Rob van Brederode for his help with American English.

partly explains the difference in death rates. This article also presents the ten most important causes of death in Dutch psychiatry during 1940–1945, based on clustering the deceased patients from these four institutions into one statistically relevant mass of “3,995 deceased psychiatric patients in the Netherlands.”

This last number equals nearly 25 percent of the minimal total mortality (16,871) in *all* 39 existing psychiatric hospitals of the Netherlands during 1940–45, according to the official statistics. This supports my conclusion that the Dutch Foundation “Vergeten Slachtoffers” (“Forgotten Victims”) is justified in pressing the Dutch Institute for War, Holocaust and Genocide Studies (NIOD) to start a national research program into the deteriorating living conditions of patients in Dutch psychiatric institutions during the Second World War. It is high time that the causes and responsibilities behind this hitherto hidden phenomenon be identified.²

Dutch Historiography about Psychiatry during the Second World War

Shortly after the Second World War, several authors from the field of mental health care dedicated a rather thorough publication to the chaotic and very sorrowful circumstances in Dutch psychiatric institutions from 1940–45. In 1945, Eugenie C. Lekkerkerker, a protagonist within the Dutch Mental Health Federation, was the first author to describe the numerous labor-intensive administrative tasks imposed upon medical directors by the German occupier, the national Dutch Food Supply Administration and the Inspectorate for the Asylums and the Insane. She also described the cruel raids on Jewish patients, the extremely violent deportation of the complete Jewish Asylum “Het Apeldoornsche Bosch” and the forced evacuations of practically all psychiatric institutions from the coast, which resulted in “peregrinations of thousands of insane over the country.”³

2 See: www.vergetenslachtoffers.nl [www.forgottenvictims.nl].

3 Lekkerkerker, E.C. “Geestelijke gezondheidszorg in bezettingstijd.” [“Mental Health Care during the Epoch of the Occupation.”] *Mededeelingen van de Nationale Federatie voor de Geestelijke Volksgezondheid* [*Monthly of the National Federation for Mental Health*], 1 (1945) 1, pp. 3–8.

In 1946 the well-known psychiatrist Dr. G. Kraus, who was the medical superintendent of the largest psychiatric hospital in the country during the Second World War and had discharged 300 patients before he had to evacuate the remaining severely and mostly also chronically ill patients to six other psychiatric hospitals, publicly criticized the deplorable living conditions in the mental institutions during the war. He had witnessed a detrimental drop in the level of care in the Netherlands compared to earlier years.⁴

At the end of the 1940s, a few books were dedicated to recalling the experiences of Dutch medical doctors during the occupation. Boerema⁵ wrote about the scarcity of food in health care institutions in general, but did not pay particular attention to psychiatric institutions. In contrast, Burger, Drummond and Sandstead, three authors who worked for the Department of Health at the Supreme Headquarters Allied Expeditionary Force, in their study strongly accentuated their experiences in the field of psychiatry. From April 6, 1945 they had researched how to bring the severely hunger-stricken people of the Netherlands back to their feet. In this context, they had included some patients with “hunger edema” in one Dutch psychiatric institution in an experiment that tested four hypotheses on how to most adequately nourish underfed people with protein hydrolysate; a similar test had also been performed in the German concentration camp in Bergen-Belsen.⁶ The authors had also visited many other psychiatric facilities and did not hesitate to publish some of the gruesome

- 4 Kraus, G. “Toespraak tijdens de huishoudelijke jaarvergadering van de Nederlandsche Vereeniging voor Psychiatrie en Neurologie op zaterdag 15 december 1945.” [“Speech for the Business Meeting of the Dutch Association for Psychiatry and Neurology on Saturday December 15th, 1945.”] *Psychiatrische en Neurologische Bladen* [Psychiatric and Neurological Papers], 49 (1946) 2, pp. 187–190.
- 5 Boerema, I. *Medische ervaringen in Nederland tijdens de bezetting 1940–1945* [Medical Experiences in the Netherlands during the Occupation 1940–1945]. Groningen/Batavia: J.B. Wolters, 1947.
- 6 Burger, G.C.E. & J.C. Drummond & H.R. Sandstead. *Malnutrition and Starvation in Western Netherlands September 1944–July 1945, Part I*. The Hague: General State Printing Office, 1948, pp. 32–34. Burger, G.C.E. & J.C. Drummond & H.R. Sandstead. *Appendices to Malnutrition and Starvation in Western Netherlands September 1944–July 1945, Part II*. The Hague: General State Printing Office, 1948, pp. 64–68.

details related to the conditions of patients in an institution near the city of Amersfoort,⁷

“an asylum in beautiful buildings and grounds, a short distance from the city. This asylum in normal times houses 800 inmates. But the Germans requisitioned one-quarter of the buildings and as a result of the evacuation of a large asylum near Arnhem a total of 1,600 are now living in a space previously considered adequate for 600. These unfortunate people have not received all of the legal ration scale and have been unable to obtain any additional food from any source whatsoever. The director states that since January the average daily food has consisted of one slice of bread, morning and evening, and a bowl of soup made from 400 kg of potatoes for the entire institution. The estimated caloric intake of these individuals is approximately 600 per day. Since January 1, there have been 250 deaths in the institution, directly attributable to starvation. At the present the patients, who are mostly in bed, are dull, apathetic, extremely emaciated, and present by all means the most serious evidences of starvation so far seen in this country.”⁸

The authors did not reveal that the 200 “occupied beds” had been requisitioned as early as February 1943, after which the German occupier had used the brand-new building of the Sanatorium “Hebron” as its Department of Trade and Commerce. This requisition not only meant that the Germans were permanently present on site at this facility; it also had a lot of nasty consequences for the patients of the hospital. Because of the omission, the study seemed to relate the overcrowding in Amersfoort solely to the fighting near Arnhem in September 1944. This gave rise to the idea that the suffering and massive loss of lives in Amersfoort was predominantly the result of the so-called Hunger Winter.⁹ Of course, the Dutch mental health policymakers of 1948 were quite aware of the number of patients

7 The hospital involved was called “Zon & Schild” (Sun & Shield), but this name was not revealed in the study.

8 Burger & Drummond & Sandstead, *Appendices*, pp. 78–79.

9 The Hunger Winter was a famine in the German-occupied part of the Netherlands, especially in the densely populated western provinces north of the great rivers, during the winter of 1944–45, near the end of World War II.

who had already weakened and died before November 1944. Therefore, in retrospect, one would expect the study by Burger, Drummond and Sandstead to have motivated policymakers to encourage historians to conduct further studies to determine what exactly happened in Dutch psychiatry during the occupation. In reality, however, and in contrast with immediate post-war research by Inspectors in France¹⁰, the Dutch predominantly showed a desire to restore the mental institutions rather than to analyze their recent history.

Another notable historian was De Vries, whose book about the first Dutch underground resistance movement—"Medisch Contact"—coordinated all resistance by the medical profession, including influential psychiatrists.¹¹ Yet, as far as the field of psychiatry was concerned, Ph. De Vries as well as Presser¹² and De Jong¹³ predominantly paid attention to (resistance against) the deportation of Jews, more especially to the very violent deportation of "Het Apeldoornsche Bosch" under the leadership of the German Ferdinand H. Aus der Fünten.

Not until 1985 would historian G.M.T. Trienekens¹⁴ draw renewed attention to Burger, Drummond and Sandstead's study into the horrible living conditions of the many Dutch psychiatric patients who were *not deported*. Nonetheless, the interest of later historians quickly returned to

10 Elise Rouard 2017, Documentary 'L'Hecatombe des fous' (The famine among the insane), see minute 1:02:07. <https://www.spicee.com/fr/program-guest/lhecatombe-des-fous-1252>.

11 De Vries, Ph. *Medisch Contact 1941–1945. Geschiedenis van het verzet der artsen in Nederland* [Medical Contact 1941–1945. History of the Resistance by Medical Doctors in the Netherlands]. Haarlem: Tjeenk Willink & Zonen, 1949.

12 Presser, J. *Ondergang. De vervolging en verdelging van het Nederlandse jodendom 1940–1945. Twee delen. [Downfall. Persecution and Annihilation of Dutch Judaism 1940–1945. Two Volumes.]* 's-Gravenhage: Staatsuitgeverij/Martinus Nijhoff, 1965, vol. 1, pp. 312–333.

13 Jong de, L. *Het Koninkrijk der Nederlanden in de Tweede Wereldoorlog, deel 6, eerste helft, Juli 1942–Mei 1943* [The Kingdom of the Netherlands during the Second World War, vol. 6, Part I, July 1942–May 1943]. Amsterdam: Rijks Instituut voor Oorlogs Documentatie [State Institution for War Documentation], vol. 6, part 1, 1975, pp. 306–312.

14 Trienekens, G.M.T. *Tussen ons volk en de honger. De voedselvoorziening 1940–1945. [Between the Dutch People and the Hunger. Food supply 1940–1945]*. Utrecht: Matrijs, 1985, p. 400.

other themes: first and foremost the fate of Jewish patients¹⁵; second the question of how many, or to what degree, medical doctors in the Netherlands had been receptive to National Socialist ideology with regard to eugenics or racism¹⁶; third, the question of whether the Dutch people had fallen prey to psychiatric illnesses more often during the war; and if so, whether this phenomenon seemed to be *caused* by the war or had merely been *concurrent* with the war.¹⁷

Between 1980 and 2016, however, professional historians as well as journalists described, in smaller or greater detail, the circumstances under which the not-deported psychiatric patients lived in 17 of the 39 psychiatric hospitals that existed between 1940 and 1945 in the Netherlands:

- Provinciaal Ziekenhuis Santpoort (Provincial Hospital Santpoort) in Santpoort-Zuid¹⁸;

15 Fuks-Mansfeld, Renate G. & Armand Sunier. *Wie in tranen zaait... Geschiedenis van de Joodse Geestelijke Gezondheidszorg in Nederland* [Who sows in tears... The History of Jewish Mental Health Care in the Netherlands]. Assen: Van Gorcum, 1997, pp. 104–111.

16 Noordman, J. *Om de kwaliteit van het nageslacht. Eugenetica in Nederland 1900–1950*. [For the Quality of our Offspring. Eugenics in the Netherlands 1900–1950]. Nijmegen: SUN, 1989.

17 Goei de, Leonie. “Psychiatrie en de Tweede Wereldoorlog: een verkenning te Zeist.” [“Psychiatry and the Second World War: an Exploration in Zeist.”] Hutschmaekers, Giel & Christoph Hrachovech (eds.). *Heer en Heelmeesters. Negentig jaar zorg voor zenuwlijders in het Christelijk Sanatorium Zeist* [The Lord and his Medical Doctors. Ninety Years of Care for the Nervously Ill in the Christian Sanatorium Zeist]. Nijmegen: SUN, 1993, pp. 197–216.

18 Rombouts, J.M. “De geest van Johannes van Duuren.” [“The Spirit of Johannes van Duuren.”] In: Rombouts, J.M. (ed.). *Een eeuw Krankzinnigenverpleging 1849–1949* [One Age of Nursing the Insane, 1849–1949]. Santpoort: Provinciaal Ziekenhuis Santpoort, 1949, pp. 161–171. Verbeek, R. “Financieel Economisch Overzicht 1849 tot 1949.” [“Overall picture of Finance and Economy, from 1849 until 1949.”] *Een eeuw Krankzinnigenverpleging 1849–1949* [One Age of Nursing], pp. 204–257. Blok, Gemma. “‘Situaties welke primitiviteit elke beschrijving tart.’ De provinciale ziekenhuizen tijdens de tweede wereldoorlog” [“‘Situations of which the primitivity baffles description.’ The provincial psychiatric hospitals during the Second World War”]. In: Vijselaar, Joost (ed.). *Gesticht in de Duinen* [Asylums, founded in Dunes] de geschiedenis van de provinciale psychiatrische ziekenhuizen van Noord-Holland van 1849 tot 1994. Hilversum: Verloren, 1997, pp. 151–165.

- Duin & Bosch (Provincial Hospital Duin & Bosch) in Castricum¹⁹;
- Willem Arntsz Stichting (Willem Arntsz Foundation), with hospitals in Utrecht and in Den Dolder²⁰;
- RijksKrankzinnigen Gesticht (Forensic State Hospital) in Medemblik²¹;
- Rijks Krankzinnigen Gesticht (Forensic State Hospital) “De Grote Beek” in Eindhoven²²;
- The “Noordersanatorium” in Zuid-Laren²³;
- Psychiatric hospital Dennenoord in Zuid-Laren and the Psychiatric Hospital of the city of Franeker²⁴;

- 19 Blok. “Situaties”. Stegge, Cecile aan de. “Terugggevonden: het oorlogsdagboek van Marius J. ten Raa.” [“Rediscovered: the Diary of War by psychiatrist Marius J. ten Raa.”] *Noord Hollands Archief Nieuws* [Northern Holland Archive News], 1 (October 2006), pp. 5–10.
- 20 Woord, B. van der. “De grote traditie—Arend en Adelaar.” [“The great Tradition—Aquila and Eagle.”] In: Hut, L.J. et al. (eds.). *De Willem Arntsz Stichting 1461–1961*. [The Willem Arntsz Foundation 1461–1961]. Utrecht: Oosthoek, 1961, pp. 416–430. Bottinga, Saskia. *De Willem Arntsz Stichting tijdens de Tweede Wereldoorlog* [The Willem Arntsz Foundation during the Second World War]. Utrecht: W.A. Stichting, 1983.
- 21 Cahn, L.A. *Medemblik. Een episode in de Nederlandse psychiatrie 1884–1967* [Medemblik: An episode in Dutch Psychiatry 1884–1967]. Castricum: Provinciaal Ziekenhuis Medemblik. Bakker, F.J. & W.F.M. Brieffies & C.A. van Zijverden. *Een nieuw Medemblikker Scharre-zootje. Enkele grepen uit de geschiedenis van Medemblik, 1289–1989* [A new heap of dab. Some shots at the history of Medemblik]. Schoorl: Pirola, 1989.
- 22 Jans, B. “De oorlogsperiode.” [“Wartime.”] In: Hoo de, F. & E. Popeyus (eds.). *De komst van Joseph Alexis K., De 75-jarige geschiedenis en ontwikkeling van een Rijksinstelling tot Ziekenhuis de Grote Beek* [The arrival of Joseph K. The 75-year history of the Development of a Former State-Ruled Asylum into Psychiatric Hospital The Great Rivulet]. Eindhoven: Printing Office of Hospital De Grote Beek, 1983, pp. 111–121.
- 23 Furnée, J.H. & J.H.G. Jonkman. *Het Noorder Sanatorium te Zuidlaren. Geschiedenis en architectuur van een psychiatrisch monument* [The Northern Sanatorium in Zuidlaren. History and Architecture of a Psychiatric Monument]. Zuidlaren: Pharma Bio-Research International B.V., 1994.
- 24 Schuurmans, Rense. *Dennenoord en Franeker 1940–1945. De helletocht die vergeten werd* [The psychiatric Institutions Dennenoord and Franeker 1940–1945. The forgotten Journey to Hell]. Assen: Van Gorcum, 2013.

- Psychiatric Hospital Endegeest in Oegstgeest near Leiden²⁵;
- Psychiatric Hospital Maasoord in Poortugaal near Rotterdam²⁶;
- Psychiatric hospitals “Sint Anna” and “Sint Servatius” (two Roman Catholic institutions for female or male patients) in Venray²⁷;
- Het Oude & Nieuwe Gasthuis Zutphen and Het Groot Graffel in Warnsveld near Zutphen²⁸;
- The psychiatric hospitals Oud Rosenburg and Bloemendaal in Loosduinen near The Hague.²⁹

Beside these “hospital histories,” one article by a sociologist from the field of the sector of people with disabilities focused on the attitude of

- 25 Blok, Gemma. “Intermezzo: Opname in het Derde Rijk.” [“Interlude: Intake during the Third Reich.”] In: Blok, Gemma & Joost Vijselaar (eds.). *Terug naar Endegeest [Returning to Endegeest]*. Nijmegen: SUN, 1998, pp. 131–138. Stegge, G.J.C. aan de. “Geneesheer-directeur in bezettingstijd: Endegeest als casestudy.” [“Medical Superintendent during the Occupation: the Psychiatric Hospital ‘Endegeest’ as a Case-Study.”] *Leids Jaarboekje [Leyden’s Historical Annual]*. Leiden: Vereniging Oud Leiden [Leyden: Association Old Leyden], 98 (2006), pp. 165–200.
- 26 Bakker, Catharina Th. “Intermezzo (1940–1945)”. In: Bakker, C.Th. & L. de Goei (eds.). *Een bron van zorg en goede werken. Geschiedenis van de geestelijke gezondheidszorg in Noord-Holland-Noord [A source of care and works of mercy. The history of psychiatry in the Province of North-Holland]*. Nijmegen: SUN, 2000, pp. 127–132. Moei, Janneke de. “Een Duitse inval... geen ontruiming. Het wonder van de psychiatrische inrichting Maasoord.” [“A German Raid... no Deportation. The Miracle of the Psychiatric Institution Maasoord.”] *Auschwitz Bulletin*, 57 (2013) 4, pp. 10–12.
- 27 Boeck, Laetitia de. “Sint Anna in oorlogstijd.” [“Sint Anna during Wartime”]. In: Billekens, Anne José & Laetitia de Boeck (eds.). *Honderd jaar psychiatrie in Venray, Geschiedenis van de psychiatrische instellingen Sint Anna en Sint Servatius [One hundred years of psychiatry in Venray. The History of the Psychiatric Institutions Sint Anna and Sint Servatius]*. Zutphen: Walburg Pers, 2005, pp. 395–402. Kroft, Anton. “De Tweede Wereldoorlog”. In: *ibid*, pp. 103–121.
- 28 Zwamborn, Tine. *De bevrijding van Warnsveld en zijn buurtschappen (2 april 1945–5 april 1945) [The Liberation of Warnsveld and its Hamlets, April 2, 1945–April 5, 1945]*. Zutphen: Walburg Pers, 2000, pp. 50–60. Aan de Stegge. “Teruggevonden”.
- 29 Straten, Corry van. *Een wereld die er niet meer is... De Stichtingen Rosenburg en Bloemendaal in de Oorlogsjaren [A world that exists no more... The Foundations Rosenburg and Bloemendaal during the War Years]*. Utrecht: De Graaff, 2015.

the Inspectors of the Insane and the Asylums³⁰, while two recent publications mention an endeavor by historians to draw a “national picture” about “Dutch psychiatry during the German Occupation.”³¹ Of all publications, those by Blok, Oosterhuis and Gijswijt-Hofstra and myself explicitly advocated for more research on Dutch psychiatry during the Second World War.³²

On February 3, 2017, Gietema and I published our book about the first in-depth and detailed research into the events and the mortality within the psychiatric hospital “Willem Arntsz Hoeve” (1911) in Den Dolder, a village within the municipality of Zeist near Utrecht. Before the war, or rather since the appointment of the new medical superintendent C.F. Engelhard in 1928, this former asylum had successfully developed itself into a “psychiatric hospital” (902 beds, of which 200 were so-called sanatorium-beds, not requiring a court order for the admission of patients). Quite progressive

- 30 Dijk, J.W. van. “De rol van de inspecteurs van krankzinnigeninrichtingen tijdens de bezetting.” [“The role of the Inspectors for the Asylums for the Insane during the Occupation.”] *Nederlands Tijdschrift voor de Zorg aan verstandelijk gehandicapten*, [Dutch Magazine for the Care of Mentally Handicapped], 26 (2000) 2, pp. 101–115.
- 31 Oosterhuis, Harry & Marijke F. Gijswijt-Hofstra. *Verward van geest en ander ongerief. Psychiatrie en geestelijke gezondheidszorg in Nederland (1870–2005)* [Mentally Confused and Other Hardships. Psychiatry and Mental Health Care in the Netherlands (1870–2005)]. Houten: Bohn Stafleu en Van Loghum, 2008, vol. I, pp. 465–513. Stegge, Cecile aan de. “Die Situation der Psychiatrie in den Niederlanden während der deutschen Besatzung 1940–1945.” [“The Situation of Psychiatry in the Netherlands during the German Occupation 1940–1945.”] In: Hohendorf, Gerrit & Stefan Raueiser & Michael von Cranach & Sibylle von Tiedemann (eds.). *Die “Euthanasie”-Opfer zwischen Stigmatisierung und Anerkennung. Forschungs- und Ausstellungsprojekte zu den Verbrechen an psychisch Kranken und die Frage der Namensnennung der Münchner “Euthanasie”-Opfer* [Victims of Euthanasia between Stigmatization and Admission. Research- and Exposition-projects with regard to the crimes against the Mentally Ill and the Question about the Right to publish the Names of the Victims from the City of Munich]. Münster: Kontur, 2014, pp. 81–95.
- 32 Blok. “Situaties,” pp. 151–164. Oosterhuis & Gijswijt-Hofstra. *Verward, vol. II*, p. 1266. Stegge, Cecile aan de. *Gekkenwerk. De ontwikkeling van het beroep ‘psychiatrisch verpleegkundige’ in Nederland, 1830–1980* [That’s madness. The Development of Psychiatric Nursing as a Profession in the Netherlands 1830–1980]. Maastricht: University Press, 2012, p. 7.



Mien Hoffmann, a female patient who died January 31, 1945 at the age of 31. Photograph thanks to the courtesy of her family.

for the time, he referred to the institution as “a community for sick and healthy people.” A term like “insane” was replaced with “mentally ill” and “mentally handicapped” was used instead of “idiots” or “imbeciles.” Four more doctors were appointed, all of whom were interested in academic research, either in psychoanalysis, in the betterment of mutual social relations or in the research of physical health in psychiatry.

After family members of former war-time patients drew our attention in 2013 to this well-known institution because they suspected that “Germans” had killed their loved ones there (see photographs), we first tried to deduce the number of patients who died in this hospital during the war, using the municipal death register.³³ We discovered that this number was very high and did not match the number in the annual reports of the institution itself. We knew that in the context of National Socialism, the “Euthanasia” program “Aktion T4,” which (officially) lasted from 1939 to 1941, was one of the first political programs with the aim to eradicate a certain segment of the population, namely chronically ill and thus “economically unproductive”

33 The family of Gerrit Abelman thought this was done with the use of vans and gas; the family of Mien Hoffmann felt sure of “murder” but rather thought of medication.



Gerrit Abelman, a male patient who died April 6, 1945, at the age of 28. Photograph thanks to the courtesy of his family.

psychiatric patients.³⁴ We informed the Altrecht and Reinaerde foundations, the legal successors of the Willem Arntsz Hoeve, about our findings and they gave us permission to conduct in-depth research of all existing archives of the former facility. Unfortunately, patient files of the institution could no longer be traced. Yet there were plenty of other documents we could use, such as a contemporary monthly newsletter disseminated within the institution; annual reports; articles in professional literature; correspondence and ego documents by patients, personnel and by medical superintendent Engelhard; financial and other administrative reports; a detailed written testimony of a former patient; and 27 saved patient files of the 850 evacuated patients from the Province of North-Holland who had been housed on the site of the Willem Arntsz Hoeve. Moreover, due to the expected societal impact of our scientific research, we obtained permission from the Central Bureau for Genealogical Information to review its original medical death certificates of patients who died during this period. This permission was subject to the condition that we would not relate individual

34 Unfortunately I lack the space to inform the reader about important German literature. Please visit www.Gedenkfort-t4.eu for interesting links to literature and biographies of victims.



Medical superintendent C.F. Engelhard amidst of staffmembers who supported his decision, when he said goodbye to the institution in May 1943.

Photograph: thanks to the courtesy of Jan de Sauvage Nolting, a nephew of one of the medical doctors in the Willem Arntsz Hoeve.

casualties to the responsible doctor involved but would merely publish on the aggregated level of “groups of patients who died of disease X or Y.”

All in all, we could prove that malnutrition in the institution had been documented since 1941 and that illnesses had spiked since 1943. Evidence was found of young patients with a bodyweight of only 51 kilos as early as the spring of 1944, months before the well-known Dutch Hunger Winter began. We were able to prove that living conditions had seriously worsened since the institution was forced to house at least 850 evacuees from other psychiatric institutions and that the situation had become critical from October 1942, when the board of directors was replaced by Dutch National Socialists. This new board disagreed with medical superintendent Engelhard’s refusal to hand over the names of all Jewish evacuees to a German *Beaufragten* because he feared their deportation. When the National Socialist Board overruled Engelhard and reported the Jewish names themselves, Engelhard resigned, was imprisoned, came back and resigned for the second time after the board had installed a National Socialist hardliner as the new medical superintendent. This time his resignation was accepted and he left the institution (see photograph). Notwithstanding the protests

against the persecution of the Jews and refusal to cooperate by various important staff members and nurses, 35 Jewish patients were deported from Den Dolder in 1943, during three subsequent violent *razzias* (raids) by Dutch National Socialist police.³⁵

Of those patients not deported, 1,163 died in Den Dolder during the six war years, most of them from tuberculosis (213); starvation (179); pneumonia (135); old age (122) or cardiovascular diseases (104) (Figure 1).

Figure 1. Top Ten Causes of Death in Willem Arntsz Hoeve, 1,163 Deceased Patients

1934–1939 (no evacuees)	Causes of death	1940–1945 (incl. evacuees)
49	Tuberculosis	213
0	Starvation	179
125	Pneumonia	135
56	Old age	122
105	Cardiovascular diseases	104
0	No information found by CBS	102
92	Other rarely seen diseases	97
79	Neurological diseases	85
0	Infections of the bowels	70
43	Other infectious diseases	56
Total sum 549		Total sum 1,163

The peak of single-month mortality (N=100 patients) was reached in January 1945, but the largest number of patients died in the years or months before or after the so-called Hunger Winter. So that winter, according to our findings, was not “the” cause of death in Den Dolder. The real cause was extreme negligence; the Hunger Winter functioned as a final blow.

35 Gietema, Marco & Cecile aan de Stegge. *Vergeten Slachtoffers. De Willem Arntsz Hoeve in de Tweede Wereldoorlog. [Forgotten Victims. Psychiatric Hospital The Willem Arntsz Homestead during the Second World War]*. Amsterdam: BOOM, 2017, pp. 118–141.

We thus challenged the former consensus that the excess mortality in Dutch psychiatry during the Second World War had been merely an unfortunate consequence of the Hunger Winter. These findings attracted a lot of publicity in the Netherlands and were also the reason for this contribution to the IHRA conference.

National Mortality Statistics in Dutch Psychiatry during the German Occupation

The German occupation of the Netherlands started on May 10, 1940 and lasted until May 5, 1945. According to the Dutch Central Agency for Statistics (CBS), from January 1, 1940 to December 31, 1945, 16,781 psychiatric patients and persons with disabilities died in Dutch psychiatric institutions (Figure 2). Of course, not all of these deceased were “victims of war.” Among them were many old and/or sick people who also would have died during peacetime. However, when comparing the number of deceased patients during the war period with the number of deceased patients in the six years that preceded the war (Figure 2, $N = 9,444$), there is a surplus of almost 7,337 deceased, who may very well have been “victims of war” after all.

Figure 2. Present Patients on January 1st, new Admissions and Deceased in Dutch Psychiatric Institutions 1934–1939 Versus 1940–1945

Year	Present Patients Jan 1st	Admitted	Deceased	Year	Present Patients Jan 1st	Admitted	Deceased
1934	24,343	5,103	1,390	1940	27,639	6,047	2,119
1935	24,971	5,424	1,467	1941	28,056	5,237	2,369
1936	25,601	5,808	1,441	1942	28,139	?	2,595
1937	25,615	3,285	1,612	1943	28,398	4,124	2,685
1938	26,219	5,893	1,742	1944	26,146	?	3,277
1939	26,955	5,802	1,792	1945	25,378	7,809	3,736
Sum	153,704	33,295	9,444	Sum	163,756	Min. 23,217	16,781
Total	186,999		= 5%	Total	Min. 186,973		= 9%
Surplus	16,781 - 9,444 = 7,337						

Source: Oosterhuis & Gijswijt-Hofstra 2008, Part III, p. 1437.

In addition to the 7,337 deceased, all 1,023 patients in the Jewish psychiatric hospital “Het Apeldoornsche Bosch” were deported in January 1943, along with 45 nursing personnel and the medical director. Moreover, smaller or larger groups of Jewish patients were deported from most other psychiatric hospitals during 1943 and 1944, reaching a total of at least 420 and bringing the aggregate of deceased Jewish patients to at least 1,443 (Figure 3).³⁶ Usually these Jewish patients were deported by Dutch National Socialists, often local collaborators who were supported, controlled and/or guarded by German officials.

The death of 18,224 patients (Figure 3) equals 66 percent of the 27,639 patients (see Figure 2) present in Dutch psychiatric institutions at the beginning of the Second World War.

Figure 3. Total Number of Deceased Persons from Dutch Psychiatric Institutions 1940–1945

Number of deceased psychiatric patients in the Netherlands 1940–1945 (including Jewish patients whom one had tried to protect)	16,781
Number of deported and deceased Jewish patients from the Netherlands	± 1,443
Total	18,224

A percentage, however, is not a death rate. To reveal the death rate of a hospital (or hospitals) one not only has to count the number of persons present on January 1 of a year, but all patients who passed through the institution(s) in that year. Unfortunately, reliable national data about the number of psychiatric admissions during the German occupation are not available. During the six years preceding the war—from 1934 until 1939—the total number of psychiatric admissions was 33,295 [see Figure 2]. If one takes the only numbers we do possess for the period from 1940 to 1945 of Figure 2 as a point of reference, Dutch psychiatric institutions would have had, over six years, a “production” of 186,973 patients (but of course many chronic patients then were counted six times, so the “production” must not

36 See Oosterhuis & Gijswijt-Hofstra, *Verward* 499–500 for a chronologically ordered list of these deportations, based on my research.

be considered as matching “real people”) during the German occupation (163,756 present cases plus at least 23,217 intakes). In that case, with 18,200 casualties, Dutch psychiatry would have experienced a death rate of nine percent.

Some Critical Remarks about the Available Statistics

Reality was worse. From 1942 through the end of the war, the death rate of many psychiatric institutions quickly rose above ten percent. The official mortality statistics as reported by Chief Inspector J.H. Pameijer about Dutch psychiatry during the Second World War cannot be correct.

First, the Chief Inspector did not calculate the deceased at all institutions.³⁷ For instance, his reports contain no data for the psychiatric hospital Wagenborgen in Delfzijl; for the so-called “smaller” institutions for people with mental disabilities; and for the sanatoriums. Also, deported Jewish patients who had entered the hospital registers as having “Migrated to an Unknown Destination” were not included in his count. All of these omissions mean that the total number of deceased patients in reality was higher.

Second, the statistics have never been evaluated. With regard to 1940, the Central Agency for Statistics still uses the numbers the Chief Inspector reported in his annual report of 1941 on 1940, notwithstanding the Chief Inspector’s clear statement that these numbers were unverified. Third, the annual reports of psychiatric hospitals on which the Chief Inspector relied for his data did not always include all patients who had died in that facility. In the Willem Arntsz Hoeve Hospital, for instance, the annual reports merely included those who died after they had been formally registered as “patient of The Willem Arntsz Hoeve.” During the 1930s, admitted persons

37 This statement is based upon numbers from annual reports of 1938–1941 and of 1946 by J.H. Pameijer that I found in the City Archive of Utrecht, in the archive of the County Eldermen, Entry 1201, inventory number 2, Stukken betreffende bijzondere onderwerpen, 2.16.2.3. Zorg voor geesteszieken [Pieces on special themes, 2.16.2.3. Care for the mentally ill] Filenumber 1073. These annual reports about the war-years have never been published officially; filenumber 450 in the same archive contains all correspondence about a small post-war research into the decrease of psychiatric beds by civil servants of the Province of Utrecht.



A Delft-blue tile that A. Seyss Inquart himself had ordered after the *Wehrmacht* had requisitioned the psychiatric hospital Vrederust in Bergen op Zoom as its *Marine Lazarett*. Photograph Cecile aan de Stegge. Thanks to the courtesy of the Dikland family (W. K. Dikland was the medical superintendent of Vrederust during the War).

were registered as “a patient of the Hoeve” only after they had stayed in the hospital for one and a half years. During the war this period changed to one year, and was later further shortened to half a year. Patients who died within the pre-registration period were included in the municipal death register as “deceased civilians” without any reference to their status as a patient in a psychiatric facility.

A fourth reason is found in the reduction of available psychiatric beds during the war years. From May 1940 onwards, the German *Wehrmacht* continuously claimed more pavilions for purposes like *Marine Lazarett*s (see photograph) or for other military and civilian purposes. As a consequence, about 3,200 (twelve percent) of the available psychiatric beds in the Netherlands were out of use for a shorter or longer period. Furthermore, between the summer of 1942 and the spring of 1943, nine complete psychiatric institutions from the west coast of the Netherlands, with almost

7,000 patients (25 percent of all psychiatric patients) had to be evacuated (thus patients transferred to other institutions) because the *Wehrmacht* deemed these patients to be in great danger, living so close to the *Atlantic Wall*. Inspector J.H.M. Koenen (see photograph) protested against what he perceived as forced creation of overcrowded institutions elsewhere, but to no avail. G. Reuter, head of the German Department for Public Health, replied that Koenen had “too much appreciation for the insane.” Reuter himself considered psychiatric patients to be “useless people, whose loss would be utterly unimportant.” One day later, after a meeting with Stabsarzt Wagner of the German *Wehrmacht*, Koenen and the Dutch Chief Inspector of Health Care, Dr. C. Banning, were convinced that it would be best if the inspectors would comply and lead the upcoming forced evacuations because things could turn out more dramatically if the *Wehrmacht* were in charge.³⁸

In addition to this permanent or temporary loss of 37 percent of the beds, in 1943 all patients of the Jewish hospital from Apeldoorn with roughly 1,000 beds were deported. Thereafter, this building was used for purposes other than psychiatry. Finally, from October or November 1944 onwards, during the liberation of the Netherlands by Allied forces, several other psychiatric institutions had to be partially or completely evacuated because they were severely damaged during heavy fighting. P. van Bork, wartime medical superintendent of the two psychiatric institutions in Zutphen and Warnsveld, felt convinced the German occupier had violated military law at “his” psychiatric institution: first, by dictating that Jewish patients should be deported, which he had fiercely but in the end unsuccessfully opposed. Second, by *Organisation Todt* forcing his male nurses to dig trenches on the site of the institution under the threat of deportation of all patients in case of refusal. Last but not least, by placing flak units on the hospital property, causing two attacks by Canadian troops on April 4, 1945 during the liberation of Warnsveld, because the Allied Forces erroneously believed that “his” hospital was a military barrack.³⁹ (see photograph). Comparable attacks aimed at complete destruction hit both hospitals in Venray.

38 National Archive, Entry 2.15.40, Archive of the Inspectors of the State Inspectorate for the Asylums and the Insane, Inventorynumber 574: Koenen, J.H.M. Verslag over de periode van 28 juli tot en met 10 augustus 1942. [Koenen, J.H.M. Report on the period of July 28, 1942 until August 11, 1942], pp. 4–6.

39 Interview Cecile aan de Stegge with Eudia van Bork, May 1, 2006.

Inspector J.H.M. Koenen, painted in Vught by Rob Graafland in 1937. Photograph Cecile aan de Stegge, thanks to the courtesy of his son, the late J.C. Koenen.



It is not difficult to imagine how these developments affected the death rate. When buildings with a capacity of more than 11,000 beds could no longer be used, clearly the number of available psychiatric beds must have decreased, and the total number of admissions must have been much less than 33,000. In my opinion it is simply impossible that the total “patient flow” in psychiatry could have been 10,000 higher during the war years than from 1934 to 1939, as the official numbers in Figure 2 seem to suggest. If the number of treated patients was considerably lower, let us say about 150,000, then 18,200 casualties would give a death rate of twelve percent on a national scale. And because this mortality cropped up in 29 instead of in 39 functioning hospitals, it is clear that local percentages could even be higher. The 29 functioning psychiatric institutions were overcrowded and experienced scarcity of almost everything: space, furniture, textiles, toilet paper, water, soap, food, shoes, medication, fuel, heating, and, last but not least, medical and nursing personnel. As a result, from 1942 onwards, all medical superintendents mentioned weight loss, severe hunger, a quickly rising incidence of infectious diseases, and rising mortality in their annual reports.

The misfortune of the Dutch psychiatric patients during the Second World War becomes striking when their death rate of at least nine percent



A drawing by the Zutphen artist J. Nijenhuis of the Warnsveld medical superintendent Paul van Bork, passing trenches on his way to the Canadian army, waving with a white bath-towel at his walking stick.

(but likely much higher) is compared to the average death rate of the Dutch population during these war-years of between one and 2.5 percent.⁴⁰ Their ultimate fates depended on factors such as age, physical health and the like, as well as on the region of the country where the institution was located, on the behavior of the institution's staff and on the support or opposition the institution received from outside.

40 This is the percentage that has been used for decades. In a recently published article about war-related excess mortality in the Netherlands, new estimates are given of famine and non-famine related deaths from national records. See Peter Ekamper, Govert Bijwaard, Frans van Poppel & L.H. Lumey. "War-related excess mortality in The Netherlands, 1944–45: New estimates of famine- and nonfamine-related deaths from national death records." *Historical Methods: A Journal of Quantitative and Interdisciplinary History*, (2017), pp. 1, 7–14.

Collecting Death Rates and Causes of Death from Three Other Dutch Psychiatric Hospitals

To prepare myself for this IHRA conference I collected death rates and certificates indicating causes of death of all patients who had died in three other Dutch psychiatric hospitals during the six-year period from 1940 to 1945, for the purpose of comparing and combining these with the data of the Willem Arntsz Hoeve. In doing so, I hoped to reach a statistical relevant mass of death-causes from Dutch psychiatry that would allow me to explain what happened in Dutch psychiatry when compared to France.

The three researched institutions were selected on pragmatic grounds. The Sint Joris Gasthuis (Sint Joris Guesthouse) in Delft was an old (1394), medium sized and public-private run psychiatric facility (811 beds) for the “insane poor” of Delft, a city with about 60,000 inhabitants between The Hague and Rotterdam.⁴¹ I considered Sint Joris Gasthuis important because its medical superintendent during the German occupation, W. Beyerman, had written a thorough article in the *Dutch Magazine of Medicine* of 1919 about the severe hunger in Dutch psychiatric institutions during the First World War.⁴² In this article, he had warned his colleagues to be very alert on what could happen in psychiatry during an eventual next war. Because of this article, and also because of his well-known support for active resistance by nursing personnel during the Second World War, I expected that the death rate in Delft would be relatively low, and I wanted to test this hypothesis. Could it be true that a medical superintendent who was aware of the dangers of war had successfully prevented an increased mortality in his institution?

The psychiatric hospital Maasoord in Poortugaal, a small rural town with a few thousand inhabitants south of Rotterdam near the river Old Maas, was founded in 1909 to house the insane poor from Rotterdam. It had a legal capacity of 1,014 beds but in reality counted 1,100 beds: 550

41 Lucie Beaufort, an independent researcher, had already counted and identified the deceased patients from this institution, based on the public death-register of Delft and public data from the archive of Sint Joris Gasthuis. After she shared her data I was able to supplement these with the causes of death.

42 Beyerman, W. “Over Oedeemziekte in Nederland.” *Nederlands Tijdschrift voor Geneeskunde*, [“On oedema-disease in The Netherlands.” *Dutch Magazine for Medicine*, 63 (1919) 3, pp. 2265–2270.

for men and 550 for women. This was a public hospital, controlled by a commission of civil servants appointed by the city council of the municipality of Rotterdam. During the six war years, it operated under the direction of medical superintendent J. van der Spek, a doctor (and civil servant) who had studied theology and psychiatry and who was—and still is—held in great respect in Dutch psychiatry.

I selected this hospital for two reasons. First a local researcher (Janneke de Moei) had informed me that Maasoord was one of the very few institutions in the Netherlands that had been able to protect its Jewish patients effectively against deportation.⁴³ This was remarkable, because in the region of Poortugaal the Dutch National Socialist Movement was exceptionally strong during the war. On the other hand, a second local researcher, Bert Euser, had sent me a copy of a report by Van der Spek, in which 1,256 deceased patients were reported in Maasoord between January 1, 1940 and December 31, 1945. I wanted to discover if many Jews had died at Maasoord, and what causes of death had been reported that could explain the deaths of more than 1,200 patients in six years, versus merely 151 inhabitants from the village of Poortugaal.

The psychiatric hospital Huize Voorburg [Voorburg House] in Vught (in 1945 a municipality with roughly 14,000 inhabitants) was a large Roman Catholic facility for mostly chronic patients (legal capacity 1,158 beds) that was connected to the psychiatric hospital of the city of Den Bosch (490 beds). Both municipalities were liberated in September/October 1944 and for this reason as well as their geographical location, they escaped the Hunger Winter. Yet a Dutchman had asked my critical attention for this institution.⁴⁴ I considered Voorburg, if it indeed would have experienced a high mortality without a Hunger Winter, a relevant institution to research. Voorburg had been founded at the end of the nineteenth century by a Roman Catholic congregation from Belgium and admitted predominantly (but not solely) Roman Catholic patients from North-Brabant and North Holland. It was steered by a Commission of

43 De Moei. “Een Duitse inval.”

44 This Marcel Koning had “discovered” a previously unknown uncle, Wimpje Koning, who had died in Voorburg House in 1943 when he was only ten years old. Koning had tried to discover more information in the municipal death-register and was shocked by the large number of death notices issued by merely one servant from Voorburg. He was pleased that I wanted to research this.

Governors, composed of representatives of the so-called “Godshuizen” (“Houses of God”) and of civil servants from both the City of Den Bosch and the Province of Northern Brabant. The wartime medical superintendent was G.J.B.A. Janssens, who had been appointed in 1923. Under his leadership, and as early as the late 1920s, Voorburg had become the only Roman Catholic and, in fact, the first psychiatric institution that followed Maasoord in creating a social psychiatric service to prevent hospitalization.⁴⁵ During the Second World War, Voorburg housed more than 900 extra patients, evacuated from the coast. The facility scarcely missed being bombed during the early liberation of Vught in September and October 1944. Immediately thereafter, Voorburg was forced to house yet another 400 patients. This time it concerned patients from Brabant facilities for “mentally handicapped” children. After the war, Janssens wrote a rather dry account of everything that had happened. In this report, he recommended that medical staff be more disciplined during future times of alarm. Besides, as he saw it, the hospital needed to spend more energy in building a close relation with the local community and municipality. Maybe this was an implicit complaint: Some inhabitants of Vught, under the leadership of a brave landlady, had spent a lot of energy in preparing extra food for the political prisoners in the “SS Konzentrationslager ‘s Hertogenbusch,” which was located in Vught, while the psychiatric hospital had not received any such help.

A Comparison of the New Data with Those of the Willem Arntsz Hoeve

After building the database with all information on the deceased patients from these three hospitals along the same lines as the one about the Willem Arntsz Hoeve, and including the causes of death received from the Central Agency for Statistics (CBS), I made a category list of causes of death⁴⁶ that would make all data comparable. Together with the victims of Den Dolder,

45 Westhoff, Hanneke. *Geestelijke bevrijders. Nederlandse katholieken en hun beweging voor geestelijke volksgezondheid in de twintigste eeuw* [Spiritual Liberators. Dutch Catholics and their Movement for Mental Health in the Twentieth Century]. Nijmegen: Valkhof Pers, 1996, pp. 35, 42, 44, 52, 54–55, 61–63, 67–70.

46 In cooperation with Lucie Beaufort, see note 41.

the database contains information on the identities and causes of death of 3,995 Dutch psychiatric patients and persons with disabilities who died in four different psychiatric hospitals between January 1, 1940 and December 31, 1945. At first sight, the main differences between the four compared institutions that have influenced the local death rates seem to depend on a combination of six conditions (Figure 4).

Figure 4. The six conditions found that vary between the four psychiatric institutions and explain diverging death rates

Psychiatric Facility	Max Legal capacity	Buildings used by German Wehrmacht?	Radical NSB in top or shop floor of institution?	Duty to house evacuees?	Deported Jewish patients?	Outside help?
Sint Joris, Delft	811	Incidentally, short	No	No	Yes, 5 persons	Yes
Voorburg, Vught	1,158	Yes, during 1940–1941 and in 1944	No	Yes, 1,375	Yes, 11 persons	Not much
Willem Arntsz Hoeve, Den Dolder	902	Yes	Yes, in top	Yes, 850	Yes, 35 persons	No
Maasoord, Poortugaal	1,014	Incidentally, very short	Yes, on shopfloor	No	Yes, 1 person	No

Another important aspect in which they differed is the share of the institution's mortality in the general mortality among inhabitants of the city/village where the institution was located. Figure 5 makes clear that this share was striking everywhere.

Figure 5. Deceased civilians ↔ Deceased patients in the municipalities where four Dutch psychiatric hospitals were located

Hospital	Max. inhabitants in town (1940–45)	Deceased inhabitants in town during 1940–45	Maximum number of treated patients in facility during 1940–45	Deceased patients (incl. evacuees) during 1940–45
Sint Joris, Delft	60,000	1,417	6,691	584 (41%)
Voorburg, Vught	14,167	2,174	Unclear because of evacuees	1,028 (47%)
Willem Arntsz Hoeve, Den Dolder	38,070	4,537	Unclear because of evacuees	1,163 (26%)
Maasoord, Poortugaal	??	1,371	10,696	1,220 (89%)

Their share was highest in Poortugaal, unless one wants to compare the mortality in Maasoord with the mortality in the city of Rotterdam; but even in Delft the share was 41 percent.

Finally, Figure 6 reveals the “top ten” causes of death for the total group of 3,995 deceased patients. As mentioned earlier, in the Willem Arntsz Hoeve in Den Dolder “starvation” had been the second most prominent cause of death. When one combines the causes of death of all four hospitals, starvation as a cause of death is, though noticeable, not as prominent as in the Willem Arntsz Hoeve alone. Still, here as in the other three psychiatric institutions, diagnoses like “hunger edema” or “starvation” appear as early as the spring of 1942 as a reported cause of death. It must be said, however, that they appeared more frequently in 1944 (Voorburg House) and during the Hunger Winter (Sint Joris Guest House and Maasoord). Perhaps some medical superintendents edited “rules” for their medical doctors with regard to the causes of death they were allowed to report, for instance, by limiting reportable causes of death to merely strictly medical diagnoses, instead of more words according to

the facts as “starvation.” I had this impression when noticing how many times a diagnosis like *myodegeneratio cordis* (heart failure) appeared, or *marasmus senilis* (weakening of the elderly) or *dementia paralytica* (final stage of syphilis). Among the ten causes of death most frequently noticed by Dutch doctors and/or psychiatrists, several are strongly related to poor living conditions like overcrowding, bad hygiene and malnutrition (Figure 6).

Figure 6. Top ten causes of death, registered by contemporary responsible doctors having treated 3,995 patients from four psychiatric institutions.

“Top ten” registered causes of death of these 3,995 deceased patients in Dutch psychiatry 1940–45 (in italics various described causes stemming from poor living conditions; missing cases are seldom seen)	X times noticed	Percentage among the deceased
<i>Tuberculosis</i> of all kinds (mostly lung)	593	14.8%
Old age (e.g. dementia, <i>accumulation of diseases</i> or <i>marasmus senile</i>)	576	14.4%
Cardiovascular diseases (arteriosclerosis; heart attack or <i>heart failure</i>)	526	13.1%
<i>Pneumonia</i>	503	12.5%
Neurological problems (epilepsy, apoplexy, dementia paralytica, Parkinson’s, MS)	359	8.9%
No person card found by CBS (<i>due to a fire in The Hague, 1940–45</i>)	300	7.5%
Starvation (<i>malnutrition, cachexia in persons younger than 60</i>)	275	6.8%
Infection of the bowels (<i>enteritis, typhus, paratyphus et cetera</i>)	216	5.4%
Other infectious diseases (influenza, <i>erysipelas, scabies, scarlatina et cetera</i>)	191	4.7%
Unknown (no information given)	121	3.0%

Discussion

It is clear that the “peak in mortality” among Dutch psychiatric patients arrived earlier and was considerably higher (at its maximum more than 18 percent in the four combined hospitals) than is known for the rest of the Dutch population (max. 2.5 percent). Yet in the Netherlands the peak of mortality never rose as high as in the French psychiatric institutions of 1942 (considerably over 21 percent). On the other hand, even when the deported Jewish patients are excluded from the count, in Dutch psychiatric institutions a quantity equaling 61 percent of the number of patients present on January 1, 1940 had died. In France this was a percentage of 41.⁴⁷ So, although the reported causes of death in the Netherlands at first sight seem more strongly related to poor living conditions and malnutrition than to outright “starvation,” the reality may turn out to be different after all.

It is unclear whether one can point to specific individuals as “bearing responsibility” for this dramatic fate of Dutch people with disabilities. Was their high mortality a consequence of German Nazi-policy (as many Dutch citizens and also many family members of the deceased suppose) or of secret practices by *Dutch policymakers or medical staff members* who followed German Nazi-ideology? Or was it a consequence of “*a general indifference in society*,” which Von Bueltzingslöwen,⁴⁸ and recently also Rouard,⁴⁹ seem to consider the main cause for the famine that killed 45,000 patients in France?

Although I am inclined to consider the order by Reuter and Stabsarzt Wagner (German *Wehrmacht*) to evacuate ten complete psychiatric

47 When 45,000 French disabled patients died during the Second World War, this means that a quantity equalling 41 percent of the 110,188 psychiatric patients on January 1, 1940 had died. See Bueltzingslöwen, Isabelle von. *L'Hécatombe des fous. La famine dans les Hôpitaux psychiatriques Français sous l'Occupation* [*The Hecatomb among the Insane. The Famine in the French Psychiatric Hospitals during the Occupation*]. Lyon: Aubier, 2007, Annexes.

48 Von Bueltzingslöwen. “L'Hécatombe,” pp. 403–421.

49 Rouard, Elise. Documentary “L'Hécatombe des fous,” 2018 see: <https://www.spicee.com/fr/program-guest/lhecatombe-des-fous-1252>, minute 1:02:07. See also Télérama, 7.5.2018, <https://www.telerama.fr/television/lhecatombe-des-fous-45-000-malades-mentaux-morts-de-faim-sous-le-regime-de-vichy,n5633984.php>, accessed 12.6.2018.

institutions to other locations in the country as the most important cause for the rise in mortality, I must admit that this question cannot be answered for the Netherlands yet. The gruesome raids on Jewish patients and on the complete Jewish Hospital Het Apeldoornsche Bosch have for decades dominated all historical research into the fate of the other patients, and thus, into the behavior of the Dutch themselves. Therefore, I am glad to announce that, pressed by GGz Nederland (Dutch Association of Mental Health and Addiction Care) and VGN (the Dutch Association for the Care of People with Disabilities) who jointly installed the Foundation “Vergeten Slachtoffers” (Forgotten Victims), the NIOD (Institute for War, Holocaust and Genocide Studies in the Netherlands) recently decided to take the lead in a thorough national research program addressing the following four themes:

1. Changing opinions and practices in institutions and “houses” as a consequence of changed ideological and practical circumstances;
2. Changing professionals’ convictions and practices within Dutch psychiatry, influenced by ideological and political developments in the Netherlands and in other countries;
3. The relative status of psychiatric patients and “mentally handicapped” and the further lowering of their status under Nazism and the German occupation;
4. The consequences of these developments for patients’ life expectancy, health and well being.

I trust the NIOD will soon be able to provide a thorough synthesis.

Eastern Europe

Michal V. Šimůnek/Milan Novák

The “Aktion T4” in Bohemia and Moravia and its Context, 1939–1941

There were twelve large regional psychiatric hospitals, and twenty minor private or church-run psychiatric institutions on the territory of Bohemia and Moravia in 1938–1939, ranging from mental sanatoria for the well-to-do to asylums for the poor. Many more private or church-run institutions (26%) could be found in Moravia than in Bohemia (9.7%). Jointly, Bohemia and Moravia had 15,776 beds for the mentally and neurologically ill.

The extension of “Aktion T4” to the *Protektorat Böhmen und Mähren* (Bohemia and Moravia; hereinafter Protectorate) depended primarily on administrative factors as well as on ethnic/racial criteria and was largely influenced by the network of the institutions.¹

In October 1938, with the occupation of the border regions of Czechoslovakia—called later the *Reichsgau Sudetenland* (Reich District of Sudetenland; hereinafter Sudetenland)—three major psychiatric institutions were taken over by German authorities: Dobřany (Dobrzan/Wiesengrund) in Western Bohemia; Šternberk na Moravě (Sternberg) in Moravia; and Opava (Troppau) in the Sudeten part of Silesia.²

According to the contemporary administration, we will discuss the annexed part of Bohemia and Moravia, the Protectorate of Bohemia and Moravia, and finally the subgroup of patients of Jewish origin respectively.

- 1 Šimůnek, Michal V. & Novák, Milan. “Die Auseinandersetzung mit dem Gegebenen. Strukturelle Voraussetzungen der Anstaltsführung in Böhmen und Mähren.” In: Böhm, Boris & Michal V. Šimůnek (eds.). *Verlegt—Verstorben—Verschwiegen*. Červený Kostelec: Nakladatelství Pavel Mervart, 2016, pp. 11–28.
- 2 Šimůnek, Michal V. “Improvisierung, Anpassung, Zentralisierung: Die nationalsozialistische ‘Anstaltsführung’ im Reichsgau Sudetenland, 1938–1941.” In: Böhm, Boris & Michal V. Šimůnek (eds.). *Transporte in den Tod*. Pirna 2009, pp. 11–30.

I. Reich District of Sudetenland

In 1939–1941, numerous transports of patients between the Protectorate, Sudetenland and the Reich (especially Bavaria and Saxony) took place. The first Sudeten German patients to be transported were those with residency in the regions annexed to Bavaria; most were hospitalized in Dobřany. Sudetenland was not their homeland any more and, in effect, they were sent to Bavarian institutions in 1939/40. Most of them were killed in the extermination center in Hartheim in Upper Austria (codename C) later.³

Afterwards, the problem of finding hospital capacity for psychiatric patients in Saxony arose. Accordingly 464 Saxon patients were sent from Arnsdorf to Dobřany in April 1941; there, a permanent branch of the Arnsdorf institution out of Saxony evolved (*Außenstelle Wiesengrund*).⁴

The psychiatric hospital in Šternberk na Moravě was closed down and the patients transported to Dobřany, Kosmonosy, and Opava in May 1941.⁵ Those are just selected patient transports (called also *Austausch* (“exchange”)) that were taking place in Bohemia and Moravia parallel to “Aktion T4.”

Generally speaking, patients in Sudeten German psychiatric institutions were eligible for transportation within “Aktion T4” as were all the other patients residing in the so-called Altreich-Germany within its pre-March 1938 borders. The earliest transports to death, about 300 to 500 patients, were sent from Opava (the Silesian part of the Reich District of Sudetenland) both directly and indirectly (through Zschadraß) to the Pirna-Sonnenstein annihilation center on December 9, 10 and 12, 1940.⁶ These transports were followed by a smaller one in April 1941, containing about 100 patients who might also have become victims of the annihilation center of Pirna-Sonnenstein.⁷ This transport was parallel to another one

3 Böhms, Boris. “Die sudetendeutsche Gau-Heil- und Pflegeanstalt Wiesengrund in den Jahren 1938–1945.” In: Böhms & Šimůnek (eds.). *Verlegt—Verstorben—Verschwiegen*, pp. 46–75.

4 Hanzig, Christoph. “Die Außenstelle Wiesengrund der Landesanstalt Arnsdorf.” In: Böhms & Šimůnek (eds.). *Verlegt—Verstorben—Verschwiegen*, pp. 76–96.

5 Böhms, Boris & Dietmar Schulze. “Erfassung, Selektion und Abtransport der Patienten aus dem Regierungsbezirk Troppau, 1939–1941.” In: Böhms & Šimůnek (eds.). *Transporte in den Tod*, pp. 54–78.

6 Ibid.

7 Ibid.

from Šternberk na Moravě, bringing ca. 229 patients indirectly through Zschadraß to Pirna-Sonnenstein on April 18 and 23, 1941.⁸

At least 483 patients are known to have disappeared from the Dobřany Psychiatric Hospital into “another institution” on April 23, 24, 28, May 6, July 1 and 3, 1941; this was probably Hartheim, yet uncertainty remains as to the role of Pirna-Sonnenstein. The possible total number for all of Sudetenland is, however, estimated as high as 1,673 today. A suspicion has arisen that additional 1,190 people passed through the institution after a short stay without being duly admitted and thus registered.⁹

The only psychiatric institution director who actively tried to defend his patients was Dr. Karl Girschek (1898–1992) in Opava.¹⁰ As a result, the emissary of the T4 headquarter, Dr. Curt Schmalenbach (1910–1944), the *éminence grise* of the Nazi “euthanasia” program, was sent there to select the doomed patients himself. Girschek was not willing to accept responsibility for the selection, being openly critical of the physical maltreatment of the patients at their departure. Girschek was also appointed a director of the Psychiatric Hospital in Dobřany in 1944, where he refused to continue the “euthanasia” of children and juveniles; more precisely, he avoided the problem, demanding that the children in question be taken out of his institution and sent anywhere else in Germany or Austria, where they would be killed as well.¹¹ Interestingly enough, he was sentenced to serve quite a long prison term in Czechoslovakia after the war (1946). Nevertheless, the charge consisted in his actions against the Czechoslovak State and in his participating in forced sterilizations in Sudetenland. In his statement at interrogation, he mentioned an intended protest of German professors of psychiatry against the “euthanasia” program, addressed directly to Hitler.¹²

A substantial number of ethnically Czech patients, however, remained in the institutions under the responsibility of Sudeten German authorities

8 Ibid.

9 Hanzig. “Die Außenstelle Wiesengrund der Landesanstalt Arnsdorf,” pp. 77–78.

10 Grumlík, René & Michal V. Šimůnek. “Karl Girschek (1898–1992): Arzt, National(sozial)ist, Anstaltsleiter.” In: Böhm & Šimůnek (eds.). *Transporte in den Tod*, pp. 117–126.

11 Ibid.

12 Šimůnek, Michal V. “Dokumentation, Beweisführung, Ermittlung. Zum Umgang mit der nationalsozialistischen ‘Euthanasie’ in der Tschechoslowakei, 1945–1990.” In: Böhm & Šimůnek (eds.). *Verlegt—Verstorben—Verschwiegen*, pp. 247–249.

during “Aktion T4.” They were only gradually moved from Sudetenland to the Protectorate, some as late as 1942. Based on admission indexes of patients from Opava and their correlation with probes into the ethnic structure of other transports, it is estimated that 6–10% of the Czech patients perished together with their fellow German patients in “Aktion T4.”

To draw partial conclusions supported by recently available sources for the Reich District of Sudetenland:

- The highest number of direct victims of “Aktion T4” from this annexed part of Bohemia and Moravia might have reached around 1,500–1,600 people of mostly (Sudeten) German nationality.
- Taking the Czech/German ratio between 6% and 10% into account, we can roughly estimate the number of lost Czech lives at 90 to 160.

II. The Protectorate of Bohemia and Moravia

The German population of the Protectorate from 1939 to 1945 amounted to about 230,000 and the Czech to about 7.7 million inhabitants.

After the Protectorate had been established on the remaining territory of Bohemia and Moravia in March 1939, the areas of responsibility of the local psychiatric institutions changed in a rather complex manner. Their sectors shrank in some cases while they expanded in others, because the Munich Treaty of 1938 had divided the historical countries according to ethnic, not psychiatric criteria. The interdependence of the Protectorate and Sudetenland, however, remained high. For example, the so called *Regierungsbezirk Aussig* (Governmental District of Aussig) in the northern part of Bohemia and the middle part of Sudetenland were suddenly cut off and left without a single psychiatric facility. The new Nazi regional leaders had to make a deal with the Protectorate authorities to the effect that patients from that region would be sent extraterritorially to Kosmonosy, which had been the standard destination for them before Munich.¹³

13 Novák, Milan & Šimůnek, Michal V. “Die Letzten waren die Ersten. Die Ausweitung der nationalsozialistischen ‘Euthanasie’ auf das Protektorat Böhmen und Mähren und die Anstalt Kosmanos (Kosmonosy), 1939–1945.” In: Böhms & Šimůnek (eds.). *Verlegt—Verstorben—Verschwiegen*, pp. 112–115.

German Patients

This singularity was just one of the reasons for Kosmonosy to become a focus of further Nazi plans. The German representative of the *Zemský úřad* (Regional Administration) in Prague decided on June 29, 1940, that the hospital would serve as a gathering point for ethnic German psychiatric patients from the entire Bohemian part of the Protectorate.¹⁴ The Psychiatric Hospital in Brno played a similar but not identical role in Moravia. The process was more radical in Bohemia, because the total replacement of “mentally ill” Czechs by Germans (called *Homogenisierung*) had been envisaged in Kosmonosy. The entire hospital was reserved to house German patients under one roof where, subsequently, their inconspicuous final selection for gas chambers would take place. A series of rather complicated bi-directional transports took place in the summer and autumn of 1940; a total of 1,457 persons were transferred within this ethnic exchange.¹⁵ In effect, the ratio of German patients in the Kosmonosy rose from 35% before the war to 99% by December 1940.¹⁶ Eventually, the concentration of all Protectorate psychiatric patients of German nationality to Kosmonosy (Bohemia) as well as to Brno (Moravia) was largely albeit not quite fully achieved; some patients remained in other institutions, especially in Moravia.¹⁷ The director of the Kosmonosy Institution, Dr. Klemens Bergl (1884–1947), whose activities were being supervised—again—by Dr. C. Schmalenbach, ascertained their number under the pretext of a statistical survey in June/July 1941, sending additional selection questionnaires accordingly afterwards.¹⁸

Bergl and Schmalenbach were also interested in children and juveniles, who were otherwise in the jurisdiction of a different secret entity, namely the *Reichsausschuß zur wissenschaftlichen Erfassung erb- und anlagebedingter schwerer Leiden* (Reich Committee for the Scientific Registering of Serious Hereditary and Congenital Illnesses). In the spring of 1941, both men planned an inspection trip by car to Moravia, where the situation had still been developing unsatisfactorily from the point of view

14 Ibid, pp. 112–129.

15 Ibid.

16 Ibid.

17 Ibid.

18 Ibid.

of the “euthanasia perpetrators.”¹⁹ Their “Moravian problem” consisted of a rather difficult access to the numerous minor, mainly church-run institutions.²⁰

The most likely annihilation center to which the patients from the Moravian institutions would have been transported was Hartheim.

There were 1,281 ethnically German patients present in Kosmonosy in the early summer 1941, and 805 *Meldebögen* (registration forms) were found in Berlin for the same time.²¹ It means that at least two thirds of the Kosmonosy patients were destined for gassing (so called *minus-Fälle*, or minus-cases). The date of the first transport was already set for September 8, 1941, its most likely destination being Pirna-Sonnenstein.²² Fortunately, the selected patients narrowly escaped death, because Hitler stopped the “Aktion T4” on August 24, 1941. Had he not done so, those 805 selected patients would have been gassed and incinerated within less than four weeks. This estimate is based on the known average performance of Pirna-Sonnenstein, i.e. 980 murders a month.

Clearly, German patients from the historic territory of Bohemia and Moravia had the best chance of survival if they were interned in Kosmonosy. They were not included in “Aktion T4,” being thus “only” exposed to what was to come later, i.e., death owing to long-term adverse living conditions in the hospital.²³

Czech Patients

The ethnically Czech psychiatric patients in the Protectorate were not targeted primarily in 1939–1941, although the State Secretary, a leading Nazi figure in the Protectorate German administration and *Höherer SS- und Polizeiführer* in the Protectorate, Karl H. Frank (1898–1946), put

19 For the newest data concerning the “euthanasia” of children and juveniles on the territory of Bohemia and Moravia see Rottleb, Ullrich. “... an der Wurzel abzudrosseln. ‘Kindereuthanasie’ im Reichsgau Sudetenland und Protektorat Böhmen und Mähren—Sächsische Erkenntnisse.” In: Böhm & Šimůnek (eds.). *Verlegt—Verstorben—Verschwiegen*, pp. 97–111.

20 See Šimůnek & Novák. “Auseinandersetzung mit dem Gegebenen,” pp. 19–20.

21 Novák & Šimůnek. “Die Letzten waren die Ersten,” pp. 122–129.

22 Ibid.

23 For mortality in Kosmonosy psychiatric hospital in the later period, see *ibid.*, pp. 134–154.

forward an earnest suggestion to that effect in April 1941, acting against internal rules of T4 headquarters.²⁴ He even mentioned “euthanasia” quite overtly in his correspondence, while the actual organizers were much more euphemistic and verbally restrained themselves as a rule.²⁵ Had the Czech patients in the Protectorate (a group of about 7.5–8.5 thousand people) ultimately been selected for liquidation, then—under the assumption that the two closest annihilation centers, Pirna-Sonnenstein and Hartheim, would have been involved—the whole operation might have taken no more than several months to complete.

A final remark: The number of Czech patients hospitalized in the institutions in Germany and Austria who might have fallen victims to “Aktion T4” remains unknown.

III. Jewish Patients

Patients of Jewish origin in the Reich District of Sudetenland were obviously included in the “Aktion T4” transports (Opava 1940) and stayed in the hospitals, being transported later, during the Holocaust (Dobřany 1943).

On the other hand, Jewish psychiatric patients originating in the Protectorate were concentrated and secluded in so-called Jewish Departments (*Judenabteilungen*), newly established within large institutions. Two locations were chosen for the purpose: Prague-Bohnice/Prag-Bochnitz for Bohemia, and Kroměříž/Kremsier for Moravia. The Moravian mental hospital in Jihlava/Iglau was an exception: Its patients were transported to Prague-Bohnice. The most likely reason was the early and sudden closure of the hospital (winter 1940), while sources suggest that Kroměříž might not have been operative as a concentration center before January 1942. Regardless of their starting point, however, all Czech and Moravian psychiatric inmates of Jewish origin from the Protectorate—we know of 322—ended up in the psychiatric ward of the Jewish hospital in the Theresienstadt Ghetto, a horrible place established in former cavalry stables, with no beds or mattresses, overcrowded and lice-infected, all of which contributed

24 Ibid., pp. 123–124.

25 Ibid.

to an extremely high mortality.²⁶ Those who had survived these conditions eventually perished in death camps. Only two people survived the Second World War and the Holocaust.²⁷ The total number of Jews with some psychiatric history deported to Theresienstadt was, however, higher: 586.²⁸

26 Fedorovič, Tomáš. *Mezi “eutanázií” a holokaustem—židovští duševně choří pacienti z českých zemí a Slovenska v “konečném řešení židovské otázky”* [*Between “Euthanasia” and the Holocaust—the Jewish Mentally Ill Patients from the Czech Lands and Slovakia in the “Final Solution of the Jewish Question”*]. Ústí nad Labem: FF UJEP, 2018 (dissertation; courtesy of T. Fedorovič). Idem. “Jüdische geisteskrankte Patienten aus dem Protektorat Böhmen und Mähren zwischen nationalsozialistischer ‘Euthanasie’ und Holocaust (1939–1945)”. In: Šimůnek, Michal V. & Dietmar Schulze (eds.). *Nacistická “eutanázie” v Říšské župě Sudety a Protektorátu Čechy a Morava 1939–1945* [*Nazi “Euthanasia” in the Reichsgau Sudetenland and the Protectorate Bohemia and Moravia 1939–1945*]. ÚSD AV ČR, 2008, pp. 199–236.

27 Ibid.

28 Idem. “Mezi ‘eutanázií’ a holokaustem—židovští duševně choří pacienti z českých zemí a Slovenska v ‘konečném řešení židovské otázky,’” pp. 89, 263.

Tadeusz Nasierowski & Filip Marcinowski

The Extermination of People with Disabilities in Occupied Poland

The Beginning of Genocide

The extermination of people with disabilities in occupied Poland during the Second World War initiated the genocidal activities of the Third Reich in that region. It marked the beginning of the process of murder on an industrial scale. The first victims were the patients of Pomeranian psychiatric hospitals in Świecie and Starogard Gdański, whose shootings by the occupiers began in September 1939. Qualitatively new elements in the murder process appeared during the extermination of patients in psychiatric hospitals in Western Poland, where Germans formed the Reichsgau Wartheland (Warthegau). The killing of the disabled in this area was carried out by a special unit of secret police officers in Poznań, led by the police commissioner and SS-Untersturmführer Herbert Lange. In mid-November 1939, Lange's unit started gassing patients of the hospital in Owińska, in a stationary gas chamber at Fort VII in Poznań; at the turn of 1939 and 1940, for the first time during Second World War, the patients from hospital in Gniezno were executed in mobile gas chambers. In the spring of 1940, Sonderkommando Lange made a tour of the remaining hospitals in Warthegau and exterminated their patients in mobile gas chambers. In the autumn of 1941, Lange's squad was commissioned to launch the Center of Immediate Extermination of Jews in the village of Chełmno nad Nerem (Kulmhof an der Nehr). Lange became the commander of this very first death camp of the "Aktion Reinhardt." In the General Government, the occupiers liquidated three hospitals. The hospital population in Chełm Lubelski was annihilated on January 12, 1940; an SS-unit shot all the 441 patients in the hospital yard. On June 23, 1942 535 patients of the hospital in Kobierzyn near Krakow were transported by rail to Auschwitz and gassed in Birkenau in chamber no. 1. On August 19, 1942 the liquidation of the ghetto in Otwock near Warsaw began. At this time the patients of the Zofiówka hospital, which was intended for people of Jewish origin, were murdered as well. It is estimated that about 20,000 Polish citizens

with disabilities died during the war as a result of the genocidal activities performed by the German occupiers (killing, starvation, poor sanitation conditions conducive to the spread of infectious diseases).

The invasion of Poland marked the beginning of the new German expansion to the East. The Wehrmacht was followed by the *Einsatzgruppen*, whose task it was to murder local intelligentsia, the Jewish people and the disabled.

As a result of the activities of the German and Soviet aggressors, Poland lost about 8,500 physicians and dentists during the war: 48.6% of the total number of physicians registered before the outbreak of the war. Psychiatry suffered a similar percentage of losses. Out of 270 physicians who were professionally trained as psychiatrists before the outbreak of the war, 72 were killed (26.7%), thirteen committed suicide (4.8%), and others died or went missing in unspecified circumstances. From 1939 to 1945, Polish psychiatry lost four out of five heads of neurological and psychiatric clinics, nine out of 19 directors (or their deputies) of large psychiatric hospitals, and five out of seven military commanders of neurological and psychiatric units. Most of them were murdered by the NKVD in Katyn, Kharkov and elsewhere.¹

However, it was not the imperial geopolitical vision that determined the final shape of this war, which the Germans defined as the total war. The ideological factors that contributed to its particular character were social Darwinism, racism, antisemitism, and eugenics.

The world sees the Second World War mainly through the prism of the Holocaust. The fate of the People with disabilities is only hinted at. The extermination of disabled people became a training ground for the Nazis to develop effective methods of killing people on an industrial scale. In this context, the question emerges: Should the extermination of people with disabilities in occupied Poland during the Second World War be treated as part of the so-called euthanasia program or rather as an independent event with only some commonalities with the T4 action? Those German historians who are inclined to see the issue of the extermination of people

1 Gliński, Jan Bogdan. "Straty osobowe lekarzy polskich podczas II wojny światowej." *Zagłada chorych psychicznie: pamięć i historia*, edited by T. Nasierowski, G. Herczyńska, D.M. Myszka, Warszawa: ENETEIA, 2012, pp. 147–166. Ilnicki, Stanisław. "Straty wśród psychiatrów polskich podczas II wojny światowej." *Zagłada chorych psychicznie*, pp. 167–208.

with disabilities through the prism of what happened in the “old Reich” choose the first option. This is not a proper approach in our opinion. While the extermination of disabled people in the “old Reich” was a centrally controlled program, completely bureaucratic in its initial stage and taking the character of a strictly defined medical procedure, the extermination of the “mentally ill” in occupied Poland by the Germans, except for the superficial selection of patients, was less bureaucratized and had many faces, from ad hoc actions inspired by local occupying authorities to long-term use of indirect forms of extermination, such as starvation or creating conditions promoting the spread of infectious diseases.²

The Nazis called their crimes the euthanasia program, although in fact it was *thanasia*, which means the opposite of the Greek word *αθανασία* (immortality). The recognition of people with disabilities as “not worth living” meant degradation of their lives not only in biological but also in spiritual terms and depriving them of their immortality. The term *euthanasia* (Greek: *ευθανασία*), introduced by the Nazis for propaganda purposes and used initially for the extermination of disabled, is not appropriate, whether in the etymological (*ευ*, good, *θανατος*, death), or in the classical sense. In ancient Greece, the word “euthanasia” meant death from natural causes, “easy death”—in the sense of the inner consent of one who has distanced him or herself from their own life. With the word “euthanasia,” the Greeks described the art of dying well.³

What distinguished the Nazi extermination of “mentally ill” in Poland from the T4 program in the Third Reich was its close connection to the colonization action, which implied the extermination of local intelligentsia. It resulted in the simultaneous killing of the ill and elites.

In 1939, during the German attack on Poland, the invading army began to murder patients from the Pomeranian psychiatric hospitals—in Kocborowo near Starogard Gdański and Świecie.

2 Nasierowski, Tadeusz. “Eksterminacja osób chorych psychicznie w okupowanej Polsce.” In: Musielak, M. & K.B. Głogowska (eds.). *Medycyna w cieniu nazizmu*. Poznań: Wydawnictwo Naukowe Uniwersytetu Medycznego im. Karola Marcinkowskiego w Poznaniu, 2015, p. 142.

3 Nasierowski, Tadeusz. “Trzeba nieść tę noc... Dlaczego i jak upamiętnić ofiary tanazji, przewrotnie zwanej eutanazją.” *Zagłada chorych psychicznie*, pp. 523–527.

In Pomerania, Obersturmführer SS Kurt Eimann (1899–ca. 1980) received an order to “clear” the medical and patient care facilities.⁴ As reported by Richard Hildebrandt (1897–1951), senior commander of the SS and police in the Reich District of Gdańsk-Western Prussia, to Heinrich Himmler, 3,400 patients died at the hands of his officers.⁵ The “medical” aspect of these actions was controlled by Erich Grossmann (1902–1948), the personal doctor of Gauleiter Albert Forster, who was also his health plenipotentiary and director of the Gdansk Academy of Practical Medicine.⁶

In Kocborowo this task was carried out by 20–30 men of the “Sonderkommando nach Konradstein” (special commando for Kocborowo), also known as *Himmelfahrtskommando* (a trip to heaven or the Ascension commando). Patients and local intelligentsia were murdered in the Szpegawski Forest with shots or blows to the back of the head.

The first transport, which consisted of 67 men, was taken by the SS from the hospital on September 22, 1939. By January 11, 1940 a total of 1,692 people (840 men and 852 women) had been deported from the hospital and murdered.⁷ This “euthanasia” action carried out in the first months of the war was not coordinated by the Berlin headquarters of the T4 program, contrary to what Gauleiter Forster claimed during his later trial.⁸ It was coordinated on the initiative of the local Nazi authorities. It was not until later that the hospital in Kocborowo was included in the T4 program; as a result, about 550 patients were sent to their deaths in Saxonian hospitals in Arnsdorf (today Miłków) and Pirna on July 22, 1941. Kocborowo also became one of the centers where a euthanasia program was implemented specifically to murder children.⁹

The extermination that took place in Świecie nad Wisłą was especially meaningful. On September 3, 1939 Świecie was occupied by the German

4 Archiwum Instytutu Pamięci Narodowej (Archive of the Institute of National Remembrance, Arch. IPN), GK 166/247, vol. 2, k. (chart) 242–250; GK 162/595, k. 2–10, 62–70; BY 687/4, vol. 1, k. 48–49.

5 Arch. IPN, GK 162/595, k. 65–68.

6 Jastrzębski, Włodzimierz & Jan Sziling. *Okupacja hitlerowska na Pomorzu Gdańskim w latach 1939–1945*. Gdańsk: Wydawnictwo Morskie, 1979, pp. 48, 53. Nasierowski, Tadeusz. *Zagłada osób z zaburzeniami psychicznymi w okupowanej Polsce. Początek ludobójstwa*. Warszawa: Neriton, 2008, p. 63.

7 Arch. IPN, Gd 39/19.pdf, p. 20.

8 Arch. IPN, GK 196/236, k. 132.

9 Arch. IPN, Gd 39/19.pdf, p. 20; GK 196/220, k. 51, 209–210.

Wehrmacht. On September 10, people who were supposed to organize the German civil administration arrived in the city. One of them was an attorney from Gdańsk, Dr. Benz.¹⁰ Świecie was now controlled by the Wehrmacht and local ethnic Germans (Volksdeutsche), who later became members of the Volksdeutsche Selbstschutz and formed an auxiliary police at the request of the Wehrmacht. Between September 10 and 15, 1939, Forster convened a meeting of the heads of the NSDAP districts, who were also district governors. Erich Grossmann and Walter Wohler, president of the High National Court in Gdańsk, were present. It is presumed that Forster ordered the “removal” of all dangerous Poles, all Jews and the Polish clergy. The first step was to prepare a list of these people.¹¹ In Świecie the so-called People’s Court, chaired by Benz, decided on arrests. Its members were local Volksdeutsche, the neighbors of the detained, who were thus the best sources of information for the occupation authorities. As members of *Selbstschutz*, they also participated in the killing of arrested civilians (Poles and Jews alike) and the patients in the psychiatric hospital.¹² On September 15, 1939, Benz reported that he had visited the court prison in Świecie, where conditions were almost unbearable. Although it was intended for 120 people, there were already 376, including 20 prisoners of war, Jews, priests, criminals, and prisoners detained “only because of their ability to use weapons,” i.e. potential opponents. The Germans tried to cope with the situation by releasing some of the prisoners who were then ordered to check in at the police station three times a day.¹³ In spite of this, the number of prisoners was constantly increasing. Thus, the occupiers decided to turn the nearby psychiatric hospital into a prison. To achieve this, they had to clear the hospital. We know with absolute certainty that on November 3, 1939, the hospital was empty. The Germans did not spare the director of the hospital, Dr. Józef Bednarz (1879–1939), who had made great contributions

10 Arch. IPN, By 691/69, k. 63.

11 Schenk, Dieter. *Albert Forster gdański namiestnik Hitlera. Zbrodnie hitlerowskie w Gdańsku i Prusach Zachodnich*. Gdańsk: Polnord—Wydawnictwo Oskar, 2002, p. 212 (Schenk, Dieter. *Hitlers Mann in Danzig: Albert Forster und die NS-Verbrechen in Danzig-Westpreußen*. Bonn: Dietz, 2000).

12 Arch. IPN By 691/7; By 691/84; By 691/84; GK 164/3203. Riess, Volker. *Die Anfänge der Vernichtung “lebensunwerten Lebens” in den Reichsgauen Danzig-Westpreußen und Wartheland, 1939/40*. Frankfurt a.M.: Lang, 1995, pp. 157–165.

13 Arch. IPN, By 691/83, k. 18.

toward the struggle for Poland's independence. In total about 1,000 patients were killed, including 120 children. On November 3, 1939, the remaining 700 patients were transported by rail to the hospital in Kocborowo, and the next day 700 disabled Baltic Germans were brought to take their place. The hospital was transformed into a nursing home.¹⁴ German historians consider the annihilation of the patients of the hospital in Świecie as part of the T4 action. They believe that this was done in order to free up space for a nursing home for Baltic Germans.¹⁵ In fact, the primary motivation was to transform the hospital into a prison for local Polish intelligentsia; only later was the nursing home idea realized.¹⁶ This example illustrates how the lack of a broader view of the activities of German occupiers can lead to erroneous conclusions.

Sometimes fates intertwine in amazing ways. The life of Władysław Bednarz, son of the murdered hospital director, is a case in point. He was a member of the Commission for the Study of German Crimes in Poland after the war and—as a judge of the District Court in Łódź—he was appointed to investigate the extermination of people with disabilities and the activity of the Center for Immediate Annihilation in Chełmno nad Nerem (Kulmhof), the first death camp the Germans created in occupied Poland.¹⁷

The new killing techniques were developed during the extermination of psychiatric patients in Wartheland, an area with the largest number of psychiatric institutions in pre-war Poland. The killing of the disabled people in Wartheland was carried out by a special unit of the Sonderkommando

14 Nasierowski, Tadeusz. *Zagłada osób z zaburzeniami psychicznymi w okupowanej Polsce. Początek ludobójstwa. Katalog wystawy*. Warszawa: Polskie Towarzystwo Psychiatryczne, 2018, pp. 23–29.

15 Götz, Aly. *Die Belasteten. 'Euthanasie' 1939–1945. Eine Gesellschaftsgeschichte*. Frankfurt a.M.: S. Fischer, 2013 pp. 95–97.

16 Nasierowski, Tadeusz. *Zagłada osób z zaburzeniami psychicznymi*, 2018, pp. 23–29.

17 Nasierowski, Tadeusz. “Józef Bednarz—psychiatra z “Dziejów jednego pocisku.”” In: Kargol, A. (ed.). *Andrzej Strug. Dzieło i czasy. Materiały z konferencji naukowej w Warszawie, 6–7 grudzień 2012 r.* Warszawa: Muzeum Literatury im. Adama Mickiewicza w Warszawie, Wydawnictwo Naukowe Uniwersytetu Pedagogicznego w Krakowie, Krakowska Akademia im. Andrzeja Frycza Modrzewskiego, 2014, pp. 43–60. Albert Forster, b. gaulaiter i prezydent Gdańska w rękach polskiej sprawiedliwości. “Gazeta Polska. Niezależne pismo demokratyczne” 12 VIII 1946, no. 220, p.1.

SS, led by the detective superintendent (Kriminalkommissar) SS-Untersturmführer Herbert Lange (1909–1945).¹⁸ The first to be targeted was the hospital in Owińska near Poznan. Its annihilation most likely began in mid-October 1939. The “cleaning” of the hospital, to use the terminology of German officials, was done by the SS-Sonderkommando Lange. We now know that initially patients were shot; after November 1939 they were poisoned with carbon monoxide in a provisional gas chamber at Fort VII in Poznan. The Nazis tried to hide their crimes, so there is no documentation available. We have only the accounts of witnesses.¹⁹ This is why we are unable either to determine the exact dates of gassings or the number of victims. Therefore, many issues have not been resolved, including the answer to the question: Were only the patients from Owińska killed in Fort VII, or also the patients from Dziekanka, since the “evacuations” of patients from both institutions took place at the same time (December 7–19, 1939)? The most important testimony regarding the German “euthanasia” action in Wartheland is that of Henryk Mania, a former prisoner of the Fort VII and an eyewitness of these events. He was in the group of prisoners appointed to help the Sonderkommando Lange, which carried out the gassing.

On October 11, 1967, Mania testified about the gassing at the Fort VII:

“On the same day that we were transferred to SK [Sonderkommando], the SS man, not the one who usually served in the corridor, called us. In the courtyard of the Fort VII, two trucks loaded with people were surrounded by other SS men. These [people in the trucks] were mentally ill, who could be recognized by their appearance. The SS men ordered us to bring the ill from the car and lead them to the stand-alone bunker. The SS men were watching over us, shouting and pushing. We also got iron cylinders out of the car. These were similar to oxygen cylinders and we

18 Böhler, Jochen & Klaus-Michael Mallmann & Jürgen Matthäus. *Einsatzgruppen w Polsce*. Warszawa: Bellona, 2009, pp. 19, 44, 57.

19 Arch. IPN, GK196/31, k. 67. *Z pierwszej linii frontu*. Warszawa: Departament Informacji Delegatury Rządu na Kraj, 1943, p. 79. Arch. IPN w Poznaniu, sygn. Po5/S.1/98H, teczka zatytułowana “dokumenty źródłowe”, k. 20. IPN w Poznaniu, Oddziałowa Komisja Ścigania Zbrodni przeciwko Narodowi Polskiemu, S. 6/01/Zn, k. 637, 721, 1147–1164, S. 3/00/Zn, k. 203–219, 231–248. Sąd Okręgowy w Koninie (District Court in Konin), signature XVI K 3/01, chart 269–286, 631–647.

put them in the bunker. After filling the bunker with the ill and closing the iron doors, the SS men ordered us to seal them with clay and then they sent us back to the cells. After a short time we were escorted back to the courtyard. We were ordered to peel off the clay, open the door and pull out the corpses of gas-poisoned patients. I later learned that those prisoners in whose cells we were placed had already performed similar actions before, as I learned from them. I brought the corpses that had been thrown out of the bunker, to the car. After we loaded the car with the corpses of the ill, we were sent back to the cells. The above-described gassing of mentally ill was repeated several times, but I am not able to determine how many times and how many people were killed this way. I know, however, that they were patients brought to Fort VII from the Psychiatric Hospital in Owinska near Poznan.”²⁰

On November 2, 2000, 33 years later, Mania was interviewed again. At the time he testified as follows:

“The bunker was tightly closed and sealed up with something. Now I do not remember with what. The gas from the cylinder was carried to the bunker with tubes and rubber hoses. We had to place these bottles near the bunker. The gas valve was turned off by a specially designated member of Gestapo. During the gassing of the victims we returned to the cells. When the victims were already gas poisoned we were called again to take the bodies out of the bunker. We loaded the bodies on the car. Then the second group of prisoners from the other cell which was also marked SK dealt with the removal of corpses to the forest, digging pits and burying [the bodies].”²¹

Until mid-November 1939, the VI Operational Group (*Einsatzgruppe VI*) was responsible for Fort VII, where Sonderkommando Lange carried out the first gassing. At this time Fort VII was called “Poznan Concentration Camp” (*Konzentrationslager Posen*), and its first commandant was Lange (until October 15, 1939). In mid-November 1939, when it was taken over by the Secret State Police (*Geheime Staatspolizei*—Gestapo), the name of

20 Sąd Okręgowy w Koninie (District Court in Konin), signature XVI K 3/01, k. (chart) 269–286.

21 District Court in Konin, XVI K 3/01, k. 631–647.

the camp was changed to Fort VII (*Übergangslager Fort VII*). The camp provided facilities for the *Intelligenzaktion* carried out by the German occupiers. In the autumn of 1939 and in the spring of 1940, transports of detainees, mostly of the intelligentsia, continued to arrive at Fort VII. The daily number of prisoners detained in the camp ranged from 700 to 1,200. After interrogations, some of them were shot in the camp, while others were sent to concentration camps. Fort VII was the first concentration camp the Nazis set up in Poland, and the place where the Germans carried out the first gassing during the “euthanasia” actions in occupied Poland; thus it was the first location where gas was used to kill people on an industrial scale during the Second World War, and where the colonization plans of the German invaders were fully revealed. The first phase of this colonization plan was the murder of the intelligentsia. In addition, this marked the beginning of the criminal activity of Herbert Lange, who took over the command of the camp.²²

Another transition in the process of improving the killing technology on an industrial scale was equipping the Sonderkommando Lange with mobile gas chambers. In the beginning, victims were poisoned with carbon monoxide coming from a gas cylinder attached to a car; then exhaust fumes were used. Probably as early as December 1939, and certainly by January 1940, Sonderkommando Lange began to murder the “mentally ill” in cars converted to mobile gas chambers, which were much more practical, as they gave a better chance of hiding the crime and obliterating its traces. With the mobile gas chambers, Sonderkommando Lange was able to plan further annihilation actions freely and became completely independent from the previous place of gassings. The Sonderkommando no longer had to plan its actions together with the Gestapo, which in mid-November 1939 took over Fort VII from Einsatzgruppe VI. Moreover, the number of direct witnesses of the crime was limited to the members of the Lange group and the Polish prisoners of Fort VII assigned to help, who led

22 Wardzyńska, Maria. *Kategorie obozów pod okupacją niemiecką w latach II wojny światowej. Polska 1939–1945. Straty osobowe i ofiary represji pod dwiema okupacjami*, edited by W. Materski i T. Szarota. Warszawa: Instytut Pamięci Narodowej—Komisja Ścigania Zbrodni przeciwko Narodowi Polskiemu, 2009, p. 101. Wardzyńska, Maria. *Był rok 1939: operacja niemieckiej policji bezpieczeństwa w Polsce “Intelligenzaktion.”* Warszawa: Instytut Pamięci Narodowej—Komisja Ścigania Zbrodni przeciwko Narodowi Polskiemu, 2009.

the victims to the gas chambers, pulled out the corpses, dug the graves and buried the corpses. The mobile gas chambers were able to travel about like the phantom of death in Wartheland; victims were murdered at any location and time that the perpetrators found most convenient.

The extermination of the disabled people in Dziekanka hospital began on December 7, 1939. In total, between December 7 and 19, 1939 and between January 8 and 12, 1940, Sonderkommando Lange transported and murdered 1,043 people in the nearby forests. The murders were committed primarily in the mobile gas chambers. The next action of this kind was carried out by the Germans in June and July 1941, when 158 people were killed. In addition, some patients were killed in a hospital with injections of phenobarbital, scopolamine and other pharmaceuticals.²³

The annihilation of the ill in the hospital in Kościan was carried out by Lange's squad between January 15 and 22, 1940. At this time, 523 people were killed. As of February 9, 1940, transports of patients from the German psychiatric institutions Treptow, Lauenburg, Ueckermünde and Stettin began to arrive. In total, 2,750 patients were brought in and murdered as well.²⁴

In Warta, in three days (from April 2 to 4, 1940), 499 patients were killed, of whom 201 were men and 298 women.²⁵

Between March 13 and 15, 1940 about 600 patients were discharged from the hospital in Kochanówka and killed in the mobile gas chamber. The bodies were buried in mass graves in the forests of Lućmierz and Zgierz. The Germans carried out another extermination action of the ill in 1941, murdering about 150 people.²⁶

The last psychiatric facility in the Wartheland, whose patients were murdered by Sonderkommando Lange, was Gostynin. By June 1940, SS officers had killed 48 people; on June 9, they removed 39 men and 29 women from the hospital in the mobile gas chamber.²⁷

23 IPN w Poznaniu, Oddziałowa Komisja Ścigania Zbrodni przeciwko Narodowi Polskiemu, S. 3/00/Zn, k. 1–115. Schwanke. "Okręgowy zakład opieki w Tiegenhof (Dziekanka)." *Medycyna w cieniu nazizmu*, pp. 168–183. Nasierowski. *Zagłada osób z zaburzeniami psychicznymi*, 2008, pp. 87–92.

24 *Ibid.*, pp. 92–94.

25 *Ibid.*, pp. 96–98.

26 *Ibid.*, pp. 94–96.

27 *Ibid.*, pp. 99–103.

Sonderkommando Lange also operated outside the Wartheland. From May 21 to June 8, 1940, 1,550 psychiatric patients in Eastern Prussia died at the hands of its members. The Sonderkommando murdered its victims in mobile gas chambers in the transition camp in Działdowo. For each patient killed, Lange received ten Reichsmark.²⁸

In spring and summer of 1941, Sonderkommando Lange continued to kill the disabled in the hospital in Warta. On May 9, 1941, the Lange group transported 47 patients from Gostynin to the nursing home for the old and disabled in Pleszew and murdered them in a mobile gas chamber. On June 9, 1941, the group transported 30 men and 29 women from the hospital in Gostynin to the home for the old and poor in Śrem, and murdered them between June 10 and 12 in a mobile gas chamber. In all, 126 people were murdered, including 56 patients from the Śrem facility. A few weeks earlier, the selection of patients from the Śrem facility had been conducted by the director of Dziekanka, Wiktor Ratka (1895–1966).²⁹

It was decided that the experience gained by Sonderkommando Lange during the extermination of the “mentally ill” would be used to “annihilate” the Jews. Sonderkommando Lange was commissioned to launch the Center for Immediate Extermination of Jews in Chełmno nad Nerem (Kulmhof). Lange became the commandant of this very first death camp. Lange used the same scheme he had used for the disabled people to murder the prisoners.

On October 8, 1939, the Polish part of Upper Silesia was officially incorporated into the Third German Reich. There were two hospitals in this area: in Lubliniec and Rybnik. On September 17, 1939, Ernest Buchalik (1905–d. after 1957) became the director of the Psychiatric Department in Lubliniec hospital. Earlier, Buchalik was the head of a ward at the hospital in Toszek. He had joined the Nazi Party (NSDAP) in 1933 and was a member of Sturmabteilung (SA). In November 1941, Buchalik organized a children’s ward in the hospital; later it was transformed into a clinic where children were admitted as a result of decisions of German courts and the Nationalsozialistische Volkswohlfahrt (NSV, National Socialist People’s Care). The clinic was included in the “euthanasia” program within the T4

28 Sołga, Henryk. *Niemcy sądzący i sądzeni 1939–2000*. Kraków: Ikon, 2004, pp. 246–250.

29 IPN w Poznaniu, Oddziałowa Komisja Ścigania Zbrodni przeciwko Narodowi Polskiemu, Po5/S.5/97/H, k. 7, 13, 18, 25, 41, 43.

action. It had two divisions: A and B. The first was headed by Elisabeth Hecker (1895–1986) and the second by Buchalik himself.

Patients, mostly under the age of seven, were initially admitted to division A. Subsequently, after the selection, the severely ill patients were referred to division B, where they were given barbiturates several times daily, either orally or intravenously. The effect of such “treatment” was easy to predict: of 256 children, 194 died. The mortality rate among adult patients was high due to malnutrition and poor hygiene. Prior to the occupation of Silesia by the Red Army in the beginning of 1945, the German hospital personnel fled, abandoning about 1,000 patients.³⁰

In the period preceding the outbreak of the war, there were 1,650 beds in the Hospital for “Nervously and Mentally Ill” in Rybnik. On the basis of oral testimonies of witnesses of those events, it is known that as early as 1939 the Germans had removed and murdered disabled patients of Jewish descent. They did not spare other patients, some of whom were killed directly, while others were exterminated indirectly: malnutrition and poor hygiene cost the lives of ten patients every day. New patients were admitted constantly in their place, including from the hospital in Toszek, liquidated in 1940, where two Prisoner of War (POW) camps and a civilian camp were organized. In 1945 the hospital was on the front line. This was the most tragic moment in the wartime history of this hospital. In January 1945, due to the offensive of the Soviet troops, the disabled were evacuated to Germany and Czechoslovakia. The last transport of disabled patients and hospital management departed on January 24, 1945. Only a small group of staff and several hundred patients remained in the hospital. At least 400 patients were killed during military operations in the hospital. Moreover, 80 percent of the hospital buildings were destroyed. Only 81 patients survived. It is estimated that about 3,000 patients lost their lives in the war.³¹

In the General Government, just as in Pomerania and Wartheland, the occupiers treated people with mental disorders as an unnecessary burden, to be disposed of. However, there is not enough evidence to conclude that they followed a predetermined plan regarding this group of people. Political events, constant terror and wartime difficulties put immediate goals at the forefront. The determination of the occupiers to annihilate psychiatric

30 Nasierowski. *Zagłada osób z zaburzeniami psychicznymi*, 2008, pp. 160, 164–165.

31 *Ibid.*, pp. 165–166.

hospitals was much lower in the General Government than in areas directly incorporated into the Reich. This may have been a reaction to the publicity following the brutal liquidation of the first hospital in Poland on January 12, 1940: the Provincial Psychiatric Hospital in Chełm Lubelski. Its patients were shot by the Germans at the entrance to the hospital buildings; those who resisted were thrown out of the windows. The wounded were killed in the hospital yard. About 300 men, 124 women and 17 children were murdered.³²

The patient population in the Kobierzyn hospital near Krakow was annihilated as well. On June 23, 1942, the occupiers transported by rail 535 patients to Auschwitz Birkenau and gassed them in Brzezinka in gas chamber No. 1.³³

The Germans tried to gather all patients of Jewish origin in a single hospital in a given administrative area for ideological (racist) reasons. The Jews with disabilities from other psychiatric hospitals in the area were transported there. One such hospital in the “old Reich” was a psychiatric institution in Sayn; in Wartheland it was Hospital No. 3 in the Lodz ghetto; and in the General Government it was Zofiówka hospital in Otwock near Warsaw. On January 15, 1941, the Germans established a ghetto in Otwock, and on May 28, 1941 they forbade anyone to leave the ghetto due to an alleged typhoid epidemic. Therefore, discharging patients became impossible. The situation was becoming increasingly tragic. Many patients died of starvation. On August 19, 1942, the Germans and Ukrainians from the Voluntary Branch of the SS began to annihilate the Otwock ghetto. On the eve of the action a police officer named Pietraś informed the management of Zofiówka about the Nazi plans, so that a few people were rescued. Several patients without any hope of rescue committed suicide that night—as did three doctors. Stefan Miller (1903–1942) informed the patients about the imminent danger, declaring, “I open all the doors, you can go out.” On August 19, 1942, the Nazis shot 108 patients in Zofiówka. Miller and his wife, the psychiatrist Irena Miller-Themerson (1904–1942), fled to Mińsk Mazowiecki, where on August 21, 1942,—the day of annihilation of the ghetto—they probably committed suicide. The disabled people who were

32 Nasierowski, Tadeusz. “Likwidacja szpitala psychiatrycznego w Chełmie Lubelskim.” *Doświadczenia graniczne i transkulturowe*, edited by Zenon Waldemar Dudek. Warszawa: Eneteia, 2013, pp. 193–203.

33 Nasierowski. *Zagłada osób z zaburzeniami psychicznym*, 2008, pp. 153–158.

not killed on August 19, 1942, and those workers of Zofiówka who were unable to escape or hide, were taken to the concentration camp in Treblinka and killed along with other inhabitants of the Otwock ghetto.³⁴

In Kulparków in Lviv, the Germans used indirect means to exterminate the “mentally ill.” Patients died *en masse* of starvation and as a result of infectious diseases. From July 1941 through May 1942, 1,179 patients died. On January 15, 1943, only 260 patients remained in the hospital. On the night of the Easter holiday, April 9 and 10, 1944, the Soviets bombed Lviv. Two hospital buildings were hit. In June 1944, the Germans allocated the hospital briefly to the Ukrainian 14th SS Grenadier Division (*SS-Galizien*).³⁵

In the hospital in Tworki near Warsaw, indirect methods of extermination were used as well. Lack of adequate food for the hospital and the alarming hygienic conditions (lack of cleaning agents, clothing, heat) resulted in increased mortality rate. In 1938, 5.2% of patients (100 people) died; this rose to 19.8% in 1939 (177 people); 23.9% (402) in 1940; 29.7% (576) in 1941; 29.6% (501) in 1942; 21.4% (481) in 1943; and 18.6% (428) in 1944.³⁶

In Drewnica, east of the Vistula, the Germans did not murder the ill during the war. However, hunger, cold and poor hygiene took a heavy toll. The number of dead is estimated at several hundred. In the spring of 1944, the psychiatric hospital was transformed into a hospital for trachoma patients. The tragedy of Drewnica hospital occurred in July 1944 during artillery fights between the Red Army and German troops. The battle in Radzymin and Wolomin area was the largest artillery battle in occupied Poland. It ended with the defeat of the Soviets. First the battles took place in the vicinity of the hospital and then in the hospital itself. Patients, hospital staff and local residents were forced to seek shelter in the basements and other hideouts. Many of them died.³⁷

The fate of St. John of God Hospital in Warsaw was inextricably linked with the fate of the Warsaw Uprising. In 1944, about 360 patients were hospitalized there. On the first day the hospital suffered heavy shelling, also coming from a nearby tank. The barricades in front of the hospital provided no protection. Those patients who were able to return home or

34 Ibid., pp. 200–212.

35 Ibid., pp. 159–160.

36 Ibid., pp. 189–195.

37 Ibid., p. 167.

find shelter elsewhere were released. The others were gathered in the clinic and other parts of the hospital, leaving the rest of the hospital to the soldiers and civilians. On August 7, there were about 300 wounded civilians and insurgents in the hospital. After August 10, the hospital was close to the front line. The Germans intensified their artillery and mortar fire. On August 14 the evacuation of wounded civilians and patients started. They were moved to the building of the Ministry of Justice (Raczyński Palace) at 7 Długa Street, to St. Jack Church, to the adjoining property at 10 Freta Street and to the tenement house at 3 Mławska Street. It proved impossible to transfer all psychiatric patients and injured from St. John of God Hospital. Some had to stay. Halina Jankowska (1890–1944), despite being repeatedly urged to leave the hospital, decided to stay with the patients. On the morning of August 23, after another raid, Jankowska and others died beneath the rubble of a burnt vault in a shelter near the operating room.³⁸

During the war the authorities in Eastern Poland changed repeatedly. Territories initially under Soviet occupation were occupied by the Germans after the Third Reich attacked the USSR. Patients in psychiatric hospitals in the East, in Choroszcz and Vilnius, were now under a postponed death sentence.

An estimated 20,000 Polish citizens with disabilities died during the war as a result of the genocide perpetrated by the German occupiers (through direct murder, starvation, and poor sanitation conditions conducive to the spread of infectious disease).

38 Ibid., pp. 168–189.

Alexander Friedman

Murders of the III in the Minsk Region in 1941 and their Historic Reappraisal in the Soviet Union and the Federal Republic of Germany

In the second half of 1941, psychiatric patients in institutions in the Minsk area were brutally murdered.¹ After the Red Army liberated the city on July 3, 1944, the Soviet public prosecutor's office and state security interviewed several witnesses to these German war crimes. In the second half of January 1946, 18 Nazi criminals were put on trial in Minsk. The military tribunal of the Minsk military district also addressed the murder of disabled Soviet citizens in the Minsk region. The court sentenced Bruno Franz Mittmann (b. 1901), sergeant of the gendarmerie, and Franz Karl Hess (b. 1909), SS-Unterscharführer (junior squad leader, paramilitary rank of the Nazi Party), to death for their roles in these savage murders.² While Mittmann and Hess were hung on January 30, 1946 at the Minsk racetrack, Dr. Albert Widmann—the chemist responsible for the murders of the mental patients in Minsk in September 1941—lived unpunished in Stuttgart until the late 1950s. It wasn't until nearly 15 years after the end of the war that Widmann, a former SS-Sturmbannführer and employee of the notorious Criminal Technical Institute of the Reich Main Security Office (RSHA), was tried in West Germany: On October 10, 1962 the Düsseldorf Regional Court condemned him to 3.5 years in prison

- 1 Translated from German by Toby Axelrod. This text has been published first in German under the title "Krankenmorde im Raum Minsk 1941 und ihre Aufarbeitung in der Sowjetunion und der Bundesrepublik Deutschland." In: Friedman, Alexander & Rainer Hudemann (eds.). *Diskriminiert—vernichtet—vergessen. Behinderte in der Sowjetunion, unter nationalsozialistischer Besatzung und im Ostblock 1917–1991*. Stuttgart: Franz Steiner, 2016, pp. 395–414.
- 2 On this trial see for example Zeidler, Manfred. "Der Minsker Kriegsverbrecherprozeß vom Januar 1946: Kritische Anmerkungen zu einem sowjetischen Schauprozeß gegen deutsche Kriegsgefangene." *Vierteljahrshäfte für Zeitgeschichte* (hereafter VfZ), 52 (2004) 2, pp. 211–244. See also Anatolij Šarkov's article in *ibid.*

for murder using poison.³ In mid-September 1967 the Stuttgart Regional Court condemned the chemist to 6.5 years in jail for “aiding and abetting murder.” But he never had to serve that sentence: Widmann transferred 4,000 Deutschmark to a West German institution for the disabled, thus proving his “moral reformation.”⁴ But this did not conclude the judicial reappraisal of the murder of mental patients in Minsk. One year later, the Central Office of the Land Judicial Authorities for the Investigation of National Socialist Crimes in Ludwigsburg opened preliminary investigations into the murder action at the psychiatric institution Navinki (Russian: Nowinki; German: Nowinki) near Minsk.⁵ These investigations lasted nearly five years and deserve special attention largely because of the documents gathered—particularly eyewitness testimonies taken by the KGB in Soviet Belarus in 1969 and made available by the Soviet Union to the Federal Republic of Germany.

This case study begins with a description of the murders of disabled people in Minsk in 1941⁶—to some extent examined in Western research—based on archival files of Soviet and German provenance (German civil administration files as well as judicial files from the Soviet Union, East and West Germany). This will be followed by a presentation of the historical reappraisal of the National Socialist murders of the ill in the USSR after 1945, focusing on Belarus and especially its capital, Minsk. Thirdly, the study will present and evaluate the source material that the Soviet authorities shared with the Ludwigsburg Central Office. These Soviet files are also interesting because, as will be shown, they reflect certain aspects of the official Soviet view of the war and how the Soviet Union approached this

3 See Klee, Ernst. *Das Personenlexikon zum Dritten Reich. Wer war was vor und nach 1945*. Frankfurt a.M.: S. Fischer, 2003, p. 678.

4 See *ibid.* Abmayr, Hermann G. “Albert Widmann. Chemiker der Vernichtung.” In: Abmayr, Hermann G. (ed.). *Stuttgarter NS-Täter. Vom Mitläufer bis zum Massenmörder*. Stuttgart: Schmetterling, 2009, pp. 69–73, in particular: pp. 72–73.

5 See order of the court assistant Dr. Horskotte, 16.8.1968 [II 202 AR-Z 21/66], Bundesarchiv (hereafter BAArch), B 162/8425, folio 2.

6 See for example Gerlach, Christian. *Kalkulierte Morde. Die deutsche Wirtschafts- und Vernichtungspolitik in Weißrussland 1941 bis 1944*. Hamburg: Hamburger Edition, 21999, pp. 1068–1069. Seeman, Mary. “The Fate of Psychiatric Patients in Belarus during the German Occupation.” *International Journal of Mental Health*, 35 (2006) 3, pp. 75–79.

specific topic—the murder of the ill. In the final section of this study, the results of the German investigation will be summarized.

Murders of the ill in Minsk 1941: The search for a new means to kill masses of “useless eaters”

On June 28, 1941 the German Wehrmacht occupied the Belarusian capital, Minsk. At this time, the city’s overcrowded medical institutions housed several hundred patients with disabilities who had not been evacuated.⁷ The sixth psychiatric department of the city’s second hospital, established in 1921, housed some 500 patients. About 100 of them did not need constant medical care; and because the hospital administration sent them home after the outbreak of war, they escaped the later murder actions.⁸ By the end of June 1941, about 400 men and women were still living in the “psychiatric workers colony” in Navinki,⁹ which had been opened in October 1918.¹⁰ The institution had its own quite significant agricultural operation (*Sovkhoz*, or state-owned farm) with nearly 300 hectares of farmland, plus gardens, cattle breeding with around 100 cows as well as pigs, sheep and horses. The agricultural work was carried out by between 100 and 150 “mildly ill” patients.¹¹

7 The review of psychiatric institutions in the USSR (1938) conducted by the Soviet Ministry of Health confirmed a chronic overcrowding of institutions in the Belarusian Socialist Soviet Republic (BSSR). Nacional’nyj archiv Respubliki Belarus’ [Nationalarchive of the Republic of Belarus] (hereafter NARB), F. (= Fond) 4p, O. (= Opis’) [Directory] 1, D. (= Delo) [Akte] 574, L. (= List) [sheet] 7.

8 See copy of the interrogation protocol of Dr. Ol’ga I. Ol’shevskaya by senior investigating officer of the Committee for State Security at the Council of Ministers of the Belarusian SSR (26.8.1969), BArch, B 162/8425, folios 66–69, here folio 67.

9 For more information on the history of the institution, see Egorenkova, Ljubov’. “Pljac v imenii Novinki...” *Minskij kur’er* [Minsk], 18.12.2009, p. 21.

10 This number of patients exceeded the capacity of the institution, which according to official Soviet data (late 1930s) was able to accommodate 300 men and women. See Bortnickij, A.I. “Étapy stanovlenija i razvitija Respublikanskoj psichiatričeskoj bol’nicy.” In: *Naučno-praktičnaja konferencija vračej Respublikanskoj psichiatričeskoj bol’nicy*. Minsk, 1972, pp. 5–6.

11 See visit to the Novinki lunatic asylum (6 km north of Minsk) by staff doctor Dr. Ellinghaus and assistant doctor Dr. Krause (16.9.1941), NARB, F. 370, O. 1, D.

In early July 1941 a major fire in Navinki destroyed one of the largest buildings in the institution. Given the emergency situation, the colony administration released some patients. Those who, due to war conditions, were unable to find a new home outside the psychiatric institute ultimately returned to Navinki and thus shared the tragic fate of the rest of the patients.¹²

In mid-August 1941, Reichsführer-SS Heinrich Himmler and Arthur Nebe, head of the Reichskriminalpolizei as well as of the Belarus-based Einsatzgruppe B of the Security Police and SD, visited the institution and the Sowchose, which had been handed over to the SS. Himmler ordered the murder of the patients in Navinki.¹³ In early September, Wilhelm Kube, head of the German civil administration in “White Ruthenia,” arrived in the colony in “White Ruthenia.” Kube, who attempted until his death in 1943 to win the sympathies of the Belarusian population for the German occupying forces and also tried to alleviate the fates of Jews deported from the German Reich to Minsk,¹⁴ expressed no reservations about the imminent extermination action at the Navinki psychiatric institution.¹⁵

141a, L. 139; translations [into German] of the interrogation records of nurse Eva K. Kolonickaja (24.7.1944) and the cashier in the Navinki accounting department, Vanda I. Naumenko (1944) by the Soviet public prosecutor, BArch, B 162/8425, folios 3–6, here folios 3 and 5; copy of the interrogation protocol of Dr. Natal’ja N. Markova (née Akimova) by Major Senatorov, senior investigating officer of the Committee for State Security at the Council of Ministers of the Belarusian SSR (31.7.1969), BArch, B 162/8425, folios 53–56, here folio 54; from the interrogation protocol of witness V.I. Naumenko about the extermination of the mentally ill in the Navinki psychiatric institution (district Minsk) by the German fascist occupiers (24.7.1944). In: Beluga, Z.I. & N.I. Kaminskij & A.L. Manaenkov et al. (eds.), *Prestuplenija nemecko-fašistskich okkupantov v Belorussii 1941–1944*. Minsk, 1963, p. 190.

12 See Bortnickij. *Ėtapy stanovlenija*, p. 8.

13 See Witte, Peter & Michael Wildt et al. (eds.). *Der Dienstkalender Heinrich Himmlers 1941/42*. Hamburg: Christians, 1999, pp. 193–196, in particular: p. 196.

14 See Heiber, Helmut. “Aus den Akten des Gauleiters Kube.” *VfZ* 1 (1956) 4, pp. 67–92.

15 See letter from SS and police chief of “White Ruthenia” to the General Commissioner in “White Ruthenia” to the attention of District Administrator v. Rumohr, dated 27.10.1941, related to: Letter—Dept. IIC—reference—v.R./Lu of 22.10.1941, NARB, F. 370, O. 1, D. 141a, L. 129; visit to the Nowinki lunatic asylum; copy of

In the autumn, the situation in the Minsk psychiatric institutions worsened dramatically. The economic situation had declined and patients in Navinki were systematically abused by the German Gendarmerie stationed in the SS-run farm.¹⁶ Soon, the first execution was carried out in the Minsk region. In its 1967 judgment against Dr. Albert Widmann, the Stuttgart Regional Court determined that the accused had come to Minsk in September 1941 on the orders of Nebe. And Nebe, for his part, had come at Himmler's behest to head the development of a new killing process to replace executions by mass shooting, a means deemed too burdensome for the perpetrators. With this in mind, Widmann organized "experiments" in September 1941, in which at least 24 "mentally ill" patients in Minsk were murdered "by explosives." At the same time, in the psychiatric clinic in the eastern Belarusian city of Mahilioŭ (in Russian, Mogilev; in German, Mogiljow; in English Mogilev) at least five "mentally ill" persons were murdered "by gas." Gassing (using engine exhaust fumes) proved to be a "more useful murder method" than explosives. This determination paved the way for the development of "gas vans."¹⁷

The Soviet files contain no hints of the use of explosives to kill patients in Minsk in September 1941. But witnesses reported a murder action in the second city hospital in November 1941: An unknown German unit—described by witnesses as "members of the German military" or a "police unit"—cordoned off the institution's psychiatric department, abused the patients and—on the pretext of transferring them to Navinki or Mahilioŭ—blew them up inside a forest bunker near the village of Kalodzishchy. Approximately 300 men and women were murdered in this

the interrogation protocol of Dr. Natal'ja N. Markova (née Akimova), BArch, B 162/8425, folio 56.

16 See *Sudebnyj process po delu o zlodejanijach soveršennykh nemecko-fašistskimi zachvatčikami v Belorusskoj SSR* (15–29 janvarja 1946 goda), Minsk 1947, p. 135.

17 Jury court judgment in Stuttgart of 15.9.1967 in the criminal case against Dr. Albert Widmann as accessory to murder (Ks 19/62). In: Rüter, Christiaan F. & Dirk Welmoed de Mildt (eds.). *Justiz und NS-Verbrechen. Sammlung deutscher Strafurteile wegen nationalsozialistischer Tötungsverbrechen 1945–1999*, vol. XXVI. Amsterdam: University Press/München: de Gruyter Saur, 2001, pp. 553–588, in particular: pp. 561–563. See also Kogon, Eugen & Hermann Langbein & Adalbert Rückerl et al. (eds.). *Nationalsozialistische Tötungen durch Giftgas. Eine Dokumentation*, pp. 81–82. Beer, Mathias. "Die Entwicklung der Gaswagen beim Mord an den Juden." *VfZ* 35 (1987) 3, pp. 403–417, in particular: pp. 407–409.

action.¹⁸ Eyewitnesses reported gassings of patients in September 1941, and not only in Mahilioŭ—as Widmann claimed and the Stuttgart Regional Court repeated in its judgment—but also in Navinki, according to Soviet interrogation protocols from 1944 and 1969: On September 19 and 20, 120 chronically ill patients and 80 Jewish “patients able to work” were murdered either by shooting or gassing in the hospital’s baths. Unknown German units carried out this extermination action; the corpses were buried in the village of Drazdy.¹⁹ It is likely that another extermination action took place during this period in Navinki; in the early 1970s, the institution’s then director, A.I. Bortnickij, reported that an unknown number of patients had been injected with a fatal overdose of morphine.²⁰

18 See *Sudebnyj process po delu*, p. 194; copies of the interrogation records of Dr. Ol’ga I. Ol’ševskaja (26.8.1969), of the former nurses Georgij A. Garanovič (28.8.1969) and Nadežda Ju. Grablevskaja (18.9.1969) by Major Senatorov, senior investigating officer of the Committee for State Security at the Council of Ministers of the Belarusian SSR, BArch, B 162/8425, folios 66–76, here folios 67, 68 and 71–75. See also the interrogation protocol of nurse Nikolaj P. Mirutko (18.12.1945), BArch, B 162/8425, folios 110 and 111; copies of the interrogation records of Dr. Ol’ga I. Olshevskaya (23.7.1944) and the nurses Valentina F. Butvilovskaja (24.7.1944) and Antonina Ja. Solovej (24.7.1944) by Grigorovič, senior investigating officer of the Public Prosecutor’s Office of the Minsk Oblast, NARB, F. 845, O. 1, D. 63, L. 19–20, 25 and 39.

19 See *Sudebnyj process po delu*, p. 135; translations [into German] of the interrogation records of nurse Eva K. Kolonickaja (24.7.1944) and the cashier in the Navinki accounting department, Vanda I. Naumenko (1944) by the Soviet Public Prosecutor, BArch, B 162/8425, folios 3–6, here folios 3, 5 and 6; copies of the interrogation records of the former nurse Eva K. Kolonickaja (29.7.1969) and the former cashier in the Navinki accounting department Vanda I. Naumenko (30.7.1969), the nurse Tat’jana A. Burdilovskaja (31.7.1969), Dr. Natal’ja N. Markova (née Akimova) (31.7.1969), the driver Roman V. Kačan (29.8.1969) and retiree Efim S. Toplenkin (20. 8.1969) by Major Senatorov, Chief Examining Magistrate of the Committee for State Security at the Council of Ministers of the Belarusian SSR, BArch, B 162/8425, folios 46–65, here folios 47, 48, 51, 54, 55, 58, 61, 64 and 65; from the interrogation protocol of witness Naumenko, p. 190. See also Ebbinghaus, Angelika & Gerd Preissler. “Die Ermordung psychisch kranker Menschen in der Sowjetunion. Dokumentation.” In: Aly, Götz & Angelika Ebbinghaus et al. (eds.). *Aussonderung und Tod. Die klinische Vernichtung der Unbrauchbaren*. Berlin: Rotbuch, 1985, pp. 75–107, here p. 90.

20 See Bortnickij, *Ėtapy stanovlenija*, p. 8.

Following the first extermination action in Navinki, the Health and Care of the Nation department of the General Commission of “White Ruthenia” decided to reduce the hospital’s medical staff: 28 nurses left the colony, while their 20 colleagues,²¹ including the nurse Amel’janovič—later denounced as the “former director of the community youth organization”²²—remained for the time being in Navinki.

It is no accident that these gruesome murders in Navinki, which Himmler personally ordered in August 1941, were carried out in the second half of September: The patients were not murdered until the harvest was completed in the SS farm and the occupiers no longer needed their labor. The above-described murders of the ill were atrocities that served the dual purposes of testing new killing methods and of doing away with people now classified as “superfluous labor.” At the later shooting actions, the focus was on the elimination of “useless eaters.”

The September murders signaled the imminent closure of the hospital in Navinki. It would be only a matter of time before the remaining patients would be murdered. But, unexpectedly, the next extermination action was postponed for more than a month. This was due to an intervention by Dr. Paul Wegener, the SA-Brigadeführer at the Reichskommissariat “Ostland” in Riga, in the affairs of the Department of Health and Care of the Nation in the Generalkommissariat “White Ruthenia.” According to his instructions from Riga, “only patients [...] whom doctors consider incurable should be withdrawn from the national community.” This should have meant that the institution in Navinki would continue as before, since it housed “about 80 mentally ill people capable of working.”²³ Despite the aforementioned instructions from Riga, the civil administration in Minsk and the SS remained committed to accomplishing the quickest possible murder of patients. The murder plan was set on October 28 at the latest; the head of the Department of Health and Care of the Nation in Minsk, the committed racial hygienist Dr. Hans Wolfgang

21 See letter from Weber, head of the Department of Health and People’s Care, to the head of the Health Department in Minsk, dated 2.10.1941, NARB, F. 370, O. 1, D. 141a, L. 136.

22 Weber’s letter to the Regional Commissioner of the City of Minsk, dated 20.10.1941, NARB, F. 370, O. 1, D. 141a, L. 130.

23 Weber’s letter to department II c of the General Commissariat “White Ruthenia” dated 20.10.1941, NARB, F. 370, O. 1, D. 141a, L. 127.

Weber,²⁴ an eager proponent of the murder of patients, asked the chief of the SS and police in “White Ruthenia” “to also liquidate the mental patients in the 2nd city hospital when liquidating those in the Nowinki collective farm.”²⁵

Obviously due to the decision of the German authorities to clear out the psychiatric clinic in Navinki, the Belarusian city administration decided in early November 1941 to stop supplying food to the institution. When colony director Natal’ja N. Akimova protested vehemently against this, the German civil administration reversed this decision in a hypocritical and cynical manner and extended the supply period until November 15. In addition, chief physician Akimova and her nursing staff were to be paid their salaries through that date.²⁶ By November 15 there were no more patients in Navinki: The execution on November 4, planned out by the police based in the farm colony and carried out by a German, Lithuanian or Latvian hit squad, took the lives of 100 to 200 people. The colony was dissolved and the SS farm continued its operation under the management of the local rural population.²⁷ The Department of Health and Care

24 This is how Dr. Ol’shevskaya described Weber in 1944. See copy of the interrogation protocol of Dr. Ol’ga I. Ol’shevskaja (23.7.1944) by Grigorovič, senior investigating officer of the Public Prosecutor’s Office of the Minsk region, NARB, F. 845, O. 1, D. 63, L. 19–20, here L. 19.

25 Weber’s letter to the SS and police leader of “White Ruthenia” in Minsk of 8.10.1941, NARB, F. 370, O. 1, D. 141a, L. 128.

26 See letter from staff physician Dr. Ellinghaus to the financial administration of the city of Minsk dated 5.11.1941, NARB, F. 370, O. 1, D. 141a, L. 125; copy of the interrogation protocol of Dr. Natal’ja N. Markova (née Akimova), folio 55.

27 See excerpt from the interrogation protocol of prisoner Bruno Franz Mittmann (15. 12.1945); protocol of the comparison between the testimony of prisoner Bruno Franz Mittmann and that of witness Maksim I. Makovskij, conducted by Pučkov, senior investigating officer of the Public Prosecutor’s Office of the NKVD of the BSSR, on 17.12.1945; excerpt from the judgment of the Minsk trial (January 29, 1946); copies of the interrogation records of the former nurse Eva K. Kolonickaja (29.7.1969), the former cashier in the Navinki accounting department Vanda I. Naumenko (30.7.1969), the nurse Tat’jana A. Burdilovskaja (31.7.1969), the driver Roman V. Kačan (29. 8.1969) and Dr. Natal’ja N. Markova (née Akimova) by Major Senatorov, senior investigating officer of the Committee for State Security at the Council of Ministers of the Belarusian SSR; letter from the public prosecutor at the Aurich Regional Court to the Central Office of the Land Judicial Authorities in Ludwigsburg of 25.7.1973, Subject: Preliminary Investigation II 202 AR-Z 104/68

of the Nation planned to use the “vacated beds” in Minsk civil hospitals that were “suffering from a lack of beds.” The remaining inventory of the institutional pharmacy was now available for the Belarusian civilian population: The medications were, after all, “completely worthless to the Germans.”²⁸

The mass murder operation in the second hospital, which Dr. Weber had planned for the end of October, did not take place until December. On December 6 or 7 the last patients in the psychiatric department of Minsk’s second hospital—estimated at 80, 100 or even 200 people—were murdered. They were picked up by the security police (SiPo), brutally beaten and then executed at the edge of a forest on the outskirts of Minsk.²⁹ Following this mass murder, Weber announced with satisfaction in a letter to the Higher SS and Police Leader in Riga on January 12, 1942: “There are currently no psychiatric patients in the region under my watch.”³⁰ Three days later, in a letter to Minsk city commissioner Wilhelm Janetzke, Weber emphasized a further reason for the murders: “An entire building was emptied about six weeks ago in the 2nd city hospital after the liquidation of all psychiatrically incurable patients.” The occupying forces urgently needed this building, in which a Waffen-SS battlefield hospital was set up.³¹

regarding the murder of mentally ill patients in the Novinki Hospital (Minsk district), BArch, B 162/8425, folios 32–41, 46–62, 130–134, here folios 32, 37, 38–41, 48, 49, 51, 52, 55, 56, 58, 59, 61, 62 and 132; from the interrogation protocol of witness Naumenko, p. 190.

28 Letter from Weber to the Higher SS and Police Leader in Minsk of 18.11.1941, Subject: Nowinki, NARB, F. 370, O. 1, D. 141a, L. 124.

29 See interrogation protocol of prisoner Franz Karl Hess of 16.12.1945; excerpt from the judgment of the Minsk trial (January 29, 1946); copies of the interrogation records of Dr. Ol’ga I. Ol’shevskaya (26. 8.1969) and the former nurse Nadežda Ju. Grablevskaja (18.9.1969) by Major Senatorov, senior investigating officer of the Committee for State Security at the Council of Ministers of the Belarusian SSR, BArch, B 162/8425, folios 66–76, here folios 68, 69 and 75; *Sudebnyj process po delu o zlodejanijach soveršennykh nemecko-fašistskimi zachvatčikami v Belorusskoj SSR*, pp. 194–195.

30 NARB, F. 370, O. 1, D. 141a, L. 120.

31 Gosudarstvennyj archiv Minskoj oblasti [State Archives of Minsk Region] (hereafter GAMn) DAMV, F. 688, O. 3, D. 1, L. 46, 46ob, 47, here L. 46.

The Soviet post-World War II investigation of patient murders in Belarus

After World War II, the Soviet judiciary and state security sporadically dealt with the murders of patients in the occupied Belarusian territories: The National Socialist perpetrators Mittmann and Hess were sentenced and then executed in the context of the Minsk trial. The local doctors Aleksandr Stepanov and Nikolaj Pugač (Belarusian: Aljaksandr Scjapanau and Mikalaj Puhač, respectively) were condemned to long prison sentences at the end of the 1940s, not least because of their involvement in the extermination of disabled people in Mahiloŭ.³² In 1962 and 1963, the former head of the SiPo in Minsk, Georg Heuser, and ten of his former colleagues were tried in the Koblenz Regional Court, at which time the murder of psychiatric patients in Minsk was also discussed.³³ Witnesses from the Soviet Union were not permitted in the courtroom, since the West German judiciary assumed that the KGB had manipulated them. Soviet propaganda covered the trial in detail in and instrumentalized it to condemn the “neo-fascist Federal Republic of Germany”. At the same time, Soviet state

32 For more information on Stepanov and Pugač Zamoiski, Andrei. “Einheimische Mediziner und die nationalsozialistischen Krankenmorde in der Stadt Mahilëŭ.” In: Friedman & Hudemann (eds.). *Diskiriminert—vernichtet—vergessen*, pp. 415–422.

33 See judgment of the jury in the Koblenz Regional Court of 21.5.1963 in the murder case against the senior criminal inspector (Kriminaloberrat) Georg Albert Wilhelm Heuser et al. (9 Ks 2/62). In: Sagel-Grande, Irene & H.H. Fuchs & Christian F. Rüter (eds.). *Justiz und NS-Verbrechen. Sammlung deutscher Strafurteile wegen nationalsozialistischer Tötungsverbrechen 1945–1966*, vol. XIX. Amsterdam: University Press, 1978, pp. 159–317, here p. 257. During the trial, former SS Hauptsturmführer Franz Stark stressed that he considered the murder of the mentally ill people, in which he had participated in Minsk, to be correct, even more than 20 years later. See Strothmann, Dietrich. “Die gehorsamen Mörder. Das Heuser-Verfahren in Koblenz—Porträt eines Prozesses.” *Die Zeit*, 7.6.1963, <http://pdf.zeit.de/1963/23/die-gehorsamen-moerder.pdf>, accessed 15.10.2018. For more information on Heuser see Schenk, Dieter. *Auf dem rechten Auge blind. Die braunen Wurzeln des BKA*. Köln: Kiepenheuer & Witsch, 2001, pp. 178–180. Matthäus, Jürgen. “Georg Heuser—Routinier des sicherheitspolizeilichen Osteinsatzes.” In: Mallmann, Klaus-Michael & Gerhard Paul (eds.). *Karrieren der Gewalt. Nationalsozialistische Täterbiographien*. Darmstadt: Wissenschaftliche Buchgesellschaft, 2004, pp. 114–125.

security itself collected information about these murders as well as other crimes that the German security police committed in Minsk.³⁴ At the end of the 1960s the KGB of Soviet Belarus once again confronted the extermination of disabled people in the Minsk area. The collected source material was to be sent to the Central Office Ludwigsburg.³⁵ While the Ludwigsburg investigators were investigating the mass murders in Minsk, the East German State Security was dealing with a former member of the Einsatzkommando 8 of Einsatzgruppe B, Georg Frentzel, who had taken part in the murder of patients in Mahilioŭ. In their investigation of Frentzel—who had been a member of the Socialist Unity Party of Germany (SED) and was sentenced to life imprisonment in Karl-Marx-Stadt in 1971—the Stasi investigators worked with their colleagues from the KGB administration in Mahilioŭ.³⁶ These examples indicate that the Soviet judicial handling of the murders of patients in the USSR was not systematic but rather took place incidentally during investigations of other crimes (as with Mittmann and Hess). In other cases the crimes were instrumentalized for propaganda

34 See, for example, Ponomarev, V. *Sud spasaet ubijc*, Minsk, 1963. “Maksim Tank, Abvinavačvae Belarus’!” *Holas Radzimy* 11 (February 1963), pp. 1–2. TASS. “Oni bojsatsja razoblačenija gitlerovskich prestupnikov.” *Sovetskaja Belorussija*, 16.1.1963, p. 4. TASS. “Sud v Koblence vynes prigovor.” *Sovetskaja Belorussija*, 23.5.1963, p. 3. Romanovskij, Vasilij. “Net im proščeniya!” In: *Predat’ zabveniju? Nikogda! Dokumental’nye očerki*. Minsk, 1965, pp. 7–32, here pp. 14 and 16.

35 See letter from the West German Embassy in Moscow to the Federal Foreign Office in Bonn, dated 24.11.1969, Subject: Preliminary Investigation of Nazi crimes in the Nowinki mental institution (Minsk district); letter from the Ministry of Justice of Baden-Württemberg to the Central Office of the Land Judicial Authorities in Ludwigsburg, dated 20.2.1970, Subject: Preliminary Investigation II 202 AR-Z 104/68, Central Office of the Land Judicial Authorities in Ludwigsburg in the Nowinki mental institution (Minsk region); here: Request to the Soviet Union for mutual legal assistance, BArch, B 162/8425, folios 15 and 16.

36 For more information on the murders of patients in Mahilëŭ and on the trial against Frentzel see Winkler, Ulrike & Gerrit Hohendorf. “‘Nun ist Mogiljow frei von Verrückten.’ Die Ermordung der PsychiatriepatientInnen in Mogilew 1941/42.” In: Quinkert, Babette & Philipp Rauh & Ulrike Winkler (eds.). *Krieg und Psychiatrie 1914–1950*. Göttingen: Wallstein, 2010, pp. 75–103. See also the criminal case against Frentzel, Federal Commissioner for the Records of the State Security Service of the former German Democratic Republic (hereafter BStU), Ministry of State Security (MfS), main department (HA) IX/11, Central Investigative Body (ZUV) 9, vol. 1–33.

purposes (as with Heuser) or prompted by investigations initiated in West or East Germany. Particularly noteworthy is the late-Stalinist trial against the local doctors Stepanov and Pugach, who were forced to answer for their roles in the murder of patients.

The Soviet reception of National Socialist crimes against “mentally ill” people had a very contradictory character: In the mid-1960s writers in the USSR reported angrily about individual teachers in West Germany who promoted National Socialist “euthanasia.”³⁷ In the context of the Federal German court cases against Nazi criminals (including in the Heyde-Sawade affair of 1962), they referred to the “euthanasia” in the “Third Reich” and relentlessly criticized the West German judiciary as being too “lenient” towards the perpetrators.³⁸ For example, the Soviet journalist and later advisor to Mikhail S. Gorbachev, Nikolaj S. Portugalov, emphasized in the 1970s that the National Socialists murdered tens of thousands of “truly” and “allegedly” people with disabilities and used these mass murders to eliminate opponents. Victims of “forced sterilization” were not compensated in West Germany. The author from the USSR, which in the 1970s committed numerous mentally healthy dissidents to psychiatric wards, also claimed that the “Third Reich” had placed many healthy people in psychiatric institutions and the Federal Republic of Germany still had not released them.³⁹

At the same time, Soviet citizens learned little or nothing about the murder of the ill in the Nazi-occupied Soviet Union, whether from the

37 See Pral'nikov, E. “A teper' poigraem v Osvencim.” *Holas Radzimy* (December 1965), p. 5.

38 See “Za èto ne nakazyvajut.” *Novoe vremja*, 15.1.1962, p. 23. TASS. “Ubijcy na svobode.” *Sovetskaja Belorussija*, 17.12.1967, p. 3. For information on the Heyde-Sawade affair and its propagandistic instrumentalization in the GDR, see Kaul, Friedrich Karl. *Dr. Sawade macht Karriere. Der Fall des Euthanasie-Arztes Dr. Heyde*. Frankfurt a.M.: Röderberg, 1971. Kaul, Friedrich Karl. *Nazimordaktion T4—Ein Bericht über die erste industriemäßig durchgeführte Mordaktion des Naziregimes*. Berlin: Volk und Gesundheit, 1973, pp. 174–232 (see also *Die Psychiatrie im Strudel der Euthanasie*. Frankfurt a.M.: Europäische Verlagsanstalt, 1979, pp. 174–232). On the USSR see Rozen, V. *Nacisty i bonnskaja femida*, Moscow, 1966, pp. 35–48.

39 See Portugalov, N. “Bonn: otmyvajut žiletki.” *Sovetskaja Belorussija*, 12.9.1974, p. 3; also, “Za gran'ju zakona.” *Znamja junosti*, 27.1.1976, p. 3; for information on Portugalov (1928–2008) see Register, *Der Spiegel*, 14 (2008), p. 182.

press, historical literature, history books or documentaries and feature films. For example, in its report on August 17, 1967 about the trial against Albert Widmann in Stuttgart, the Belarusian youth newspaper *Znamja junosti* (“Flag of youth”) referred to the “experiments” (gassing, use of explosives) carried out by the chemist in Minsk and Mahilioŭ. The article described the victims simply as “Soviet citizens.”⁴⁰ Not once was it mentioned that these Soviet citizens were psychiatric patients and had been killed for “racial-hygienic” reasons—though the GDR press did highlight this point.⁴¹ Another example of the lack of public scrutiny in the USSR regarding these murders is the trial against Frentzel, which was covered only briefly in the GDR’s Karl-Marx-Städter Presse—in view of the explosive SED past of the accused—and not at all in the USSR.⁴²

The GDR paid much more attention to the National Socialist “euthanasia” program than the Soviet Union did. Friedrich Karl Kaul, an important GDR lawyer and writer, published a study in 1973: “Nazimordaktion T4—Ein Bericht über die erste industriemäßig durchgeführte Mordaktion des Naziregimes” (Nazi T4-Murder Action: A Report on the Nazi Regime’s First Industrialized Murder Action).⁴³ Four years later, the Moscow journal *Pravovedenie* (“Jurisprudence”) published a highly positive review by Soviet lawyer Nikolay S. Alekseeva of the “valuable documentary study” by the “well-known lawyer” and “talented journalist” Kaul.

In his article, this German author, known in the GDR to a great extent through the TV series “Ask Professor Kaul” and through the fact that he was used, given his Jewish background, in East German anti-Zionist propaganda connected with the Six-Day War (1967)⁴⁴—calls on “righteous people” to be vigilant in the name of peace and security for all.

40 “Potrjasajuščie otkrovenija ubijcy.” *Znamja junosti*, 17.8.1967, p. 1.

41 See AND. “SS-Mörder auf freiem Fuß. Skandalöse Entscheidung des Stuttgarter Schwurgerichts.” *Bauernecho*, 17.9.1967, p. 2. And. “SS-Mörder auf freiem Fuß.” *Freiheit*, 18.9.1967, p. 2. See also “SS-Mörder freigelassen.” *Lausitzer Rundschau*, 18.9.1967, p. 2. “Tausendfacher SS-Mörder frei.” *Freie Erde*, 18.9.1967, p. 2.

42 See “Gerechtes Urteil gegen einen Kriegsverbrecher.” *Freie Presse*, p. 2.

43 See Kaul. *Nazimordaktion T4*.

44 See “Erklärung jüdischer DDR-Bürger. Aggression Israels verurteilt.” *Junge Welt*, 9.6.1967, p. 4; regarding Kaul, see Roskopf, Annette. “Strafverteidigung als ideologische Offensive. Das Leben des Rechtsanwalts Friedrich Karl Kaul (1906–1981).” *Forum historiae iuris*, 9.8.1998, <https://forhistiur.de/en/1998-08-rosskopf/?l=de>,

Kaul did not mention the murders of the ill in the USSR in his study: He mentioned neither the trial against Widmann in Stuttgart (1967), which was covered in the GDR press, nor the Stasi investigations against Frentzel in the GDR, which were kept secret but were probably known to him. Thus, the Leningrad law professor Alekseev, acting on his own behalf, drew particular attention to the murders of patients in Nazi-occupied Soviet territories, addressing the major exterminations in psychiatric hospitals in and in Gatchina (Leningrad region, November 1941); Eisk (Krasnodar region, mid-October 1942); and Riga (1942–1943). For unknown reasons, he failed to mention the major murder actions in Belarus and Ukraine—also known in the West through the court case against Albert Widmann in Stuttgart.⁴⁵ In his review, Alekseev depended on the only comprehensive account of the psychiatric murders in the occupied territories then available, which the psychiatrist Dmitriy D. Fedotov had published in 1965 in the psychiatric journal *Voprosy social'noj i kliničeskoj psihonevrologii* (“Questions of social and clinical psychoneurology”). The article, which also covers the murder of patients in Belarus, was fewer than 20 pages long and was only sent to a very small circle of interested specialists in the Soviet Union and the GDR.⁴⁶ After 1945 and until the collapse of the Soviet Union, the BSSR released a total of two scientific publications aimed at its small readership, in which the murders of the ill are mentioned: the medical-historical dissertation of the psychiatrist Lilija A. Kostejko about the development of psychiatry in Belarus from the late 1700s to 1960, in which she mentions the National Socialist policy of killing people with disabilities;⁴⁷ and a short article by physician Eduard A. Valčuk, who reported in 1974 on the murder of doctors and patients at the Minojty hospital in the first phase of the war (Lida region Western Belarus) in the medical journal *Zdravoochranenie Belorussii* (“Health Care in Belarus”).⁴⁸

accessed 1.3.2018; also see Kaul, Friedrich Karl. *Anwalt im geteilten Deutschland (1906–1981)*. Berlin: Nomos, 2002.

45 *Pravovedenie* 1 (1977), pp. 122–124.

46 See Fedotov, Dmitriy D. “O gibeli duševnobil'nyh na territorii SSSR, vremennno okkupirovannoj fašistskimi zachvatčikami v gody Velikoj Otečestvennoj vojny.” *Voprosy social'noj i kliničeskoj psihonevrologiii*, 12 (1965), pp. 443–459.

47 See Kostejko, Lilija A. *Razvitie psichiatrii v Belorussii (Konec XVIII veka–1960 g.)*. Minsk, 1970, p. 12.

48 See Valčuk, Eduard A. “Medicinskie rabotniki Lidskogo rajona v bor'be s nemecko-fašistskimi zachvatčikami.” *Zdravoochranenie Belorussii*, 8 (1974), pp. 35–37.

Given the described failure of post-war USSR to reflect on the wartime murders of the ill, it is reasonable to ask why the murders of ill and disabled people in the occupied Soviet territories were *de facto* concealed for decades and largely excluded from the official propaganda image of the “Great Patriotic War” aimed at its own population. The Soviet approach to this topic was significantly influenced by three factors: Official propaganda preferred to deal with the mythologized “heroic struggle” of the Red Army, the partisans and the entire Soviet population against the German occupying forces. The courage of resistance fighters was emphasized, while the victims of the National Socialist extermination policy remained in the background.⁴⁹ To grapple with the history of these murders would also require facing a series of unpleasant questions: What role did local medical staff play in carrying out the murder policy? Why hadn’t mentally disabled and mentally ill patients housed in hospitals been evacuated into the Soviet hinterlands (when logistics made such evacuation possible)? Why did the Soviet authorities often leave patients behind in unspeakable conditions?

Another factor may have been the negative attitude towards mentally ill and disabled people that had developed in the Soviet Union even before 1941, which remained anchored in the consciousness of the population and party and state officials after 1945 and had a lasting impact on state policy toward people with disabilities. And finally, the systematic abuse of psychiatry by the Soviet State Security apparatus in its fight against “dissidents” played a role in the post-war period.

In order to make accessible the unique—and barely examined—source materials that the Soviets provided to the Ludwigsburg Central Office, it seems like the right time to analyze this material in the context of the official Soviet handling of the murder of the disabled and ill as well

49 See, for example Bonwetsch, Bernd. “Der ‘Große Vaterländische Krieg.’ Vom öffentlichen Schweigen unter Stalin zum Heldenkult unter Breschnew.” In: Quinkert, Babette (ed.). *Wir sind die Herren dieses Landes.* Ursachen, Verlauf und Folgen des deutschen Überfalls auf die Sowjetunion. Hamburg: VSA, 2002, pp. 166–187. Höslér, Joachim. “Aufarbeitung der Vergangenheit? Der Große Vaterländische Krieg in der Historiographie der UdSSR und Russland.” *Osteuropa*, 4–6 (April–June 2005), pp. 115–125. Jahn, Peter. *Triumph und Trauma. Sowjetische und postsowjetische Erinnerung an den Krieg 1941–1945*. Berlin: C.H. Links, 2005. Fieseler, Beate & Jörg Ganzenmüller (eds.). *Kriegsbilder. Mediale Repräsentationen des ‘Großen Vaterländischen Krieges.’* Essen: Klartext, 2010.

as the domestic and foreign policy development of the USSR at the end of the 1960s.

The Soviet source material

In August 1968, the Ludwigsburg Central Office had access to two interrogation protocols from 1944 in which Soviet witnesses had depicted the murders in the “psychiatric work colony” Navinki without, however, giving concrete information about the perpetrators.⁵⁰ In 1968, the Ludwigsburg investigators considered launching an additional inquiry into the murder of patients in the Minsk area, hoping to receive relevant information from the USSR.⁵¹

On November 18, 1969, the Soviet Foreign Ministry sent the relevant material—15 documents in all—to the West German Embassy in Moscow.⁵² In the USSR, as in the GDR, the Ludwigsburg Central Office was presented in a very negative light: It was accused of delaying the investigation so as to save Nazi perpetrators from legal prosecution.⁵³ Nevertheless, the Soviet Union provided Ludwigsburg with some protocols of witness interrogations as well as of the defendants Mittmann and Hess (1944, 1945); an excerpt from the judgment of the military tribunal (1946); and numerous

50 See translations [into German] of the interrogation records of the nurse Kolonicakaja and the cashier at Naumenko, folios 3–6; from the interrogation protocol of witness Naumenko, p. 190.

51 See order of the court assistant Dr. Horskotte, folio 2.

52 See letter from West German Embassy in Moscow to the Federal Foreign Office in Bonn, folio 15.

53 See for example Bezymenskij, Lev. “Esli ob’javitsja Adol’f Gitler.” *Golas Radzimy*, 9 (February 1965), p. 7; also, “Počemu Šjule ne prišel k Šjule.” In: *Predat’ zabveniju? Nikogda! Dokumental’nye očerki*. Minsk 1965, pp. 33–36. Tjupaev, A. “Ščjuku brosil v reku.” *Znamja junosti*, 14.8.1966, p. 1. “Tajna amnistyja kabinetnyh zlačyncaŭ.” *Čyrvonaja zmena*, 16.4.1967, p. 4. Regarding the preparation and implementation of propaganda campaigns against the The Central Office of the Land Judicial Authorities in, see Top Secret Note on the meeting between the East German Minister of State Security Erich Mielke and the Deputy Prosecutor General of the USSR—Georgii N. Alexandrow—on 6.7.1965, 11:00 am–12:00 noon at the Ministry of State Security (7.7.1965), BStU, MfS, HA IX, 20418, folios 103–112, here folio 106.

protocols of additional witness interrogations. These witnesses had been carefully interrogated by Major Senatorov, the senior investigating officer of the KGB of the BSSR, between the end of July and September 1969. The files concerned the murders in Navinki and the murder of psychiatric patients in the Second Minsk City Clinical Hospital.⁵⁴ Certain important documents—such as the transcribed interrogations of some doctors and nurses (1944) who described the involvement of the local medical personnel and their statements at the Minsk trial (1946), were withheld from the West German investigators.⁵⁵ In the KGB files sent to the “ideological enemy,” the objective character of the protocols is striking. This was intended to increase the credibility of the testimonies. Undoubtedly, these interrogation protocols had been thoroughly reviewed and possibly even altered before they were handed over to the Federal Republic of Germany. So this was not only about information about the murders of the ill in Minsk provided by those questioned, but also about an officially approved presentation of the crimes against “mentally ill” people in the initial phase of the war—a presentation tailored to “capitalist foreign countries.” Even so, this source material makes it possible to reconstruct the murderous implementation of the National Socialist racial ideology in Minsk in 1941 and to analyze its background.

According to the official image of the “Great Patriotic War” and the Nazi occupation, local collaborators were a very small group of “traitors” abhorred by the population.⁵⁶ This aspect of the official image also can be found in the Soviet files concerning the murders of patients in Minsk: The involvement of a Baltic commando in the murder of a patient in Navinki was only incidentally discussed.⁵⁷ The only local collaborator to appear in the Soviet interrogations was the “Volga German” Rempel’ (Rempler), whose fate was not discussed further. Rempel’ had worked as a blacksmith in the Navinki institution before the war; he became the administrator of the SS farm under German rule and at the same time acted as

54 See BArch, B 162/8425, folios 24–76.

55 See copy of the interrogation records of Dr. Ol’shevskaya and the nurses Butvilovskaja and Solovej, L. 19–20, 25 and 39.

56 See for example *Sled vjadze za mjažu*. Minsk 1962. Ramanoŭski, Vasil’ P. *Saŭdzel’niki ŭ zlačynstvach*. Minsk 1964.

57 See copy of the interrogation protocol of Dr. Markova (née Akimova), here folio 56.

an interpreter. He also took part in the logistical preparation of the mass murder in early November.⁵⁸ There were no reports of voluntary collaboration among physicians. Rather, the doctors underlined that they had risked their own lives in an effort to save patients. Together with nurses, aides and other witnesses they also emphasized that the German perpetrators had deceived the Belarusian medical personnel as well as the local populace in carrying out their crimes, threatened them with death and abused them for criminal purposes.⁵⁹ For example, the doctor Ol'ga I. Ol'shevskaya, whom State Security Major Senatorov interviewed on August 26, 1969, described the murders at the Second Minsk City Clinical Hospital in November 1941 as follows: Ol'shevskaya—before the war an assistant chair of psychiatry at the Medical Institute in Minsk⁶⁰ and in the first months of the war head of the psychiatry department at the Second Hospital—has been summoned to hospital director Sergej Afonskij, who had explained to her in the presence of an unknown German an order, obviously in the German language, that chronically ill patients were to be transferred to the psychiatric hospital in Mahilioŭ and that “patients able to work” would be transferred to the Navinki institution.⁶¹

58 See the minutes of the comparison between Mitmann and Makovskij; copies of the interrogation minutes of cashier Naumenko and Dr. Markova (née Akimova), folios 38–41 and 50–56; Sudebnyj process po delu o zlodejanijach soveršennyh nemecko-fašistskimi zachvatčikami v Belorusskoj SSR, p. 130; from the interrogation protocol of witness Naumenko, p. 190.

59 See translations [into German] of the interrogation reports of the nurse Kolonicakaja and the cashier Naumenko, folios 3, 5 and 6; copies of the interrogation records of the former nurse Kolonicakaja, and the former cashier Naumenko, the nurse Burdilovskaja, the driver Kačan, the retiree Toplenkin, the former nurses Garanovič and Grablevskaja as well as the medical doctors Markova (née Akimova) and Ol'shevskaya, folios 46–76; from the interrogation protocol of witness Naumenko, p. 190.

60 See Zmačinskaja, Nina F. & Marina V. Mal'kovec & Anatolij N. Peresada (eds.). *Zavedujuščie kafedrami i professora Minskogo medicinskogo instituta (1921–1996): biografičeskij spravočnik*. Minsk, 1999, p. 232. The Chair of Psychiatry and the Psychiatry Department of the Second Minsk City Clinical Hospital worked very closely together in the interwar period. See Zajcev, V.F. Vtoraja gorodskaja kliničeskaja bol'nica, <http://www.minsk-old-new.com/minsk-3217.htm>, accessed 1.3.2018.

61 See copy of the interrogation protocol of Dr. Ol'shevskaya, folio 67.

It had fallen to Ol'shevskaya—who would become chief physician of the newly opened psychiatric hospital in Navinki from 1944 to 1947, earn her doctorate in the late 1960s, teach at the Institute of Medicine in Minsk and be recognized as “Honored doctor of Soviet Belarus”⁶²—to prepare the transport.⁶³ The medical staff also had to participate in the loading of patients, who had received clothes and whose medical records had been put in order. The Germans had also chosen two male aides and one female aide to accompany the victims on their final journey, to the forest bunker. This was key to the planned execution, since the perpetrators worried that the patients could break out into a panic in the forest, try to escape, and thus endanger the swift and easy completion of the “explosives experiment.” The Belarusian nurses and aides, who unlike the Germans were familiar to the victims, were to ensure that the patients were gathered inside the bunker. Surprisingly, the perpetrators were not concerned with keeping this cruel murder secret: The accompanying nursing staff, who witnessed the tragedy of the psychiatric patients in the forest, were first taken to Minsk City Prison and then released.⁶⁴

In Navinki, too, the patients were to be taken in September 1941—without causing any inconvenient panic—to the bath barracks in which the gassing would take place. Efim S. Toplenkin's description of the murder action appears credible: Toplenkin, at the time an unskilled laborer in the SS farm, testified in 1969 that the patients remained calm and did not scream because familiar nursing staff brought them into the barracks and explained that they would be taking showers.⁶⁵ And in the following mass execution, in November 1941, again both patients and employees of the SS farm were instrumentalized: twelve to 15 “mentally ill” men were assigned to dig pits the evening before the massacre, having been told that they were for the deployment of German anti-aircraft weapons. In reality, the pits were intended as graves for the mass shooting planned for the next day. The women were murdered first, followed by the men. The victims were buried

62 Zmačinskaja & Mal'kovec & Peresada (eds.). *Zavedujušćie kafedrami*, p. 232.

63 See copy of the interrogation protocol of Dr. Ol'shevskaya, folio 67.

64 See copies of the interrogation records of the former nurses Garanovič and Grablevskaja and the medical doctor Ol'shevskaya, folios 67–69, 71, 72, 74 and 75; see also the interrogation protocol of nurse Mirutko, folios 110 and 111.

65 See copy of the interrogation protocol of the retiree Toplenkin, folio 64.

in the pits; workers from the SS farm then had to fill in the pits to cover up the dead.⁶⁶

The involvement of local medical staff in the murder operations, which was forced in Navinki and the Second Minsk City Clinical Hospital and also promoted by chemist Albert Widmann,⁶⁷ and which greatly facilitated the implementation of the murder policy, made the confrontation with the murder of patients extremely unpleasant for the Soviets.

It is also remarkable that there was no effort to honor the memory of the murdered patients in the Navinki clinic after it reopened in 1945, though several eyewitnesses to the German crimes still worked there almost 25 years after the end of the war. This fact was so self-evident for the Soviets that they did not even try to camouflage it. Which meant that the Ludwigsburg investigators learned from the Soviet interrogation protocols transmitted to them that they continued to plough the very field where the victims had been buried, and where rye and other grains had been sown during the occupation; and that the bath barracks used for gassing no longer existed, having made way for an apartment building.⁶⁸ There was no mention of a memorial stone or plaque dedicated to the innocent victim of Germany's murder policy; clearly, there was to be no reminder of them in Navinki. The Soviet officials wanted to forget about the murdered psychiatric patients; these victims were mentioned only sporadically for

66 The minutes of the comparison between Mitmann and Makovskij; copies of the interrogation records of the former nurse Kolonickaja and the former cashier Naumenko; letter from the office of Public Prosecutor Aurich to the The Central Office of the Land Judicial Authorities in Ludwigsburg, folios 39–41, 46–52 and 130–134, here folios 40, 47, 51 and 132; from the interrogation protocol of witness Naumenko, p. 190.

67 With regard to blowing up the bunker filled with patients in Minsk, the jury court in Stuttgart emphasized in its 1967 judgment: “Nebe pointed out to the accused [Widmann] that the [local] doctors already had selected the patients who were eligible [to be murdered].” One or two nurses had led the victims to the bunker. With the gassing of patients in Mahilëü, “the Russian doctors at the institution were obviously already aware of Nebe’s plan.” Judgment of the jury court at Stuttgart Regional Court, 15.9.1967, pp. 561–562.

68 See copies of the interrogation records of the former nurse Kolonickaja, the former cashier Naumenko and the nurse Burdilovskaja, folios 46–52 and 57–59 here folios 48, 51 and 59; from the interrogation protocol of witness Naumenko, p. 190.

propaganda purposes—even less often than other Holocaust victims⁶⁹—as in the 1962 documentary film “Opfer klagen an” (“Victims Accuse”), which was intended for Western audiences and directed against the Federal Republic of Germany.⁷⁰ There is hardly a better example than the case of Navinki for illustrating how the Soviet Union dealt with the murders of people with disabilities.

As regards the Soviet interrogation protocols of 1969, the presentation of the “Jewish theme” by non-Jewish witnesses also deserves special attention. The former director of the Navinki psychiatric institute, Natal’ja Markova (nee Akimova), referred to 70 Jewish patients who were taken away in September after the gassing to an unknown location and apparently killed.⁷¹ Her colleague, Ol’ga Olševskaja, who emphasized the Jewish background of most victims of the first execution at the Second Minsk City Clinical Hospital during the interrogation conducted by the Soviet public prosecutor’s office on July 23, 1944⁷² and in her testimony at the Minsk trial on January 20, 1946—these documents were not shared with the Ludwigsburg investigators—left out the Jewish factor in 1969.⁷³ Some witnesses pointed out that Jews had done the “dirtiest jobs” during the murder actions: During the November killings of patients of the Second Minsk City Clinical Hospital, about ten Jews from the Minsk ghetto buried the victims of the explosion and were sent afterwards—together with the medical staff present at the killings—to the city jail. Two aides and a nurse were released, while the Jews had to stay in prison and

69 On the Soviet approach to the Holocaust, see Gitelman, Zvi. “Politics and Historiography of the Holocaust in the Soviet Union.” In: Gitelman, Zvi (ed.). *Bitter Legacy: Confronting the Holocaust in the USSR*. Bloomington: Indiana University Press, 1997, pp. 14–42.

70 See *Žertvy obvinjajut* (“Opfer klagen an”), directed by Irina Žukovskaja and Pëtr Šamšur (USSR 1962), 0:24:57.

71 See copy of the interrogation protocol of Dr. Markova (née Akimova), folio 55; at the Minsk trial in January 1946, the doctor reported that more than 80 Jews had been removed from the institution’s “labor department.” *Sudebnyj process po delu o zlodejanijach soveršennyh nemecko-fašistskimi zachvatčikami v Belorusskoj SSR*, p. 135.

72 See *Sudebnyj process po delu o zlodejanijach soveršennyh nemecko-fašistskimi zachvatčikami v Belorusskoj SSR*, p. 194; copy of the interrogation protocol of Dr. Olševskaja, L. 19.

73 See copy of the interrogation protocol of Dr. Olševskaja, folios 66–69.

were obviously executed.⁷⁴ This pattern also appears in descriptions of the gassings in Navinki in September 1941: Eight prisoners from the ghetto who had been brought to Navinki especially for this purpose were forced to load the bodies of the gassing victims into a truck.⁷⁵ Nurse Tat'jana A. Burdilovskaja testified in 1969 that she was sure the bath barracks had been prepared by Germans and “convalescent patients” of Jewish origin for criminal gassings. They also had brought the victims into the barracks.⁷⁶ Her former colleague, Eva K. Kolonickaja, as well as the former cashier in the Navinki accounting department, Vanda I. Naumenko, who in their first interrogations in 1944 specifically addressed an action in which 42 Jews were removed from the psychiatric unit,⁷⁷ did not deal with this crime 25 years later.⁷⁸ In 1969 Naumenko also explained that Jews had removed the bodies of the gassed residents of the colony under German guard.⁷⁹

This emphasis on “Jewish participation” in Nazi crimes, characteristic of testimonies of that period, probably can be traced back to the strongly antisemitic climate in the USSR after the Arab-Israeli Six-Day War (1967). An anti-Zionist propaganda campaign in the USSR contributed to a considerable increase in antisemitism. In this context, the propaganda attacked—for example—the Zionists who were accused of cooperating with the Nazis.⁸⁰ Some of the witnesses who testified in 1969 about the murders in Navinki, or also possibly the KGB investigating officer who

74 See copies of the interrogation reports of the former nurses Garanovič and Grablevskaja, here folios 72 and 75; see also the interrogation protocol of nurse Mirutko, folio 111.

75 See copy of the interrogation protocol of the driver Kačan, folio 61. See also the judgment of the jury court at the Stuttgart Regional Court, 15.9.1967, pp. 561–562.

76 Copy of the interrogation protocol of nurse Burdilovskaja, folio 58.

77 See translations [into German] of the interrogation reports of the nurse Kolonickaja and the cashier Naumenko, folios 4 and 6; from the interrogation protocol of witness Naumenko, p. 190.

78 See copy of the interrogation protocol of former nurse Kolonickaja and the former cashier Naumenko, folios 46–52.

79 See copy of the interrogation protocol of former cashier Naumenko, here folio 51.

80 On Soviet anti-Zionism, see Korey, William. *Russian Antisemitism, Pamyat, and the Demonology of Zionism*. Chur: Harwood Academic Publishers, 1995. Reznik, Seymon. *The Nazification of Russia. Antisemitism in the Post-Soviet-Era*. Washington DC: Challenge Pubns, 1996.

drew up the minutes of the interrogations, seem to have been influenced by this antisemitic propaganda.

Otto Böse at large

The Soviet source material did not bring the Ludwigsburg investigators any closer to their goal: The perpetrators could not be traced and brought to justice. The documents provided no useful clues about the criminals. Which meant that even Dr. Albert Widmann, who after his release from prison settled in Stuttgart-Stammheim—fewer than ten kilometers from Ludwigsburg⁸¹—did not have to fear further criminal prosecution following revelation of the shocking details of the murder actions in Minsk that were hitherto unknown in West Germany. In 1973 the investigation was actually closed.⁸² Yet another attempt by investigators to prosecute Nazi criminals was doomed to fail: Even before the investigations into Widmann were closed, the investigators dealt with Otto Böse, former captain of the Schutzpolizei (b. 1900) as well as with Werner Hollerbach, former commander-in-chief of the National Socialist Motor Corps companies (b. 1899).

Böse was implicated at the end of 1945 by Sergeant Mittmann, who had been convicted in Minsk. In his description of the murder action in Navinki in November 1941, Mittmann told the investigators that Lieutenant Böse had returned to Minsk after the execution together with the “Lithuanians” in a car.⁸³ On July 31, 1969, Natal’ja Markova, former head of the Navinki psychiatric hospital, pointed out Werner Hollerbach to the KGB senior investigating officer Senatorov: On the night before the gassing, this officer forced the doctor to accompany him on a patient visit; during the visit Hollerbach shot a patient and went on home leave the next day. He did not take part in the subsequent murder action.⁸⁴ During the Minsk trial

81 See Abmayr. “Albert Widmann,” p. 73. On Widmann see also “Gaswagen-Morde. Andere Art.” *Der Spiegel* 14 (1967), p. 36.

82 See letter from the office of Public Prosecutor Aurich to the Central Office of the Land Judicial Authorities in Ludwigsburg, folios 130–134.

83 See BArch, B 162/8425.

84 See copy of the interrogation protocol of Dr. Markova (née Akimova), folios 54 and 55.

in January 1946, Dr. Markova emphasized that the German perpetrator—“head of the local police brigade”—had been drunk. The patient had asked him for a cigarette and tried to kiss him, at which point he shoved her away in disgust and shot her. Attempting to justify his actions, the officer had revealed an attitude profoundly influenced by Nazi racial ideology: The Germans would “liberate” the world from the “ballast” of “hopeless people” that no one needed. In order to avoid creating a further disturbance among the patients, the Germans ordered that all traces of blood be removed; the murdered patient was buried that night.⁸⁵

The investigations against Böse and Hollerbach were unsuccessful: Böse rejected Mittmann’s statements and claimed he had never been in Navinki; he thus avoided prosecution. Hollerbach died on April 14, 1972; he was never questioned.⁸⁶

Summary

The cruel murders of patients in Minsk in the autumn and in December 1941 are a terrible chapter in the Nazi extermination policy in the occupied territories of Belarus. Disabled people in Minsk were murdered as part of the search for new means of mass killing, as “superfluous workers” and as “useless eaters.” At least 662 and possibly more than 850 patients were murdered. The SS and German civil administration in “White Ruthenia,” normally at odds with each other, worked closely together when it came to the murder of patients. In order to ease the completion of their criminal tasks, the (often unknown) German perpetrators involved local medical staff in their murder policy and also abused Jewish and other local residents to that end.

While the detailed historical and above all societal examination of the National Socialist murders of the ill only began after the collapse of

85 Sudebnyj process po delu o zlodejanijach soveršennyh nemecko-fašistskimi zachvatčikami v Belorusskoj SSR, pp. 133–134. In 1946, the doctor named the perpetrator “Verner Volenbach” (Werner Wollenbach). Twenty-three years later, however, she spoke of “Golerbach” (Hollerbach). Copy of the interrogation protocol of Dr. Markova (née Akimova), folio 54.

86 See letter from the office of Public Prosecutor Aurich to the Central Office of the Land Judicial Authorities in Ludwigsburg, fol. 133 and 134.

the Soviet Union—due to discriminatory attitudes towards the mentally ill and handicapped, the ambivalent role of local medical staff, the propaganda image of the “Great Patriotic War” and the abuse of psychiatry in the USSR—three stages can be highlighted in the legal investigation of the National Socialist murders of the ill in Minsk: 1) 1944–1946: Interviews of witnesses and defendants by the Soviet public prosecutor’s office and state security, and in the Minsk trial against Nazi criminals; 2) 1967: Stuttgart trial against Dr. Albert Widmann; 3) 1968–1973: Investigations by the Ludwigsburg Central Office.

Over the course of these investigations, the Central Office received source material from the USSR that revised the common understanding in the Federal Republic of Germany—widespread after the 1967 Stuttgart trial against Widmann—of the extent of murder of patients in Belarus in 1941 and thus served to establish the historical truth. This source material described the local medical staff, who are described as selfless, humane and duped by the National Socialist perpetrators. Unintentionally, the Soviet documents confirm the marginal place of patient killings in the Soviet culture of remembrance. Furthermore, in some cases, the documents are obviously influenced by Soviet antisemitic propaganda. But this remarkable source material did nothing to further the identification and prosecution of perpetrators in the Federal Republic of Germany.

Björn M. Felder

Starvation, Mass Murder, and Experimentation

Nazi “euthanasia” in the Baltics 1941–1944

Nazi “euthanasia” in the occupied Baltic States or Soviet territories is still a quite unknown topic to the public as well as to scholars. Research in this field has only begun recently. More than 200,000 people died due to Nazi “euthanasia” in Germany alone.¹ Following their occupation of greater parts of Europe, the Nazis exported the practice of killing psychiatric patients, disabled and orphans to the occupied countries. This cost 100,000 lives and suggests a European dimension of the Nazi “euthanasia” that has until now not been seen as such: More than 5,500 “mentally ill” were killed in the former Baltic republics alone. Another 5,000 individuals were killed in Soviet Belarus, and about 3,500 in the northern Russian territories between the Estonian border and Leningrad.

I will demonstrate in this paper, using the Baltic example, that the methods used to kill people with disabilities in the occupied Eastern territories were quite diverse. In the Baltics patients were shot or killed by starvation. I follow the thesis that the killing of disabled people and chronically ill patients followed a general Nazi agenda of racial hygiene and is probably linked to the “*Generalplan Ost*,” the Nazi utopian settlement planning for the conquered “East.” Further, I will show local reactions to Nazi “euthanasia” on the level of society, politicians and medical experts that include patterns of resistance, adaptation, and affirmation, even leading

1 There is much research done on the Nazi “Euthanasia” in Germany. See for example: Schmuhl, Hans-Walter. *Rassenhygiene, Nationalsozialismus, Euthanasie—Von der Verhütung zur Vernichtung “lebensunwerten Lebens,” 1890–1945*. Göttingen: Vandenhoeck & Ruprecht, 1987. Henke, Klaus-Dietmar (ed.). *Tödliche Medizin im Nationalsozialismus. Von der Rassenhygiene zum Massenmord*. Köln: Böhlau, 2008. Klee, Ernst. “Euthanasie” im NS-Staat: die “Vernichtung lebensunwerten Lebens.” Frankfurt a.M. 2004. Hedwig, Andreas & Dirk Petter (eds.). *Auslese der Starken—“Ausmerzungen” der Schwachen. Eugenik und NS-“Euthanasie” im 20. Jahrhundert*. Marburg: Hessisches Staatsarchiv, 2017.

to human experimentation conducted on psychiatric patients. Concerning the question that was intensively discussed on “euthanasia” in Germany, as to whether the killing of the disabled was justified by the Nazi racial hygiene ideologeme or simply by cynical pragmatism, I will respond in the conclusion.

Research

Until recently Nazi “euthanasia” in the former Baltic republics was ignored by local and “Western” scholars. Unlike Belarus, on which a larger amount of research is available,² there are few works on the Baltics. Most of the larger studies on the Holocaust in the Baltics omitted the issue or dedicated only a few pages to the phenomenon.³ Canadian psychiatrist and historian Mary Seeman initiated research on Nazi “euthanasia” in the Baltics more than ten years ago. Afterwards, Ken Kalling published on Estonia—the only work so far.⁴ Also Aurimas Andriušis and Algirdas Dembinskas

- 2 See the contribution by Alexander Friedmann in this volume. See also: Seeman, Mary. “The Fate of psychiatric Patients in Belarus during the German Occupation.” *International Journal of Mental Health*, 35 (2006) 3, pp. 75–79. Winkler, Ulricke & Gerrit Hohendorf. “Nun ist Mogiljow frei von Verrückten.” Die Ermordung der PsychiatriepatientInnen in Mogilew 1941/1942.” In: Babette Quinkert & Phillipp Rauh & Ulricke Winkler (eds.). *Krieg und Psychiatrie 1914–1950*. Göttingen: Wallstein, 2010, pp. 75–103. Friedmann, Alexander & Rainer Hudemann (eds.). *Diskriminiert—vernichtet—vergessen. Behinderte in der Sowjetunion, unter national-sozialistischer Besatzung und im Ostblock 1917–1991*. Stuttgart: Franz Steiner, 2016.
- 3 The Holocaust research on Latvia ignored Nazi “euthanasia”; see for example: Ezergailis, Andrew. *The Holocaust in Latvia 1941–1944. The Missing Center*. Riga: Model Printing House, 1996. Angrick, Andrej & Peter Klein. *Die “Endlösung” in Riga. Ausbeutung und Vernichtung 1941–1944*. Darmstadt: Wissenschaftliche Buchgesellschaft, 2006. Jüngerkes, Sven. *Deutsche Besatzungsverwaltung in Lettland 1941–1945*. Konstanz: UVK, 2010. Reichelt, Katrin. *Lettland unter deutscher Besatzung 1941–1941. Der lettische Anteil am Holocaust*. Berlin: Metropol, 2011. Anton Weiss-Wendt mentions it in his book on the Holocaust in Estonia on a few pages: Weiss-Wendt, Anton. *Murder Without Hatred. Estonians and the Holocaust*. Religion, Theology and the Holocaust. Syracuse/New York: Syracuse University Press, 2009, p. 148.
- 4 Kalling, Ken. “Estonian Psychiatric Hospitals during the German Occupation (1941–1944).” *International Journal of Mental Health*, 36 (2007) 1, pp. 95–104.

followed Seeman's request and published on the "mentally ill" under Nazi occupation, concluding that no "euthanasia" had taken place in Lithuania.⁵ In his encyclopedic work on the Holocaust in Lithuania, Christoph Dieckmann followed this approach.⁶ In contrast to this, I recently found that 1,000 to 1,500 disabled patients died of starvation in Lithuania.⁷ Regarding Latvia, the Latvian historian Rudiite Viksne already had published a fundamental study on the murder of the "mentally ill" in 2003.⁸ I continued the work in 2009,⁹ and published the first comparative article on Nazi "euthanasia" in the Baltics, where I also emphasized the eugenic orientation of Baltic physicians and the national eugenic programs of the authoritarian regimes in the interwar Baltic republics.¹⁰ The Nazi "euthanasia" program still awaits more extensive research concerning, for instance, the victims, the approach by local physicians, etc. Moreover, there is no official or civil commemoration of the victims of the murder of the disabled in the Baltic States to this day—in contrast to the public memory of victims of the Holocaust in the region.

Kalling did already mention the starvation practice in Estonia.

- 5 Andriušis, Aurimas & Algirdas Dembinskas. "Psychiatric Euthanasia in Lithuania During Nazi Occupation." *International Journal of Mental Health*, 35 (2006) 3, pp. 80–89.
- 6 Dieckmann, Christoph. *Deutsche Besatzungspolitik in Litauen 1941–1944*, 2 Bände. Göttingen: Wallstein, 2011.
- 7 Felder, Björn. "'Euthanasia'. Human Experiments and Psychiatry in Nazi-Occupied Lithuania 1941–1944." *Holocaust and Genocide Studies*, 27 (2013) 2, pp. 242–275.
- 8 Viksne, Rudiite. "Garīgi slimo iznīcināšana Latvijā vācu okupācijas laikā [The extinction of the mentally ill in Latvia under German occupation]." Caune, Andris (ed.). *The Issues of the Holocaust Research in Latvia. Reports of an International Seminar 29. November 2001, Riga and the Holocaust Studies in Latvia 2001–2002*. Symposium of the Commission of the Historians of Latvia, vol. 8. Riga, 2003, pp. 324–350.
- 9 Felder, Björn. *Lettland im Zweiten Weltkrieg. Zwischen sowjetischen und deutschen Besatzern 1940–46*. Paderborn: Schöningh, 2009.
- 10 Felder, Björn. "Nationalsozialistische Krankenmorde in Estland, Lettland und Litauen und die baltische Eugenik der Zwischenkriegszeit 1918–1944." In: Friedmann, Alexander & Reiner Hudemann (eds.). *Diskriminiert—vernichtet—vergessen. Behinderte in der Sowjetunion, unter nationalsozialistischer Besatzung und im Ostblock 1917–1991*. Stuttgart: Franz Steiner, 2016, pp. 321–340. This contribution is an enlarged and revised version of this article.

The Connection between the Holocaust and Nazi “Euthanasia” in the Baltics

The Holocaust is often linked to Nazi “euthanasia,” as both included mass killing and the ideological approach to a “clean” “German race,” free from racial and eugenic “inferior” parts.¹¹ The technical transfer from operation “T4” to the extermination camp also is known.¹² The beginning of the Holocaust is generally connected with the German attack on the Soviet Union in June 1941. At the same time, Hitler halted the centralized operation T4 and a decentralized phase of “euthanasia” began in frequent places and institutions in Germany.¹³ I am not able to give a differentiated overview to the Holocaust in the Baltics here, but a general periodization: In the first days of the German invasion, Jews in the cities and villages were shot by the *Einsatzgruppen*; as of August 1941 women and children were also shot. From October 1941, ghettos were erected in larger cities such as Riga, Kaunas or Vilnius, where Jews were forced to carry out slave labor. In the late fall of 1941 the inhabitants of these ghettos were murdered in mass killing actions, for example in Rumbula near Riga on November 30 and December 1, 1941. Jews deported from Germany and Austria were arriving in the Baltics as of November 1941 and were either murdered or brought to ghettos. The majority of Baltic Jews—more than 230,000 individuals—had been murdered by the end of 1941, in killings in the countryside and in mass killing actions.¹⁴ This mass murder by shooting is also called the first phase of the Holocaust, followed by the industrialized killings in the extermination camps, in the second phase.¹⁵

The periodization of the Nazi “euthanasia” is different. Aside from a first phase of “wild” killings conducted by single units of the

11 See for example Friedlander, Henry. *The Origins of Nazi Genocide. From Euthanasia to the Final Solution*. London: Chapell Hill, 1995.

12 See the contribution by Sara Berger in this volume.

13 For an overview see: Kaminsky, Uwe. “Die NS-‘Euthanasie’: Ein Forschungsüberblick.” In: Henke, Klaus-Dietmar (ed.). *Tödliche Medizin im Nationalsozialismus. Von der Rassenhygiene zum Massenmord*. Köln/Weimar/Wien: Böhlau, 2008, pp. 269–290.

14 For the Holocaust in the Baltics see notes 3, 6, 9, 19.

15 See Hilberg, Raul. *Die Vernichtung der Europäischen Juden. Die Gesamtgeschichte des Holocaust*. Berlin, 1982.

Einsatzgruppen, the killing of the disabled in the Baltics and other Eastern European territories started only in September 1941 and reached its peak in 1942.¹⁶ Some people with disabilities had already been killed on the initiative of SS-officers. This was the case with the patients of the Latvian Daugavpils (Dünaburg) Psychiatric Hospital, who were shot together with some inhabitants of a local orphanage in the town of Aglona, 50 km northeast of Daugavpils on August 22, 1941: 544 victims altogether.¹⁷ Some publications mistakenly refer to the shooting of "mentally ill" in Daugavpils as well as in Aglona, thus doubling the number of victims; this may be due to the fact that German documents placed Aglona in Lithuania.¹⁸ Responsible for the killing was Karl Jäger, head of the *Einsatzkommando 3 (EK 3)* of *Einsatzgruppe A*.¹⁹ Obviously he was eager to murder psychiatric patients, as his unit "liquidated" 95 patients of the psychiatric hospital in Mogutovo in Northern Russia between Pskov (Pleskau) and Luga in September 1941.²⁰

But Jäger is mainly known for the annihilation of Lithuanian Jewry. In this context one important link between the Holocaust and Nazi "euthanasia" has to be mentioned: the killing of Jewish patients of psychiatric

16 This shows the comparison to Belarus and the Ukraine. For Belarus see: Friedmann & Hudemann (eds). *Diskriminiert—vernichtet—vergessen*; on the Ukraine see: Tytarenko, Dmytro. "Medizinische Betreuung und nationalsozialistische Krankenmorde in der Ukraine unter der deutschen Okkupation." In: Friedmann & Hudemann (eds). *Diskriminiert—vernichtet—vergessen*, pp. 355–372.

17 See Viksne, *Garīgi slimo*, p. 327–330. Also The "Stahlecker-Report." Document L-180, October 1941, in: *Der Prozess gegen die Hauptkriegsverbrecher vor dem Internationalen Militärgerichtshof in Nürnberg, 14. November 1945 bis 1. Oktober 1946*, Nürnberg 1948, p. 691. See also: *Ereignismeldung* Nr. 88, 19. September 1941: Federal Archive Berlin (*Bundesarchiv Berlin*—further: BArch) R-58/217, p. 158.

18 See: Winkler & Hohendorf. "Nun ist Mogiljow frei von Verrückten," p. 81, listed victims for both Daugavpils and Aglona with different numbers.

19 For Jäger see: Wette, Wolfram. "SS-Standartenführer Karl Jäger. Kommandeur der Sicherheitspolizei (KdS) in Kaunas. Eine biographische Skizze." In: Bartusevičius, Vincas & Joachim Tauber & Wolfram Wette (eds.). *Holocaust in Litauen*. Köln: Böhlau, 2003, p. 77–90. Wette, Wolfram. *Karl Jäger. Mörder der litauischen Juden*. Frankfurt a.M.: S. Fischer, 2011.

20 *Ereignismeldung* No. 94, 25 September 1941, BArch, R-58/217, p. 314, mentioning 87 victims, other sources mention 95 victims: Winkler & Hohendorf. "Nun ist Mogiljow frei von Verrückten," p. 82.

wards. These killings are probably more connected to the Holocaust and the genocide committed on the local Jewish population. In fact, it could be seen as part of the Nazi “euthanasia” as well. From September to October 1941, while most of the Jewish population was forced to live in ghettos, Jewish patients were also deported to ghettos or directly shot. Karl Jäger and his men murdered 109 Jewish patients of the State Psychiatric Hospital in Kalvarija in Lithuania on September 1, 1941. Also, all inhabitants of the psychiatric department of the Jewish Hospital in Vilnius were shot by *Einsatzkommando* 3 at that time.²¹ In general, Jewish patients of psychiatric hospitals were deported to ghettos or killed from September 1941 on. The patient register books of the Vilnius State Psychiatric Hospital mentions 67 patients who were “released to the ghetto” in October 1941 and were presumably shot.²² In Estonia, Dora Kroon, patient of the Psychiatric Clinic of the University of Tartu, was “handed over” to the *Sicherheitspolizei* on September 3, 1941.²³

In Latvia, too, Jewish patients were “handed over to the *Sicherheitspolizei*” starting on September 1, 1941; for example, Hirš Judelsons and Helene Izraelitans, patients of the Sarkankalns City (psychiatric) Hospital in Riga, were handed over and probably shot in the Biķernieku forest near Riga together with other victims.²⁴ About 150 Jewish patients of Sarkankalns were killed in September 1941 by members of the *Sicherheitspolizei*; there were also 133 victims from the Jelgava Psychiatric Hospital (Mitau) and another 20 from both the Strenči Psychiatric Hospital (Stakeln) and the psychiatric department of the City Hospital of Liepāja (Libau).²⁵

While the killing of Jewish psychiatric patients was conducted mainly by shooting, the killing of non-Jewish “mentally ill” was organized in different ways in each country.

21 Andriušis/Dembinskas, *Psychiatric Euthanasia in Lithuania*, p. 87.

22 Patient registration books 1939 to 1942: Archive of the Vilnius Misto Psichinos Sveikates Centras (further—AVMPSC).

23 See patient register books of the clinic of the University of Tartu 1940–1948, archive of the University clinic of Tartu. See also: Kalling, *Hospitals*, p. 93.

24 See: Latvian historic state archive (*Latvias Valstst vēstures arhīvs*—further LVVA), 2917/1/26, p. 70.

25 For Riga see the patient register books: LVVA 2917/1/23 to 27. See also Viksne, *Garīgi slīmo*, pp. 330–339.

Himmler's Order and the Diversity of Killing of the Disabled in the Eastern Territories

Most important for Nazi "euthanasia" in the whole of the Eastern occupied territories was the visit of Heinrich Himmler, *Reichsführer SS* (chief of the SS), in Minsk in August 1941. Himmler met with SS-Brigadeführer Arthur Nebe, head of the *Einsatzgruppe B*, operating in Belarus and head of *Amt V* of the *Reichssicherheitshauptamt (RSHA)*. While attending local shootings Himmler found the killing at the pits too exhausting for his SS-men and ordered Nebe to develop "more humane" methods of killing to spare his SS-men. Furthermore, Himmler ordered the killing of the patients of the local psychiatric hospital in Minsk. The order was executed some weeks later.²⁶ This is significant, as here we have a proof of an order to kill the "mentally ill" by a Nazi leader. With Himmler's order, the initiative for killing mental patients changed from Hitler's *Reichskanzlei* to the RSHA—at least for the occupied territories in the East. We also have to see this decision in the context of the "*Generalplan Ost*" that was planned by officials of the RSHA and also had a strong racial hygienic agenda.²⁷ This might be an argument that "euthanasia," the killing of people with disabilities, "inferior" humans following to Nazi racial hygiene, was an axiom of Nazi ideology that most Nazi leadership shared.

Concerning the operation T4, there was already a link between its organizing center in Berlin and the RSHA, as Nebe and his technician Dr. Albert Widmann were deploying carbon monoxide to the T4 killing institutions.²⁸

26 On the Himmler visit in Minsk see: Seeman. "The Fate of psychiatric Patients in Belarus during the German Occupation," p. 77. Winkler & Hohendorf. "Nun ist Mogiljow frei von Verrückten," pp. 91–94. See also: Friedmann, Alexander. "Krankenmorde im Raum Minsk 1941 und ihre Aufarbeitung in der Sowjetunion und der Bundesrepublik Deutschland." In: Friedmann & Hudemann (eds). *Diskriminiert—vernichtet—vergessen*, pp. 395–414.

27 On the *Generalplan Ost* see: Madajczyk, Czeslaw (ed.). *Vom Generalplan Ost zum Generalsiedlungsplan: Dokumente*. München [u.a.]: De Gruyter/Saur, 1994. On its eugenic/racial hygienic agenda see for example: Fiebrandt, Maria. *Auslese für die Siedlergesellschaft. Die Einbeziehung Volksdeutscher in die NS-Erbgesundheitspolitik im Kontext der Umsiedlung 1939–1945*. Göttingen: Vandenhoeck & Ruprecht, 2014.

28 Winkler & Hohendorf. "Nun ist Mogiljow frei von Verrückten," p. 91.

Himmler's order can be seen as the first application of Nazi "euthanasia" in the occupied Eastern territories. All kinds of killing of the disabled in Russia, the Baltics, Belarus, the Ukraine etc. started only after this order in late fall 1941; most murders took place in the spring and summer of 1942.

To fulfill Himmler's order, Nebe ordered his technicians, Dr. Widmann and Hans Schmidt, to Minsk. They were experimenting with explosives and later with gas. Victims were the patients of the psychiatric hospital in Minsk and its labor camp for "mentally ill" in Noviniki.²⁹ The disabled seemed to be the "most inferior" human beings with whom to experiment. Ultimately, gas vans were favored by the SS; a major part of the patients from Minsk were gassed with carbon monoxide. Gas already was used by the organizers of operation T4 for the murders at the six killing institutions from 1939 to 1941. In Poland, too, psychiatric patients were in some cases killed in improvised gas vans.³⁰

The gassing of people with disabilities was conducted by the *Einsatzgruppe* in Minsk and Mogilev, though it did not become the usual killing method in the East. Even in Belarus, patients with disabilities were shot. While poison gas would play a major role in the Holocaust in the following years, numerous means of killing in the context of the Nazi "euthanasia" program were used in the occupied territories. In Latvia, the disabled persons were usually killed by shooting; in Lithuania and Estonia they were starved to death; and in Northern Russia, psychiatric patients were in some cases shot but others were killed by lethal injections.

In the region between Belarus, Lithuania on one side and Leningrad, Novgorod and the frontline on the other side, about six institutions were affected by Nazi "euthanasia": besides the aforementioned clinic in Mogutovo, the Černjakoviči Psychiatric Hospital in Pskov with 500 victims, murdered between late 1941 and May 1942; the Psychiatric Hospital in Cholm with 800 victims, murdered in the spring of 1942; an institution in Kolomovo near Novgorod, where about 800 victims were killed between September 1941 and May 1941; the P.P. Kaščenko Hospital in Gatčina (Krasnogvardejsk) near Leningrad, whose patients were

29 See note 26 and see the contribution by Alexander Friedman.

30 See the contribution by Tadeusz Nasierowski & Filip Marciniowski on Poland in this volume.

murdered in November 1941; and finally an invalid home in Markar'ëvo near Gatčina, where some 230 patients were murdered in January 1942.³¹

The peculiarity of the murder in these Russian hospitals was, as records of postwar Soviet trials document, the fact that in addition to being murdered by shooting and starvation, the patients were killed by poison injections that physicians—Russian doctors—administered. Somehow the *Einsatzgruppen* convinced local physicians to commit this crime.³²

Latvia: Murder by Shooting in 1942

Latvia suffered the highest losses concerning Nazi "euthanasia." More than 2,500 psychiatric patients including between 200 and 300 Jewish patients were killed from 1941 to 1942. Latvia, with 2.5 million inhabitants, was the second largest of the three Baltics States, but it had a more developed psychiatric infrastructure than Estonia or Lithuania. Latvia had several larger psychiatric institutions, including Daugavpils Psychiatric Clinic (Dünaburg), Jelgava Psychiatric Hospital (Mitau), in Strenči Psychiatric Hospital (Stakeln) and the Riga City Sarkankalns Hospital as well as the Aleksandra Augustuma (psychiatric) Hospital. Also, the city hospitals of Riga and Liepāja (Libau) had psychiatric or neurological departments, some dating back to tsarist times. Sarkankalns was founded in 1862 as an achievement of nineteenth century reform psychiatry. In the 1930s it had about 1,000 patients and was teaching hospital of the medical faculty of the

31 See recently: Kovalev, Boris N. "Vernichtung von psychisch kranken und behinderten Menschen unter der deutschen Okkupation im Nordwesten Russlands." In: Friedmann & Hudemann (eds). *Diskriminiert—vernichtet—vergessen*, pp. 373–384. Fedotovo, D.D. "O gibel duševnoboľ'nych na territorii SSSR, vremenno okkupirovannoj fašistkami zachvatčiami, v gody velikoj otečvennoj voiny." *Voprocj socialnoj i kliničeskoj psihonevrologii* (1965), pp. 443–459. Ebbinghaus, Angelika & Gerd Preissler. "Die Ermordung psychisch kranker Menschen in der Sowjetunion. Dokumentation." In: Götz, Aly et al. (eds.). *Aussonderung und Tod. Die klinische Hinrichtung der Unbrauchbaren*. Berlin: Rotbuchverlag, 1985, pp. 75–107. Zaicev, A.P. "Leningradskaja psichatričeskaja boľ'nica im. P.P. Kaščenko v voennye gody." In: Kabanova, M.M. & V.V. Kobaleva (eds.). *Sovestkaja Psichatrija v gody Velikoj Otečestvennoj Voiny*. Leningrad, 1985, pp. 111–114.

32 See Kovalev. *Vernichtung*.

University of Latvia in Riga.³³ After the founding of the Latvian University in 1918, psychiatry became a prospering discipline in medicine. Young psychiatrists were travelling to Western Europe, especially Germany, for training supported by Professor Hermanis Buduls, director of Sarkankalns and dean of the medical faculty, who introduced the latest achievements of somatic therapies in psychiatry, such as insulin shock treatment.³⁴ On the brink of the Second World War Latvia had about 3,000 institutionalized mental patients.

After the annihilation of the patients of Daugavpils hospital in August 1941 and the killing of Jewish patients, the main phase of Nazi “ethanasia” started in January 1942 and ended with the final phase in the fall of 1942. Latvia was by then already part of the Nazi civil administration, the *Reichskommissariat Ostland*, which was involved in the process: As in Germany within the context of the T4 operation, here the German administration was collecting data on psychiatric patients. Dr. Hermanis Saltups, psychiatrist and head of the insulin department for men of Sarkankalns in 1940, testified after the war to the Soviet State Security that every clinic had to fill out forms about every patient on diagnosis, length of stay in clinic and ability to work.³⁵

Already on January 29, 1942 the *Sicherheitspolizei* removed 368 patients from the Sarkankalns psychiatry, shooting them to death in a nearby forest.³⁶ The Jelgava Psychiatric Hospital was already affected on January 8, when 440 patients were deported and killed. The next institution was the clinic in Strenči: 294 patients were murdered on March 26. Three weeks later, on April 14, 1942, the second psychiatric hospital in Riga,

33 On the history of Sarkankalns see Buduls, Hermanis. *Sarkankalna Slimnīcas Vēsture 1862–1937 [History of the Sarkankalns Clinic]*. Riga: Pilsetas Valdes Izdevums, 1938. One patient numbers in the 1930s see the patient statistics: LVVA 2917/1/6, pp. 213–230.

34 On the history of Latvian psychiatry see: Felder. *Lettland*, pp. 275–285 and forthcoming: Felder, Björn. *Eugenik und Rassestaat. Politisierte Wissenschaft, autoritärer Staat und biologisierte Nation in Estland, Lettland und Litauen, 1890–1940*. Göttingen: Wallstein, 2019.

35 Testimony on 29 November and 4 December 1944 in custody of State Security: Latvian State Archive (Latvijas Valsts Arhīvs—further LVA) 1986/2/P-7286, 17–22. On Saltups biography see: Sarkankalns personal file, LVVA 2917/3/238.

36 This is documented in the patient registers 1939 to 1942: LVVA 2917/1/24 to 27. See also Viksne, *Garīgi slimo*, pp. 336–337.

Aleksandera Augstuma, was targeted, and 243 patients were murdered.³⁷ The last event took place on October 22, 1942, when 39 patients of the psychiatric department of city hospital of Liepāja, another 42 patients from Strenči and 98 from Alekandera Augustuma finally fell victim to Nazi "euthanasia."³⁸ There is no information on the fate of the psychiatric and neurological patients of Riga's 1st City Hospital: Records show there were 122 psychiatric and 234 neurological patients in 1941, while the numbers for 1942 sank to 33 psychiatric and 124 neurological patients—a loss of 199 individuals. Due to the circumstance of Nazi "euthanasia" we must assume that some of these patients probably also were murdered.³⁹

Psychiatric clinics were totally emptied, with the remaining patients moved to other clinics. Sarkankalns became a military hospital for the *Waffen-SS*.⁴⁰ Even after the war it did not return to its function as a psychiatric hospital but became the orthopedic clinic that it is today.

Estonia and Lithuania: "Euthanasia" by Starvation 1941–1944

In contrast to Latvia, the victims of Nazi "euthanasia" in Lithuania and Estonia were not killed by shooting but rather by starvation, executed by the German "Ostland" administration. It is well documented that in Germany, both before and after operation T4 in the decentralized phase, patients already were being starved to death.⁴¹ Certainly also in Estonia and Lithuania there were shootings of psychiatric patients. Aside from the aforementioned Jewish patients, there were murders at the State Psychiatry in Vilnius, mainly of non-Lithuanian patients.⁴²

But the majority of the non-Jewish psychiatric patients in Estonia and Lithuania died of malnutrition and its implications. At first this was a

37 Ibid., pp. 337–340.

38 Ibid.

39 See the statistics for the Riga city hospital (*Rīgas pielsētas I. Slimnīca*) for 1941–1942: LVVA 2782/1/56, and LVVA 2781/1/57.

40 Letter by Buduls to Riga city administration, March 27, 1942: LVVA 2719/1/36, p. 16.

41 See: Faulstich, Heinz. *Hungersterben in der Psychiatrie 1914–1949. Mit einer Topographie der NS-Psychiatrie*. Freiburg: Lambertus, 1998.

42 See: Andriušis/Dembinskas, *Psychiatric Hospitals*.

direct consequence of German food policy and obviously intended by the “Ostland” administration. It is well documented that the German administration had the power to determine food rations for different segments of the local society. The local administrations, namely the “*Generaldirektoren*,” were implemented by the Germans not as independent bodies but as administrations who had to execute German directives.⁴³ Even though the local administrations regularly protested the low food rations for the average population—as food was generally short due to war conditions—they had little success.⁴⁴

With food rations for the general population already low, psychiatric and chronically ill patients received even less food. Nazi food distribution in the occupied territories followed an ideological agenda; soldiers and workers stood at the top while psychiatric patients as “unworthy life” were at the very bottom.

Reports of Lithuanian as well as Estonian health administrations document how these agencies had to administer the starvation of psychiatric patients. In Estonia, food allotments were reduced to less than 1,000 calories per day in late summer. The Estonian administrations budget for 1943 assigned a mere 0.45 *Reichsmark* (RM) per day to psychiatric patients.⁴⁵ In Lithuania the daily rate was 1.50 RM, while “normal” patients received 3.50 RM.⁴⁶ Patients were dependent on help from relatives, who themselves probably had not much to eat either.

The systematic malnutrition of psychiatric patients starting with the Nazi occupation can also be traced using patient files. Patients entering the hospital normally gained weight. In contrast, starting in the summer of 1941 patients continuously lost weight. Within weeks patients lost up to 30 kg., as documented in one case at the State Psychiatric Hospital in Vilnius. The average weight loss was about 12 kg. At the time of death, female patients had body weights of about 40 kg. and males between 50 and 60 kg. The cause of death was mostly given as “heart failure.” But in fact, the main cause was exhaustion; many patients died of infections as

43 For the Latvian case see Felder, *Lettland*, pp. 189–191.

44 For a protest by the Lithuanian health administration see: letter by Matulionis to the *Generalkommissar*, March 9, 1942: Lietuvos Centrinis Valstybes Archyvas (*Lithuanian Central State Archive*—further: LVCA), R-627/1/146, p. 581.

45 Budget of the Estonian “*Selbstverwaltung*” for 1943: BArch, R-90/285.

46 Monthly report by the Vilnius State Psychiatric Hospital in: LCVA, R-627/3/179.

their immune system was weakened due to hunger. In Estonia, analogous phenomena are documented.⁴⁷

After suffering a seizure, 41-year-old Feliksas G. was taken to Vilnius State Psychiatric Clinic on February 24, 1942. By October 14 he was dead: because of a "weak heart," as his patient files say. Feliksas had lost 16 kg. since entering the hospital. His final weight was 52 kg.⁴⁸

Consequently, the psychiatric hospitals in Estonia and Lithuania became more and more empty. Even in 1942, some were used as military hospitals like the Lithuanian clinic in Kalvarijas or Jämejala hospital in Estonia, which was transformed into a convalescent home for soldiers (*Fronterholungsheim*) in January 1942.⁴⁹

In Estonia there had been four major psychiatric hospitals before the war. The oldest was the Psychiatric Hospital of the University of Tartu affiliated with the medical faculty, founded in 1877. The largest was the Seewald Psychiatric Hospital in the capital Tallinn; another was located in Jämejala near Viljandi and a smaller one on the island of Saaremaa in Pilguse. Records indicate there were about 1,184 institutionalized psychiatric patients in Estonia in 1939.⁵⁰ At the university clinic in Tartu only 19 patients remained after the war out of 110 in 1939. Both of the smaller institutions in Jämejala (268 patients in 1939, about 180 in January 1942) and Pilguse (about 55 patients in 1939) were closed and its patients transferred or released—or they simply died. At the Seewald Psychiatric Clinic in Tallinn, which officially housed 761 patients in 1939, 67 died between January and March 1942 alone.⁵¹ Postwar Soviet statistics claimed that from an estimated 1,065 mental patients 570 died between 1941 and 1944.⁵² Still this number awaits validation.

In the case of Estonia as in Lithuania, it is also difficult to reconstruct the numbers of victims of Nazi "euthanasia." We only have fragmentary

47 For Lithuania see patient files of Vilnius State Psychiatric Hospital: LCVA, R-505/5III. For Estonia see: Kalling, *Estonian Psychiatric Hospitals*, pp. 93–95.

48 See his patient files: *Lietuvis Ypratingasis Archyvas* (Lithuanian Special Archive—further LYA), K1758/P-5478/3, pp. 153–183.

49 See Letter by Matulionis to *Generalkommissar* on November 16, 1941: LCVA, R-627/1/146; Kalling, *Estonian Psychiatric Hospital*, p. 94.

50 *Ibid.*, p. 90.

51 *Ibid.*, p. 93.

52 See Sarmaa & Karu, *Razvities psichatrii*, p. 53. More numbers on the Seewald clinic are not available.

data on the numbers of patients and deaths in clinics. Nor is it clear in every case whether a person was a victim of starvation or infection or if there was another cause of death, given that starving patients were very weak and had a compromised immune system. Concerning patient data, it is not quite precise to reconstruct losses by comparing number of patients, as there were multiple new arrivals, releases, transfers, etc. The most meaningful records are death reports, or reconstruction by researching patient files or patient registers. Regrettably, the latter were often lost in Lithuania.

The State Psychiatric Hospital of Kalvarijas was founded as a military hospital in the First World War by the Germans and became the largest psychiatric institution in interwar Lithuania. In January 1941 the number of patients was 535; by November 1944 it had sunk to 49. For 1942 we have the official numbers of 160 deaths among 250 inpatients. From January 1943 to March 1944 another 69 deaths can be reconstructed.⁵³

The Clinic for Neurological and Psychiatric Diseases at the Vytautas-Magnus University in Kaunas, founded in 1920, was headed by Professor Dr. Vincas Veičiūnas. In 1942 it had 50 patients of whom 23 died according to records, but we have no data for 1941, 1943, and 1944.⁵⁴

In Vilnius, the Clinic for Neurology and Psychiatric Disorders, under the directorship of Dr. Jonas Kairiūkštis, had non-psychiatric as well as psychiatric patients. Judging by its rations, it appears to have been categorized as a general hospital. Moreover, its death rate was lower than in other psychiatric facilities. From November 1941 to May 1944, 71 registered deaths occurred. The average patient population at this time numbered about 80.⁵⁵

The situation at the Vilnius State Psychiatric Hospital at Vaseros street is clearer. In 1941 the number of institutionalized patients already had dropped from 420 in May to 388 in November. In the following years it fluctuated between 250 and 350, with a low of 202 in December 1943

53 See the reports sent to the main health administration (*Hauptgesundheitsverwaltung*) in Kaunas: LVCA, R-627/3/149.

54 Urbas, S. "V.D.Un-to Nervų ir Psichikos ligų kliniikos 1942 m. veikla [The Work of the department Neurology and Psychiatry at the V.D. University in 1942]." *Lietuviškoj Medicina*, 24 (1943) 7–9, pp. 395–401.

55 See the reports sent to the main health administration in Kaunas: LVCA, R-627/3/178.

and only 235 in May 1944. For the summer and early autumn of 1941 only fragmentary data survived, indicating that at least 73 patients died. Another record indicates 89 deaths for November and December 1941. In 1942 the deaths of 388 patients were reported, giving a death rate of nearly 100 per cent, while in 1943 an additional 120 deaths were reported, and 27 more in the first three months of 1944. These figures result in an incomplete number of 695 dead in less than three years. After the war, Soviet authorities tabulated about 875 dead, a plausible figure under the circumstances.⁵⁶

Finally; it is hard to estimate the actual number of victims of Nazi "euthanasia" in Lithuania. In his report to the Lithuanian health administration, director Veičūnuas gave the number of 6,000 psychiatric patients in Lithuania and the number of "feble-minded" as 15,000. At the time of his report in August 1942 1,240 psychiatric patients and 100 chronically "feble-minded idiots" had been institutionalized. Veičūnuas named eight institutions that housed psychiatric patients.⁵⁷ We still have no information about the units—so called colonies—of the State Psychiatric Clinic Kalvarijas and the Vilnius State Psychiatric Hospital, where less severe cases were located. In the case of Vilnius, Director Smalsyts reported 250 patients of the units of the Vilnius Clinic in Valkininkai and in Rūdiškės in June 1942. A report by Veičūnuas in 1943 fails to mention the units at all. Obviously, the units were slowly closed down, and their patients transferred. In the fall of 1941 patients were transferred from its units to the Vilnius State Psychiatric Hospital; about 194 transfers are documented. Half a year later most of them were dead. So we have to presume that most patients of the units did not survive Nazi occupation.⁵⁸ We can conclude that 1,018 deaths are documented during Nazi occupation in Lithuania, but we estimate that the number of victims of Nazi "euthanasia" must be about 1,200 to 1,500.

56 See reports sent to the main health administration: LVCA, R-627/3/179, also the patient register books: AVMPSC. On the Soviet numbers see the investigation files of the Lithuanian State Security concerning director Smalstys: LYA, K-1/58/P-11430.

57 See his report, August 15, 1942: LVCA, R-627/3/44, p. 52.

58 See Felder. "Euthanasia," p. 254.

Perpetrators: Sicherheitspolizei (Sipo) and “Ostland” Administration

While there is no evidence of involvement of the Wehrmacht in Nazi “euthanasia,” the roles of the security police and the “Ostland” administration are quite obvious. With the order given by Himmler in Minsk in the fall of 1941 there was a “euthanasia” agenda of the agencies of the RSHA in the occupied territories. Friedrich Jeckeln as the “Höherer SS- und Polizeiführer Ostland” (HSSPF) was the highest commander in chief of the RSHA in the Baltics as of October 1942.⁵⁹ His direct involvement in Nazi “euthanasia” is documented in a letter by the German civil administration. Dr. Harry Marnitz, head of the health department, stated that Jeckeln “wishes,” that the *Generalkommissar* “should order” the killing of the “mentally ill.”⁶⁰

Dr. Rudolf Lange, *Kommandeur der SS und Polizei* in Latvia (KDS), was responsible for the final shooting operation, especially for the murders in summer and fall 1942, when the Sipo acted without any cooperation from other German agencies.⁶¹ The executioner was the so-called *Arajs-Kommando*, a unit consisting of Latvians, mainly from the fascist *Pērkonkrusts* (thunder cross) movement under the command of Viktor Araijs—an auxiliary unit of the Sipo in Latvia.⁶²

In addition to the RSHA, the German “*Ostland*” administration actively took part in murdering the people with disabilities in the Baltics.

59 On Jeckeln see: Breitman, Richard. “Friedrich Jeckeln—Spezialist für die ‘Endlösung’ im Osten.” In: Smelser, Ronald & Enrico Syring (eds.). *Die SS. Elite unter dem Totenkopf. 30 Lebensläufe*. Paderborn: Schöningh, 2000, pp. 267–275. Kiekenap, Bernhard. *Hitlers und Himmlers Henker. Der SS-General aus Braunschweig. Biografische Notizen über Friedrich Jeckeln (1895–1946)*. Braunschweig: Appelhans, 2013.

60 Handwritten note on memo by Marnitz, April 1, 1942: LVVA, P-69/1/20, p. 25.

61 On Lange see: Klein, Peter. “Dr. Rudolf Lange als Kommandant der Sicherheitspolizei und des SD in Lettland.” In: Kaiser, Wolf (ed.). *Täter im Vernichtungskrieg. Der Überfall auf die Sowjetunion und der Völkermord an den Juden*. Berlin: Propyläen, 2002, pp. 125–134.

62 On the killing unit see: Ezergailis. *The Holocaust*. Reichelt. *Lettland*. On the Latvian thunder cross see: Felder, Björn. “‘Die Spreu vom Weizen trennen...’ Die Lettische Kartei—Pērkonkrusts im SD Lettland 1941–43.” In: Nollendorfs, Valters (ed.). *Sphere of Influence*. Riga: OMF, 2004, pp. 47–68.

I already have shed light on the role the civil administration played in creating deficient nutrition rates in Lithuania and Estonia. In Lithuania Adrian von Renteln, head of the health department at the *Generalkommissar* for Lithuania, responded very clearly to requests by a Lithuanian clinic director concerning the low food rations: "There will be no additional food for the mentally ill and patients who suffer from incurable and venereal diseases in Lithuania, as such patients in Germany are also not provided with additional food."⁶³

Furthermore, the civil administration in all three countries collected data on institutionalized psychiatric patients, their diagnosis, history of disease etc. and obviously used this information in the context of "euthanasia."⁶⁴ For instance the killing of the psychiatric patients in Latvia had been planned by the RSHA agencies as well as by the local "Ostland" administration. A joint health council concerning the killing of psychiatric patients is documented. It was again Harry Marnitz who reported about such a commission deciding on the fate of psychiatric patients in Latvia.⁶⁵ It seems that the cooperation ended in the summer of 1942 as the killings in fall of that year were initiated and organized only by the *Sicherheitspolizei*. In fact, Marnitz told the *Generalkommissar* he had not been involved, but he did not criticize the killings in so many words.⁶⁶ There was a consensus among the "Ostland" administration and its collaborators that killing the disabled was necessary. One has to have in mind the Nazi racial hygienic ideologeme that was quite vivid among members of the German administration.

63 Quoted by Matulionis, Lithuanian health administration, October 10, 1942: LCVA, R-627/3/44, p. 439.

64 This is documented at least for Lithuania and Latvia; for Lithuania see letter by the *Generalkommissar* Kauen, request on patient numbers, December 15, 1941, LVCA R-27/1/146, p. 718; report on mentally ill by Lithuanian health department to German administration, February 14, 1942: LVCA R-27/1/146, p. 717.

65 Letter by Marnitz to *Generalkommissar*, January 5, 1943: BArch, R-52/44.

66 Ibid.

Local Reactions Between Affirmation, Adaptation, and Resistance

While the Nazi invaders brought with them the practice of killing people with disabilities, eugenic ideas and the *Denkstil* of disabled as “inferior” were not alien to local elites at all. Since the turn of the century, Baltic elites were taking part in the global movement and debates about eugenics.⁶⁷ In Estonia a eugenic society was founded in 1924. In the 1930s, eugenics and bio-politics—the biological forming of the population—became the main agenda in the authoritarian states in the Baltics. Therefore, we can speak about racial states. The state eugenics programs led to sterilization laws in Latvia in 1938, and in Estonia they even led to forced sterilization as of 1937.⁶⁸ Also in catholic Lithuania the medical elites were strongly inclined towards eugenics. As the authoritarian president of Lithuania Antanas Smetona introduced a law that allowed eugenic abortion in 1934 this was not enough for local eugenicists. Dr. Jouzas Blažys, a leading psychiatrist and professor in Kaunas, asked for forced sterilization.⁶⁹ While people with disabilities were labeled as “inferiors,” euthanasia was still rejected even by radical Baltic eugenicists as Blažys before the war.⁷⁰

67 See Felder, Björn. “Eugenics, Sterilisation and the Racial State: the Baltic States, Russia, and the Global Eugenics Movement.” In: Felder, Björn & Paul Weindling (eds.). *Baltic Eugenics. Bio-Politics, Race and Nation in Interwar Estonia, Latvia and Lithuania*. Amsterdam: Rodopi, 2013. pp. 5–29.

68 On the eugenic program in Latvia see: Felder, *Lettland*, pp. 275–285. Felder, Björn. “God forgives—but nature never will”—Racial Identity, Racial Anthropology and Eugenics in Latvia 1918–1940.” In: Felder & Weindling (eds.). *Baltic Eugenics*, pp. 115–146. On Estonia see: Kalling, Ken. “The Self-Perception of a Small Nation: The Reception of Eugenics in Interwar Estonia.” In: Weindling, Paul & Marius Turda (eds.). *Blood and Homeland: Eugenics and Racial Nationalism in Central and South-East Europe 1900–1940*. Budapest: Central European University Press, 2007, pp. 253–262. Kalling, Ken. “Application of Eugenics in Estonia 1918–1940.” In: Felder & Weindling (eds.). *Baltic Eugenics*, pp. 49–82.

69 Blažys, Juozas. “Sterilizacijos klausymu [The Question of Sterilization].” *Medicina*, 14 (1933) 10, pp. 582–604. Blažys, Juozas. *Įvadas į Psichatriją [Introduction to Psychiatry]*. Kaunas: Kaides, 1936. On Blažys and Lithuanian eugenics see: Felder, Björn & Arūnas Germanavičius. “Eugenics against State and Church. Juozas Blažys (1890–1939), Eugenics, Abortions, and Psychiatry in interwar Lithuania 1918–1940.” In: Felder & Weindling (eds.). *Baltic Eugenics*, pp. 302–323.

70 See his negative review in: *Medicina*, 2 (1921) 3, p. 425.

In describing the reactions to Nazi "euthanasia" by locals, I use the categories adaptation, resistance and affirmation. These categories are not meant as direct valuations, as the situation under Nazi occupation was difficult and actors rarely had enough space for action.

As adaptation, the reaction of local health administration could be described thusly: Estonian, Lithuanian, and Latvian health departments provided data on psychiatric patients to the Nazis that enabled Nazi "euthanasia." In the case of starvation in Estonia and Lithuania we conclude that local administrations also executed the German orders on nutrition rates. In contrast to the usual protest over the generally low nutrition rates, there are no records of protests concerning the extra low nutrition rates for psychiatric patients. Dr. Balys Matulionis, head of the Lithuanian health department, did not comment on or support individual protests against the low nutrition rates for psychiatric patients.⁷¹

The Estonian administration also requested 6,100 RM for the "funerals" of psychiatric patients in its budget for 1943. For the period from October 1942 to March 1943 they calculated 3,015 RM alone.⁷² The administration was quite aware of the hunger in psychiatric clinics, as they recommended the clinic management make selections, deciding which patient should survive.⁷³ We must admit that the starvation of psychiatric patients could not have happened unnoticed by the local heads of administration, the *Generaldirektoren* Petras Kubiliūnas in Lithuania and Hjalmar Mäe in Estonia.

Certainly, we also found reactions that might be categorized as resistance. In Daugavpils the director of the Psychiatric Hospital sterilized ten of his patients after negotiations with Germans to save their lives in August 1941, though they were shot later, too.⁷⁴ Collaborators of director Buduls at the Sarkankals clinic in Riga claimed after war that Buduls, too, tried to save some of his patients. In advance of requests to murder his patients, Buduls released some of them or sent them to farmers on the countryside.⁷⁵ In Estonia, the clinic management also tried to oppose the starvation and

71 See note 63.

72 Budget for 1943 of the Estonian administration: BArch, R-90/285.

73 Kalling, *Estonian Hospitals*, p. 94.

74 See Viksne, *Garīgi slimo*, p. 329.

75 Testimony by Dr. Saltups in custody of Soviet State Security, October 5, 1945: LVA, 1986/2/P-280, p. 38.

began to plant crops in hospital gardens.⁷⁶ After the war Matulionis even claimed to have impeded the killing of the “mentally ill” in Lithuania by convincing the German Dr. Friedrich Obst, head of the health department, in spring 1942, that “euthanasia” would fuel Lithuanian resistance: “[T]he *Generalkommissar* even thanked me for such a true analysis of the issue and immediately wrote to the *Reichskommissar* in Berlin proposing to cancel plans of eliminating the mental patients in Lithuania.”⁷⁷

Actually, I did not find any archival document to prove Matulionis’s story. It seems quite unrealistic, as Nazi “euthanasia” was not organized by the *Ostministerium* but by the RSHA. But as Matulionis was in exile in the USA in the late 1950s nobody was able to check his allegation. Obviously, the contrary was true. I found evidence that Matulionis forwarded a request by Dr. Antanas Smalstys, director of Vilnius State Psychiatric Hospital, to German authorities in January 1942, demanding the deportation of 111 of his patients—all of them non-Lithuanians.⁷⁸ That letter had terrible results: On October 9 and 10, 1942, 20 patients from that list were deported and quite likely killed. The others from the list did not survive either.⁷⁹ Matulionis and Smalstys in one way or the other supported Nazi “euthanasia.” Under Smalstys the desperate situation of psychiatric patients was even abused by experimentation on somatic therapies.

Human Experimentation at Vilnius State Psychiatric Hospital

Denouncing of non-Lithuanian patients was not the only dark secret at Vilnius State Psychiatric Hospital. After Dr. Smalstys became director in 1939, somatic therapies were introduced; they were seen as the latest achievement in psychiatry. This included application of fever therapy (pyrotherapy)—Julius Wagner von Jauregg’s malaria therapy—in which patients with an infectious psychiatric disease such as progressive paralysis, a

76 Kalling. *Estonian Hospitals*, p. 94.

77 Matulionis, Balys. “Sveikatos Reikalų Tvarkymas Lietuvoje Vok.Okup. Metu [Management of health issues in Lithuania under German occupation].” *Sėja*, 3 (1958), pp. 9–17, here p. 18. For more information see: Felder. “Euthanasia,” pp. 254–256.

78 Letter by Matulionis to *Generalkommissar*, January 23, 1942, LVCA, R-627/1/46, p. 63.

79 See Felder. “Euthanasia,” p. 256.

form of syphilis, were vaccinated with malaria. The fever of the malaria seizures was thought to fight bacteria. On the other hand, "shock" therapies were intended to somehow "shake up" patients. As with an artificial coma induced by insulin, or shock therapy similar to epilepsy, seizures were produced by agents such as camphor or caridazol—and later with electro shocks (ECT).⁸⁰ With the exception of ECT, which is administered under anesthesia today, these therapies are no longer in use because they are considered ineffective and dangerous. In general, we must say that somatic therapies in this early stage were experimental. But the experiments at Vilnius under Smalstys were unethical for two reasons: firstly, these quite exhausting therapies were administered to already weak and starving people. Secondly, the experiments at Vilnius were not in keeping with any contemporary medical knowledge.

After the war, Smalstys was convicted by the Soviet State under Article 58 (counterrevolutionary crimes) and sentenced to 20 years forced labor in the Gulag Camp at Vorkuta; he was also blamed for the deaths of six patients under electro shock treatment. In 1969 he was rehabilitated, as a medical commission concluded that there was no clear evidence that the treatment was the cause of death.⁸¹ It is still unclear, but probably unlikely that Smalstys used ECT to kill mental patients as did the Austrian psychiatrist Dr. Emil Gelnj.⁸² But it was either sadistic or cynical to administer shock treatments to already starving patients: Abraomas G., a thirty-year-old Jew, was brought to Vilnius State Psychiatric Hospital in November 1940 after having been diagnosed with schizophrenia. He was treated with ECT in December 1940, February 1941 and finally from August 1941 until his death on September 18. At his time, he weighed 44 kg and had lost 13 kg in two weeks. Officially he died of a "weak heart."⁸³ Teodors O., with a diagnosis

80 On somatic therapies see: Shorter, Edward. *Shock Therapy. A History of Electroconvulsive Treatment in Mental Illness*. New Brunswick/New Jersey/London: Rutgers University Press, 2007. Schmuhl, Hans-Walter & Volker Roelcke (eds.). "Heroische Therapien." *Die deutsche Psychiatrie im internationalen Vergleich 1918–1945*. Göttingen: Wallstein, 2013. On the application in the Baltics see: Felder. "Euthanasia," p. 261, Felder, *Eugenik und Rassestaat*, pp. 253–288.

81 See the Smalstys file of Soviet State Security: LYA, K-1/58/P-11430.

82 Gazdag, Gabor & Gabor Ungvari & Hedwig Chech. "Mass killing under the guise of ECT: the darkest chapter in the history of biological psychiatry." *History of Psychiatry*, 28 (2017) 4, pp. 1–7.

83 See his patient file: LCVA, 505/5-III/11187.

of schizophrenia, was brought to the clinic on July 16, 1942. He received daily ECT treatments from July 20 to July 24 and from July 27 to July 30: On the last day, he died. A later report claimed that he did not suffer from schizophrenia but had epilepsy; somehow this information did not reach the psychiatrists.⁸⁴ The experimental character of the events in Vilnius became clear through the use of fever therapy. This was meant as a treatment for infectious diseases but was administered in Vilnius to patients with non-infectious diagnoses like “schizophrenia” or “feeble-mindedness,” which was against any medical reasoning. In August 19, 1942 an “anonymous” man—his identity could not be clarified—was brought to Vilnius State Psychiatric Hospital. He was diagnosed as “feeble-minded” and treated with pyro therapy, vaccinated with both malaria and typhus. He died on February 24, 1942.⁸⁵ Typhus was often used as agent at the time. As insulin was no longer available because of the war, other drugs, such as strychnine, also were used for shock treatment.⁸⁶ In addition to sadism, the motivation for these experiments was academic. So, we can speak about unleashed science: Dr. Napoleonas Indrašius, a collaborator of Smalstys at his clinic, lecturer at the University of Vilnius in 1942, wrote his second book (habilitation) on electroshock treatment of schizophrenia in 1949.⁸⁷ It seems quite obvious that Indrašius used data from his experiments with ETC from the Vilnius State Psychiatry Hospital. He was also charged because of the treatments carried out there under the Nazis but was not sentenced.⁸⁸ Actually, there is no evidence that Nazi officials were involved in the experiments.

Public Debates on “Euthanasia” in the Baltics

Not only did psychiatrists and public health administrators have to deal with Nazi “euthanasia”, the killing of patients also provoked reactions from society at large, even when there was no uncensored press or public debate. In Latvia, relatives of murdered patients were sending letters of inquiry

84 See his patient file: LYA, K1/58/P-5478/3/2325.

85 See his patient file: LYA, K1/58/P-5478/3/1617.

86 See Felder. “Euthanasia,” p. 263.

87 See also Dembinskas, Algirdas. *Psichiatrija*. Vilnius: Vaistų žinois, 2003, p. 37. See the investigation file on Indrašius by Soviet State Security: LYA, K1/58/P-5478. The book by Indrašius is still lost.

88 Ibid.

about their loved ones' whereabouts to the Latvian health department in 1943. In an attempt to distance themselves from the killings, Latvian health officials advised relatives to address their concerns to the German security police.⁸⁹ Another attempt at distancing was the book by Teodors Upners, a former psychiatrist at Sarkankalns, lecturer at the Latvian University in Riga, and medical expert to the Latvian eugenic commission, when deciding on sterilization and abortion.⁹⁰ As the prewar Latvian sterilization program continued under Nazi occupation, Latvian eugenicists thought that Nazi "euthanasia" would jeopardize their agenda, as the killings were somehow linked to eugenics. Therefore, in his 1943 book "On the Meaning of Eugenics in the Lives of the People and the State," Upners condemned the killing of psychiatric patients: "Life is our highest value [...]. We are all members of the Latvian people and everybody is dear to us."⁹¹ Yet Upners, a radical eugenicist and student of the German eugenicist Ernst Rüdin,⁹² was still demanding forced sterilization and an enlargement of the program.

At the same time, we have a similar phenomenon in Lithuania. In May 1943, Dr. Jonas Šliūpas, 81-year-old veteran of the Lithuanian national movement before the First World War, member of the national assembly in 1919, and also physician and eugenicist, claimed in the largest Lithuanian medical journal that a medical commission should decide about "sending" the "incurable patients (bedridden, syphilitics, consumptives, the insane, alcoholics, et cetera)... to eternal sleep."⁹³

This was remarkable, as most of the disabled and psychiatric patients had already been killed in Lithuania by then. Šliūpas's letter provoked harsh reactions. Psychiatrist Viktoras Vaičiūnias protested in the next issue of *Medicina*, emphasizing that the future would bring more effective

89 See Felder. *Lettland*, p. 295.

90 On Upners see: *ibid.* On the Latvian eugenic project under Nazi occupation: Felder, Björn. "In Pursuit of Biological Purity. Eugenics and Racial Paradigms in Nazi-Occupied Latvia, 1941–45." In: Weiss-Wendt, A. & R. Yeomas (eds.). *Racial Science in Hitlers "New Europe"*. Lincoln: University of Nebraska Press, 2013, pp. 320–346.

91 Upners, Teodors. *Eugenikas Nozīme Tautas un Valsts Dzīvē [On the Meaning of Eugenics in the Live of the People and the State]*. Riga: Latviju Grāmata, 1943.

92 See the contribution by Regula Argast in this volume.

93 Šliūpas, Jonas. "Ko mums reikia? [What do we need?]." *Lietuviškoj Medicina*, 24 (1943) 5–6, pp. 363–365.

ways of relieving suffering of the disabled persons and chronically ill while preserving their lives.⁹⁴ Vaičiūnias's article resulted in a resolution at an August 23, 1943 conference of physicians, lawyers, social workers and others at Vytautas-Magnus University of Kaunas, organized to criticize Šliūpas's praise for euthanasia: "Dr. Jonas Šliūpas's proposal regarding the elimination of incurable patients are inconsistent with human morals [...] and inconsistent with medical ethics and with the goals of medical science."⁹⁵ Furthermore, a contribution by the Metropolitan Archbishop of Kaunas, Jozapas Skviereckas, condemned "euthanasia."⁹⁶ The protest of the Lithuanian elite must be seen as an act of resistance against the Nazi occupation in general and as an act of self-assurance, especially in the context of the tense German-Lithuanian relations. People with disabilities had been merely a pretext.

Conclusions

The killing of psychiatric patients and orphans in the Baltics was initiated and organized by agencies of the Nazi occupation power: initially by the RSHA, the local *Sicherheitspolizei*, but also supported by the local organs of the *Ostministerium*. Local administrations and physicians had to react. I categorized reactions in the terms affirmation, adaptation and resistance. Scholars have been debating questions about the motivation for Nazi "euthanasia"; as in the case of the T4 operation historians such as Uwe Kaminsky have emphasized that Nazi "euthanasia" was merely a result of a cynical "pragmatism" due to war requirements—not an ideological agenda connected to Nazi racial hygiene (eugenics).⁹⁷ There are historical citations that seem to stress that argument: The Baltic-German Marnitz, for instance, emphasized the need for hospital beds due to war efforts.⁹⁸ Walter-Eberhard von Medem, *Gebietskommissar* in Mitau (Jelgava), even

94 Vaičiūnas, Viktoras. "Del Dr. Jono Šliūpas straipsnio "Ko mums reikia?" [On Jonas Šliūpas's article: "What do we need?"]." *Lietuviškoj Medicina*, 24 (1943) 7–9, pp. 385–395.

95 Ibid., p. 394.

96 *Medicina*, 24 (1943) 10, p. 486.

97 See Kaminsky: "Die NS-Euthanasie".

98 Letter by Marnitz, April 1, 1942: LVVA, P-69/1/20, p. 25.

proposed the killing of the "mentally ill" in public. A Latvian physician remembered that Medem invited local doctors in early 1942 and tried to convince them of the necessity of "euthanasia"—shortly before the killings in Mitau. Following the report of the witness, Medem used the ongoing war as an economic factor in his defense: Psychiatric patients would blockade important resources that would be needed for the war.⁹⁹ Gerrit Hohendorf opposed this "pragmatic" position.¹⁰⁰ It seems that the ideological agenda was obvious to Nazi officials. Considering the occupied Eastern territories, one must admit that people with disabilities were killed everywhere, and it seems that Nazi "euthanasia" was more connected with a eugenic purification to prepare the region and its population for the "*Generalplan Ost*"—a fundamental goal of the Nazi state. Furthermore, the "pragmatic" argument might not work in the case of the Baltics, as murder by starvation would not satisfy the urgent need for beds in military hospitals but would foster a long-term agenda.

Still, the question remains about the diversity of Nazi "euthanasia" in the Baltics. Mary Seeman proposes that the racial categories of Nazi occupiers provided the motive: The less racial "value" a nation was seen to have, the more likely was the murder of its "mentally ill." This model might fit for the "Slavic" regions but does not in the case of the Baltics— not to speak about people with disabilities in Germany and Austria. Following the Nazi racial approach, Estonians were seen as the most "racially valuable" nation in the east, followed by Latvians and Lithuanians.¹⁰¹ I suggest that political actors—Nazi officials—played a crucial role in implementing ways of killing. In Latvia, the main figures of the RSHA (Dr. Rudolf Lange) as well as the *Ostministerium* (*Reichskommissar* Hinrich Lohse, *Generalkommissar Lettland* Otto Heinrich Drechsel) were radical Nazis and had a quite colonial attitude towards local populations. The Nazi officials in Estonia had a more "pragmatic" approach—Heinrich Himmler favored the Estonians—and "good" relations that should not be harmed by open killing of people with disabilities. The Lithuanians were obviously seen as the most problematic population, with the greatest potential for open protest; again,

99 Biskaps, Dāvids. *Dzīves vējos: Ārsta dzīves un darba atminas*. Chicago, 1961, p. 359.

100 Hohendorf, Gerrit. *Der Tod als Erlösung vom Leiden. Geschichte und Ethik der Sterbehilfe seit dem Ende des 19. Jahrhunderts in Deutschland*. Göttingen: Wallstein, 2013.

101 See Felder, *Lettland*, pp. 195–202.

killing people with disabilities would be a big risk in the end.¹⁰² Still, Nazi occupiers found ways to follow their agenda in both Estonia and Lithuania. Nazi “euthanasia” in the Baltics awaits further research and also more awareness in contemporary societies, as there are nearly no commemorations today of these tragic events during the Nazi occupation.

102 For a more detailed discussion see: Felder. “Euthanasia,” pp. 265–268.

Continuities and Comparisons

Sara Berger

“Murder was already their profession.”

“Aktion T4” Staff in the “Aktion Reinhardt” Extermination Camps¹

The employment of staff from “Aktion T4” in the “Aktion Reinhardt” extermination camps—Belzec, Sobibor and Treblinka—is among the clearest and most momentous links between the so-called euthanasia program and the Holocaust, and not only because of the structural similarities between the two murder campaigns. Transfer of T4 personnel was not about single relocations to camps built and run by concentration camp SS. On the contrary: The staff transferred to the General Government was responsible for the three camps in every aspect. Their workforce consisted nearly completely of T4 personnel—with the Trawniki men as guards.² The *Kanzlei des Führers* (Hitler’s Chancellery) did not just provide the staff that would subsequently act on behalf of other organizations; rather, the staff created the on-site conditions with extreme autonomy. It decided

- 1 The essay is based on Berger, Sara. *Experten der Vernichtung. Das T4-Reinhardt-Netzwerk in den Lagern Belzec, Sobibor und Treblinka*. Hamburg: Hamburger Edition, 2013. On the continuities between “T4” and “Aktion Reinhardt” see also Friedlander, Henry. *The Origins of Nazi Genocide: From Euthanasia To The Final Solution*. Chapel Hill, NC: University of North Carolina Press, 1995 and Heberer, Patricia. “Eine Kontinuität der Tötungsoperationen. T4-Täter und die ‘Aktion Reinhardt.’” In: Musial, Bogdan (ed.). *“Aktion Reinhardt.” Der Völkermord an den Juden im Generalgouvernement 1941–1944*. Osnabrück: Fibre, 2004, pp. 285–308.
- 2 “Trawnikimänner” were guards trained in the training camp Trawniki (“Ausbildungslager Trawniki der SS”) set up Odilo Globocnik. Thousands of them were active in the General Government within “Aktion Reinhardt.” See Benz, Angelika. “Trawniki.” In: Benz, Wolfgang & Barbara Distel (eds.). *Der Ort des Terrors. Geschichte der nationalsozialistischen Konzentrationslager*, vol. 9. Munich: C.H. Beck, 2009, pp. 602–611. Benz, Angelika. *Handlanger der SS. Die Rolle der Trawniki-Männer im Holocaust*. Berlin: Metropol, 2015. Black, Peter. “Foot Soldiers of the Final Solution: The Trawniki Training Camp and Operation Reinhardt.” *Holocaust and Genocide Studies*, 25 (2011) 1, pp. 1–99. Black, Peter R. “Die Trawniki-Männer und die ‘Aktion Reinhardt.’” In: Musial (ed.). *“Aktion Reinhardt,”* pp. 309–352.

upon the extermination structures, necessary reconstruction work in the camps, and changes in organization and personnel. Although officially reported as SS-Sonderkommandos, the camp staff remained subordinate to the “Kanzlei des Führers,” namely to Viktor Brack—director of the *Amt II für Staats- und Parteiangelegenheiten* (Office II for State and Party Affairs)—who, among others, initiated the murder campaign; and later to his successor Werner Blankenburg. Both men gave free rein to their on-site deputy Christian Wirth, the first camp director of Belzec and later, as “inspector of the camps,” Chief of Staff of the three camps, and only provided him with the required personnel. “Aktion Reinhardt” was—in contrast to the “euthanasia” program—a joint project with the SS and police leader of Lublin, Odilo Globocnik: The Kanzlei des Führers was responsible for the extermination sites whereas the SS and police leader of Lublin specified the prevailing conditions. Together with his staff, he organized the deportations, decided on the transportation dates, the number of victims, and—as a consequence—the necessary capacities of the camps. He supplied his infrastructure for the murder project, especially the Trawniki men, who were used as camp guards; and he employed his architect Richard Thomalla in the very beginning of the construction of Sobibor and Treblinka. Let us first take a look at how the cooperation between the Kanzlei des Führers and Globocnik arose. During the “euthanasia” program, Viktor Brack had already contemplated a “final solution of the Jewish question.”

Therefore, it seemed the obvious choice to employ T4 personnel in an even bigger murder campaign after the murder of people with disabilities had found its preliminary end in August 1941. Odilo Globocnik presented himself as a partner, since he was searching for men experienced in murder without the “passivity in the bureaucracy of public offices,” which he criticized. In September 1941, Brack and the director of the Kanzlei des Führers, Philipp Bouhler, met with Globocnik in Lublin, about the same time as the latter asked Himmler for approval for killing part of the Jewish population in his district. Shortly after having received permission from the Reichsführer-SS in mid-October, the policeman Christian Wirth—together with several SS-men who, like him, had worked on the “euthanasia” program—began construction of the first extermination camp at Belzec. During the first months, it was not clear how large the project would become. Initially it was called “Aktion Globus,” after Himmler’s nickname for Globocnik. Neither clarified how many men should be transferred from the T4 staff.

The decision to transfer some T4 staff was probably taken on December 14, 1941, when Himmler first talked to Brack about "euthanasia" and later met with Hitler, Rosenberg, and Bouhler. From January 1942 onwards, additional T4 men were sent to the "East" in several batches. These groups were usually formed in the T4 killing centers and the men were transferred together, which facilitated transport and influenced team spirit. Most T4 men were employed in the early fall of 1942; the last men, however, arrived in the extermination camps only in the spring of 1943.

During the active time of the camps, very few men were sent from other institutions. They were integrated into the core workforce, which was made up of T4 personnel. At least 117 men were transferred from T4 to the General Government; of those, five were not directed to the camps themselves but to the inspection of the camps in Lublin as well as to labor camps that were subordinated to the inspection. The rest of the men worked in one or more of the three extermination camps. This small number sufficed to kill approximately 1.6 million Jews over the course of one and a half years, in part because the action was supported by the so-called Trawniki men. Thirty-six T4 employees worked in Belzec at some point, where more than 500,000 Jews were murdered; the camp workforce was augmented with one German who came from the Trawniki camp together with the guards. In Sobibor, with more than 200,000 victims, 53 T4 men were used together with two German policemen from Trawniki who coordinated the guards. In Treblinka, with more than 900,000 victims, 55 T4-members worked at some point in the camp. Here, too, the German workforce was augmented with external staff: One man was sent from the SS-Standortverwaltung (SS administration). Additionally, two civilian excavator drivers worked at the camp for a short time during the cremation of the corpses.

At the end of "Aktion Reinhardt", all T4 staff were transferred from Poland to the *Operationszone Adriatisches Küstenland* (The Operational Zone of the Adriatic Littoral) where they were joined by staff from other T4 institutions. They were organized in the three units R I, R II and R III at Trieste, Fiume/Rijeka and Udine. Here, their job was to arrest Jews, confiscate their property and supervise the transit camp Risiera di San Sabba in Trieste, from which many prisoners were deported to other camps if not killed at the former rice mill San Sabba itself.

The staff working at the extermination camps came from all six "euthanasia" institutions as well as from T4 headquarters in Berlin. Most men, i.e. 37 to 39 in all, had previously worked at Pirna-Sonnenstein. Between

33 and 40 were employed in Grafeneck or Hadamar; 21 worked in Brandenburg; 28 or 29 in Bernburg; 22 to 25 in Hartheim; and 19 to 21 at the headquarters in Berlin. The most important group in Belzec, which also constructed the camp, arrived from Bernburg. Together with men from Hadamar, they formed the biggest group at the camp. Sobibor was built jointly by men from Bernburg, Hadamar and Hartheim. However, a big group from Pirna-Sonnenstein constituted the biggest part of the workforce, followed by staff from Hartheim. Treblinka was supplied with T4 staff firstly from Bernburg, then from Hadamar and finally from Pirna-Sonnenstein, with personnel from Bernburg and Sonnenstein making up the biggest groups.

Within the installed staff members at “Aktion Reinhardt” there were also some who had joined T4 only at the end of the murder program. Female staff, including nurses and office clerks, were not transferred to the extermination camps.

During the “euthanasia,” 27 men were employed as craftsmen, 23 to 24 as nurses and “transport companions” (*Transportbegleiter*), and 20 to 21 as “burners” of corpses (*Brenner*). Eleven or twelve worked as drivers, seven to nine in administration, six as guards and four as farmers. Nine men obtained leading positions, including the only physician—Irmfried Eberl—as well as the policemen who had previously led the civilian parts of the T4 institutions as “directors of office.” During “Aktion Reinhardt” the following persons functioned as camp directors: In Belzec Christian Wirth was succeeded by Gottlieb Hering; in Sobibor Franz Stangl was succeeded by Franz Reichleitner; in Treblinka Irmfried Eberl was followed by Stangl. Additionally, crucial roles were assumed by the nine men already working in an *SS-Totenkopfverband* (SS Death’s Head Unit) before the war in the concentration camps Buchenwald and Sachsenhausen; they had been cremators during the “euthanasia” program. Most of them had been active in Poland since 1941 or early 1942, not only because they were experienced in killing with poison gas as a result of their “euthanasia” activities but also due to their knowledge of the requirements of a camp. Four of these men were later promoted to deputy commandants, namely Josef Oberhauser at the inspection in Lublin, Gottfried Schwarz in Belzec, Johann Niemann in Sobibor and Kurt Franz in Treblinka. Other tasks were distributed on-site among the men. Eventual membership in the SS, personal relations to superiors, willingness and commitment in the camp were often decisive for attaining leading positions. Contrarily, the job performed during the

“euthanasia” or the previous confrontation with murder normally did not play much of a role. During “Aktion T4”, the physicians, cremators and nurses were most directly exposed to death, whereas those working at the headquarters in Berlin or the farmers at Grafeneck and Hadamar were less confronted with murder. At the extermination camps, however, the previous confrontation with murder does not seem to have had an influence on behavior and positioning. This can be seen in the cases of Erich Bauer and Lorenz Hackenholt, who were drivers in Berlin and responsible for gas chambers at the camps, and the farmers August Miete and Willy Mentz, who systematically shot the deportees and *Arbeitsjuden* (Jews doing forced labor at the camp) in Treblinka.

The fact that the murdering was now no longer carried out under the guise of a merciful “euthanasia” and that completely healthy people of all ages were being murdered solely due to their ethnicity did not seem to bother the men. After all, their actions complied with the general Nazi values, which viewed Jews as a specific, hostile race that had to be eliminated.

The T4 headquarters were represented on-site by the *Inspektion Einsatz Reinhardt* (Inspection Operation Reinhardt), also called *Inspektion der SS-Sonderkommandos beim SSPF Einsatz Reinhardt*, which Christian Wirth instituted in Lublin in August 1942. This “Inspection” quite autonomously led and coordinated the three extermination camps and eventually also the labor camps in the district of Lublin. It also functioned as an important link between the Kanzlei des Führers, the three camps and especially the staff at Globocnik’s main department, “Einsatz Reinhardt,” directed by Hermann Höfle. With Höfle’s men, both the transports to the extermination camps as well as joint projects (such as the labor camps) had to be arranged. For better coordination, the inspection was initially located in the buildings of Globocnik’s staff before being moved to the police regiment of Lublin.

Wirth, in his task as inspector, regularly checked the ongoing development at the camps, often accompanied by his adjutant, Oberhauser, or other members of staff. The office in Lublin asked for new personnel at the headquarters in Berlin if required and decided on staff transfers between camps. Vacancy and transfer requests also had to be reported to Lublin.

At the headquarters in Berlin, some employees were involved in “Aktion Reinhardt”, too: Dietrich Allers was responsible for the staff in his function as manager of “Aktion T4”. Human resources manager Friedrich

Haus, his deputy, Arnold Oels, and Alois Kaufmann all took care of the “members in the east.” Friedrich Robert Lorent, director of the T4 financial department, was responsible for salaries and bonuses. The extermination camp staff was put on the payroll of “Business of the project M and P,” possibly an acronym for material and personnel. The regular salary was transferred directly to the bank accounts of the men, while bonuses were delivered by couriers of “Aktion T4”. Those couriers who resided in Berlin established weekly contact between the Kanzlei des Führers, the inspection, the SS and police leader in Lublin and the three camps.

The T4 leaders in Berlin did not limit themselves to a remote supervision of “Aktion Reinhardt” staff, but rather visited the inspection in Lublin, the extermination camps as well as the labor camps. Among the visitors were the chief of the Kanzlei—Bouhler—, Brack, Blankenburg, Allers, and Lorent, as well as Reinhold Vorberg, director of the transport department, his deputy, Gerhard Siebert, and Hans-Joachim Becker, director of the central payments department.

The headquarters in Berlin permitted the use of the T4 vacation home at the Attersee to employees and their relatives; it was an offer that many families accepted. When Kurt Bolender, who was installed in Sobibor, was convicted of perjury in a divorce case, members of T4, including Blankenburg, stood up for him.

The cooperation between the Kanzlei des Führers and the SS and police leader of Lublin proved very efficient, in part evidenced by the incredible number of victims. This effectiveness is attributed to Globocnik’s far-sighted decision not to employ staff in rigid structures and thereby give them free rein; the staff made active use of their options to construct and lead the camps with murderous creativity, refining and expanding the killing facilities and working as a team. Furthermore, the men’s efficiency was enhanced by their killing experience gleaned through “Aktion T4”. Participation in the “euthanasia” program was certainly a “pre-school for Poland,”³ and not only because the men had already been involved in the murder of great numbers of Jews during the “euthanasia” program and the subsequent “Aktion 14f13” among the concentration camp inmates. This “pre-school for Poland” is vividly described by Erich Bauer, who had worked as a driver in Berlin during T4 but was employed as *Gasmeister* (master of gas) in Sobibor. He says of his comrades: “They were familiar with it from

3 Berger. *Experten der Vernichtung*, p. 308.

the euthanasia. [...] It had been the same anyway, only on a smaller scale. [...] It could be said that murder was already their profession."⁴

The men had not only already crossed the border to mass murder; they were also killing experts: They knew all the single steps from the arrival of the victims to giving instructions, undressing and murder. They transferred their killing skills from the "euthanasia" program to the camps, installing ramps, undressing rooms and the gas chambers that operated with poison gas. They were experienced with the central principles of murder such as deception and obstruction of escape routes but also with the elimination of any empathy or pity for the victims, with the rationalization and the routine of murder.

The degree to which the camp construction and execution of murder were influenced by previous experiences becomes obvious when one compares the three "Aktion Reinhardt" extermination camps with others. The railway ramp, for example, connected each of the three camps directly with the rail network and thus allowed victims to disembark at the shortest possible distance from the gas chambers. Auschwitz-Birkenau only had a ramp outside the camp until 1944; Kulmhof was not connected to the rail network at all. The T4 staff, however, knew from their experience with "euthanasia" how important short distances are: During the "euthanasia" program, the buses that transported patients from care homes were parked in garages on-site.

Inside the gas chambers, their experience can be seen in the choice of the killing method—poison gas—as well as in the installation of elements of deception such as the fake showerheads. However, the poison itself was not the bottled carbon monoxide gas used during the "euthanasia" operation but rather motor exhaust gases.

From the start, the camp directors decided against the construction of crematoriums, which existed in the T4 institutions in the Reich. They knew how much time the burning of corpses took. They buried corpses until the central decision was taken in late 1942 to exhume and burn all corpses on provisional outdoor furnaces as part of "Aktion 1005" in order not to leave any evidence.

Even if some continuities between "Aktion T4" and "Aktion Reinhardt" are obvious, the two murder campaigns differ in some essential points: Firstly, there was a complete lack of a superimposed bureaucracy

in the extermination camps. Secondly, the greater number and omnipresence of corpses became apparent in the smell of corpse decay coming from open mass graves and in the outdoor cremations. Thirdly, the tasks that fell to each of the men were significantly different from their jobs during the “euthanasia.” They were now supervising Jewish forced laborers and the Trawniki men. This change was also visible in the architecture of the “killing centers,” which were integrated into camp structures with a barbed wire fence. And it was visible in the SS uniforms that the men working in the camps wore. Only some of the nurses were occupied similarly; instead of accompanying patients from the care homes, they would now accompany Jews from the ramp to the gas chambers. Moreover, much of the work done at the extermination camps—such as shootings of old or sick deportees and prisoners in the so-called *Lazarett* (military hospital) and at mass graves—had no equivalence with the work of “euthanasia.” A fourth major difference was the extended use of violence, which occurred in the camps in two different ways: on one hand as purposeful violence such as driving victims with whips and blows with the butt of a rifle, which were just as much a part of the extermination system as the deception and obstruction of escape routes; and on the other hand as meaningless, sadistic violence, which some men exerted against the deportees and the “Arbeitsjuden” and which culminated in the extreme maltreatment of infants as well.

In conclusion, despite these differences, the continuity of staff between T4 and “Aktion Reinhardt”—and thereby between “euthanasia” and the Holocaust—cannot be overstated. Not only because both murder campaigns employed the same staff, but also because they shared structural similarities.

**Education on Mass Murder of People with
Disabilities and Holocaust Education—Similarities,
Possible Synergies**

Florian Schwanninger

Hartheim Castle Learning and Memorial Centre

The Difficult Path to a Place of Documentation, Commemoration, and Education

A Renaissance Castle as an Extermination Facility of Nazi Euthanasia

Schloss Hartheim was built around 1600 and is considered one of Upper Austria's most beautiful and most significant Renaissance buildings.¹ The castle went through several ownerships until 1799, when it was acquired by the Starhemberg family. That family gave it to the *Oberösterreichischen Landeswohltätigkeitsverein* (Upper Austrian State Welfare Society) in order to establish an institution for the “mentally” disabled. The institution was opened in 1898 on the 50th anniversary of Emperor Franz Joseph I's accession to the throne. Care of the patients became the responsibility of the Merciful Sisters of St. Vincent de Paul.² Around 200 disabled people, mostly from Upper Austria, lived in the castle. Some worked on the farm that belonged to the castle.³

After the so-called *Anschluss* (annexation) of Austria to the German Reich in 1938, the Upper Austrian State Welfare Society was dissolved. Its assets, the castle and the farm were transferred to the government administration district, the *Reichsgau Oberdonau*. In 1939, the *Reichsgau* also took

- 1 Euler-Rolle, Bernd. “Bau- und Kunstgeschichte von Schloss Hartheim.” In: Institut für Gesellschafts- und Sozialpolitik an der Johannes Kepler Universität Linz & Oberösterreichische Landeskulturdirektion & Oberösterreichisches Landesarchiv (eds.). *Baugeschichte des Schlosses Hartheim. Begleitpublikation zur Ausstellung des Landes Oberösterreichisch in Schloss Hartheim 2003*. Linz: Oberösterreichische Landeskulturdirektion, 2003, pp. 23–39, here p. 25.
- 2 Zehethofer, Florian. *Chronik des Oberösterreichischen Landeswohltätigkeitsvereins, 1. Teil 1892–1945*. Unpublished manuscript, 2003, p. 145.
- 3 Kepplinger, Brigitte. “Die Tötungsanstalt Hartheim 1940–1945.” In: Kepplinger, Brigitte & Gerhart Marckhgott & Hartmut Reese (eds.). *Tötungsanstalt Hartheim*, Linz: Oberösterreichisches Landesarchiv, 2013, pp. 63–116, here pp. 63–64.



The only known picture of Schloss Hartheim with the crematorium chimney smoking, probably in the fall of 1940.

Wolfgang Schuhmann

over the management of the care facility.⁴ In March 1940 the patients were transferred to other care facilities in Upper Austria. By that time the decision had already been made to use Schloss Hartheim as a killing institution under the Nazi euthanasia program, which was referred to after 1945 as “Aktion T4.” One can no longer completely reconstruct the route that led to the decision to turn Hartheim into a killing institution serving the territory of today’s Republic of Austria, a large part of Bavaria, and the German-speaking portions of Czechoslovakia (which was dismantled in 1938/39). It is assumed that old networks between leading Nazi functionaries in Linz and in Berlin played an important role.⁵ The geographic location of Hart-

4 Ibid., pp. 65–66.

5 Schwanninger, Florian. “Hartheim 1940–1944.” In: Morsch, Günter & Bertrand Perz (eds.). *Neue Studien zu nationalsozialistischen Massentötungen durch Giftgas*.

heim, the building's remoteness, and the property situation probably also contributed to the decision. Immediately after the castle was vacated in March 1940, alterations began and the killing facilities were installed. This took about four or five weeks.⁶

The murders at Schloss Hartheim began in May 1940. As in the other five T4 killing institutions—T4 was named after the Nazi euthanasia program's headquarters at Tiergartenstraße 4 in Berlin—carbon monoxide was used for extermination. The gas chamber at Hartheim was camouflaged as a shower room, and the other rooms used for killing and incinerating the bodies were on the ground floor of the castle. The rooms were arranged in the order of the admission and killing process. After the buses arrived in the garage conveniently attached to the castle, the people intended for killing would be taken to a room inside the castle for undressing. There, all personal belongings and possessions would be taken from them. Next, the incoming people would be taken to the so-called admission room, where the physician on duty would examine them. Here, an unsuspecting admission process was staged. Under the pretext of physical cleansing, victims would be taken to the gas chamber, which was camouflaged as a shower room. As a rule, the chief medical officer, Dr. Rudolf Lonauer or his deputy, Dr. Georg Renno, would introduce the carbon monoxide from gas cylinders in a neighboring room. An adjoining room served to temporarily accommodate the bodies (the "morgue"). At the end of this line of rooms was the crematorium room. The oven in it was probably supplied by the Berlin firm of Kori. The other floors of the castle housed offices and accommodation for the perpetrators.⁷

When "Aktion T4" was halted by Hitler's order on August 24, 1941, about 18,000 people already had been murdered at Hartheim.⁸ After the "Euthanasia Action" was stopped, inmates from the Mauthausen, Gusen, Dachau, and Ravensbrück concentration camps were murdered at Hartheim as part of *Sonderbehandlung 14f13* (Special Treatment 14f13) from August 1941 to the fall of 1944. They were selected in the concentration

Historische Bedeutung, technische Entwicklung, revisionistische Leugnung. Berlin: Metropol, 2011, pp. 118–130, here p. 118.

6 Ibid., p. 119.

7 Ibid., pp. 119–120.

8 Kammerhofer, Andrea. Die "Hartheimer Statistik." "Bis zum 1. September 1941 wurden desinfiziert: Personen: 70.273..." In: Kepplinger & Marckhgott & Reese (eds.). *Tötungsanstalt Hartheim*, p. 124.

camps and killed in Hartheim in the same manner as in the “Aktion T4” murders, with carbon monoxide in the gas chamber. In the fall of 1944, forced laborers who were ill and unable to work were included in the Nazi euthanasia program in Hartheim. In total, it is estimated that about 30,000 people were murdered in Schloss Hartheim.⁹ According to the present state of research, the murders in Hartheim ceased in November 1944.¹⁰

As camouflage, a childcare facility was established in the castle early in 1945 by the regional welfare service. However, this “appearance of normality” could only be maintained for a few months. As early as June 1945, the War Crimes Investigating Team No. 6824 of the U.S. Army under Major Charles Dameron arrived at Hartheim and began an extensive investigation.¹¹ This investigation ended in a detailed report, the annex included numerous photos and witness statements of perpetrators and participants.¹²

Quiet Sounds in the Silence of the Post-war Period

After the childcare facility had been moved elsewhere at the end of 1945, the castle was used as a residence. The first to live there were refugees and displaced persons, so-called “ethnic Germans.” In 1954, people who had been displaced due to flooding in the community of Alkoven moved in. Although the confiscated assets and buildings had been returned to their owners after 1945, the Upper Austrian State Welfare Society was unable to resume using the castle as an institution to care for people with disabilities due to administrative and social law restrictions.¹³

The use of the castle as a refugee accommodation and as a residence seriously limited commemoration of the victims. Furthermore, the victims

9 Schwanninger, Florian. “Schloss Hartheim und die ‘Sonderbehandlung 14f13.’” In: Arbeitskreis zur Erforschung der nationalsozialistischen “Euthanasie” und Zwangssterilisation (ed.). *NS-Euthanasie in der “Ostmark”*. Ulm: Klemm+Oehlschlager, 2012, p. 88–89.

10 Ibid., p. 85.

11 Kepplinger. “Die Tötungsanstalt Hartheim 1940–1945,” p. 112.

12 See Kepplinger, Brigitte & Irene Leitner (eds.). *Dameron Report. Bericht des War Crimes Investigating Teams No. 6824 der U.S. Army vom 17.7.1945 über die Tötungsanstalt Hartheim*. Innsbruck/Wien/Bozen: Studienverlag, 2012.

13 Zehethofer. *Chronik des Oberösterreichischen Landeswohltätigkeitsvereins, 1. Teil 1892–1945*. pp. 2–7.



First memorial room in Hartheim Castle, established in 1969.

Lern- und Gedenkort Schloss Hartheim

regular protests and interventions by the victim associations and relatives, even at this early date.

With these problems and difficulties impeding the development of a culture of commemoration and memory, Schloss Hartheim does not stand alone. For decades, Austria's post-war society was unable to develop its own culture of remembering the crimes of the Nazi period. Until the 1970s, most signs of commemoration and most memorials at the former concentration camps would not have come about at all without the initiatives and persistent work of foreign survivor and victim's organizations. Against the background of the Cold War, the reintegration of former Nazis, and a political climate in which anti-fascism was not opportune, Nazi victims in Austria and their associations only held a niche existence in the culture and in the public life of Austria. As already indicated, in the case of Hartheim an additional factor was that the victims of Nazi euthanasia formed a largely displaced group of victims without any public support and recognition. They had no special representation in Austria other than most of the other victim's groups. The approximately 18,000 victims of "Aktion T4" (1940/41), for the most part "mentally ill" and other disabled people, played no role in the memory of Hartheim or in scientific research. This only changed

slowly in the 1970s and even more in the 1980s. Until 1995, victims of Nazi euthanasia and their families were not legally recognized as Nazi victims in Austria. It took decades for an awareness of this group to develop.¹⁵

The establishment of a first memorial site at Hartheim had already begun in the late 1960s. As part of constructing a facility for the disabled at Hartheim by the Upper Austrian State Welfare Society, in 1969 two rooms on the ground floor of the castle—the former admission room and the gas chamber—were furnished as memorials, with the financial support of the State government and the *Denkmalamt* (Heritage Office). Plaques that former prisoners' associations and relatives of the victims of *Sonderbehandlung 14f13* originally had placed in the courtyard were now installed in these rooms. But this did not solve the problem of castle's use as a residence. Also, commemoration still mainly centered on the murdered concentration camp inmates and only marginally included people with disabilities and mental illnesses who had fallen victim to "Aktion T4."¹⁶ Finally, in 1975, the first scientific paper appeared about the Hartheim killing institution, later published in 1978 in slightly abbreviated form. The author—Florian Zehethofer—was a high official in Upper Austrian schools for children with disabilities.¹⁷

A Rocky Path: Establishing the Learning and Memorial Centre

In 1997, after numerous initiatives and failed starts in the 1970s and 1980s, the Province of Upper Austria decided to restore the building and the commemorative rooms. These were to be transformed into a dignified memorial. There were also plans to establish a permanent exhibition. Two

15 Schwanninger, Florian. "Erinnern und Gedenken in Oberösterreich. Eine historische Skizze der Erinnerungskultur für die Opfer des Nationalsozialismus." In: Oberösterreichisches Landesarchiv (ed.), *Mitteilungen des Oberösterreichischen Landesarchivs*, 23. Band, Linz: Oberösterreichisches Landesarchiv, 2013, pp. 171–260, here p. 204.

16 Reese & Kepplinger. "Das Gedenken in Hartheim," p. 535.

17 See Zehethofer, Florian. *Die Abläufe im Schloss Hartheim 1938–1945*. Hausarbeit am Institut für Neuere Geschichte und Zeitgeschichte an der Johannes Kepler Universität, Linz, unpublished manuscript, 1975; see also Zehethofer, Florian. "Das Euthanasieproblem im Dritten Reich am Beispiel Schloss Hartheim (1938–1945)." *Oberösterreichische Heimatblätter*, 32 (1978) 1/2, pp. 46–62.



Hartheim Castle Learning and Memorial Centre, 2003.

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years earlier, an association had been formed for that purpose, bringing together various representatives of public life and politics, from different parties, all of whom advocated the formation of just such a memorial.

To end the long-criticized use of Schloss Hartheim as a residence, a replacement building was constructed for residents in 1999. In spite of similarly favorable conditions in the replacement accommodation, some residents were very reluctant to move out of the castle. At last, in 2003, a special permanent exhibition by the Province of Upper Austria was opened in the renovated castle, titled *Wert des Lebens* (Value of Life). Since 2004, the Schloss Hartheim Learning and Memorial Centre, organized by the Schloss Hartheim Society, has been busy with teaching activities, research and documentation, as well as with preserving and developing the exhibition in Hartheim. The major part of the necessary funding has come from a specially developed foundation and from the Province of Upper Austria.¹⁸

18 Schwanninger. "Erinnern und Gedenken in Oberösterreich," p. 237.



Room *Die Vernunft der Industrie* (The rationality of industry) in the exhibition *Wert des Lebens* (value of life), 2003.

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In preparation for the establishment of the memorial, the *Dokumentationsstelle Hartheim* (Documentation Centre Hartheim) was founded as a research institution. Its mandate is to collect, archive, and provide materials relevant to Hartheim that document the history of the castle as a Nazi euthanasia center from 1940 to 1944, enabling on-site research and studies related to this specific site. A significant responsibility is the *Gedenkbuch Hartheim* (Hartheim Memorial Book) Project, an attempt to record the names of those murdered in Hartheim so that relatives can personally commemorate their lost family members. At the moment, the database includes around 23,000 names of people killed at Hartheim Castle. Over the years, a large collection of documents and information about the perpetrators has been set up. This is flanked by an extensive inventory of biographical material on the murdered patients. Family members as well as researchers have access to these documents.

New ways: Artistic Design and Contemporary Relevance

Two elements of the newly established memorial caused a stir and were vigorously discussed. On one hand, the exhibition does not only deal with the crimes of the Nazi euthanasia program. It also reflects the ambivalence towards enlightenment and modernization as well as the origins of eugenics. A large part of the exhibition also discusses the risks of modern medicine and genetic engineering; ambivalence towards benefits and risks of certain scientific advances to society and the individual; and the situation of disabled people nowadays. On the other hand, the curators and designers took new directions in shaping the memorial. When the Learning and Memorial Centre was originally planned and designed in the 1990s, the lack of historical traces of the euthanasia institution led to a decision in favor of an artistic design for the memorial, as had already been considered in earlier drafts. The few known structural remnants were not to be removed, but they were to be complemented by “an artistic interpretation of the place.” The concept for establishing the Learning and Memorial Centre called for no “reconstructing in the sense of rebuilding formerly existing or presumably existing installations.”¹⁹ “Emptiness” was to be given a central place in the design concept. The goal was not “the reconstruction or reproduction of the facilities, but rather the use of an abstract design to help bring events to mind.”²⁰

A large number of archaeological traces—which came to light in the early reconstruction phase at the end of the 1990s and in the early 2000s in the rooms of the former “killing line” (admission room, gas chamber, technical room, morgue and crematorium room)—led to the adaption of the original vision of how to shape the memorial.²¹ The intention of the scientific management now was to counter the attempt by perpetrators to wipe out all traces of their crime. Structures and artifacts were to be found, made visible and accessible, and thus able to be interpreted.²² “The conflict between historical traces and their archaeological revelation and

19 Reese & Kepplinger. “Das Gedenken in Hartheim,” p. 532.

20 Friedl, Herbert. “Ort des Geschehens—Ort der Erinnerung.” In: “*Wert des Lebens*”: *Gedenken—Lernen—Begreifen. Begleitpublikation zur Ausstellung des Landes OÖ in Schloss Hartheim*. Linz: Trauner, 2003, pp. 155–160, here p. 155.

21 Reese & Kepplinger. “Das Gedenken in Hartheim,” p. 534.

22 *Ibid.*, p. 543.



The former gas chamber with the walkway to the crematorium room (far right in the picture). Right: the door between the gas chamber and the technical room, which was bricked up in 1944/45.

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the following ‘version’ of artistic design”²³ also demanded new solutions, which led to discussions about making the former killing rooms accessible. The decision to build a walkway through the killing rooms and to break through the wall to this end resulted in major interventions in the building structure and was criticized by colleagues of other memorials.²⁴

Although the scientific team that managed the Learning and Memorial Centre tried, it did not succeed in obtaining permanent archaeological assistance and documentation in the castle. “Under time pressure during progressive structural measures,”²⁵ some of which had been ordered by for example the developers, the existing structure was disturbed. It was not always possible to conduct a timely and comprehensive examination and

23 Ibid., p. 536.

24 Ibid., pp. 543–546.

25 Marckhgott, Gerhart & Hartmut Reese. “Spuren des Geschehens: Bauarchäologische Dokumentation für die Jahre 1940–1945.” In: Kepplinger & Marckhgott & Reese (eds.). *Tötungsanstalt Hartheim*, pp. 475–498, here p. 475.

documentation. An additional problem was the identification of overlapping layers from different periods. Due to the structure of the building, the different reconstruction and utilization phases on the ground floor (prior to 1940, 1940–1944, after 1944/45, 1969) were sometimes difficult to separate from each other.²⁶

Buried Evidence: Archaeological Finds as Objects of Research and Museum Presentation

In the fall of 2001, during the moving of a heating system pipe in the course of renovation work at Hartheim, several previously unknown pits on the east side of the *Schloss* building were exposed. The pits contained bone fragments and ashes, numerous objects of daily use, personal belongings of the victims, remnants of technical installations, as well as construction debris.²⁷ This was an unexpected development for those involved in the establishment of the Learning and Memorial Centre; no one had anticipated this let alone thought of conducting a systematic search for hidden traces buried on the site, and there had not yet been any excavations undertaken at the other T4 killing institutions in Germany. Therefore, no one had experience in such a search and in handling either the human remains or the objects found. The exact time when the pits were created cannot be reconstructed with certainty. However, it is likely that this was done when the killing facilities were demolished in the winter of 1944/45.

Those responsible for establishing the Learning and Memorial Centre paid close attention to this newly found material evidence and were deeply concerned about how to treat the human remains. They knew their staff lacked experience in handling such material.

During the excavations, the fundamental question arose of how the area should be handled. The idea of making the site, the pits and perhaps also some of the objects accessible in situ was rejected. According to one position in the discussions, the pits, “their character as waste disposal

26 Ibid.

27 Klimesch, Wolfgang & Markus Rachbauer. “Veritatem dies aperit. Vernichtet—Vergraben—Vergessen. Archäologische Spurensuche in Schloss Hartheim.” In: Kepplinger & Marckhgott & Reese (eds.). *Tötungsanstalt Hartheim*, pp. 499–521, here p. 499.

sites and their hasty creation to hide traces” were “in themselves historical evidence of the crimes.”²⁸ To those responsible, there was no question that the remains of the victims had to be carefully and completely recovered and buried on site in accordance with the law. The site was subsequently dedicated as a cemetery, which also prevented any other use. The Austrian artist Herbert Friedl, who had also created the memorial, designed a tombstone that was erected in the former garden of the castle. It is a cube that rises above a sarcophagus, in which the human remains found in the excavations of 2002 were placed during an ecumenical burial service.²⁹

With regard to the pits, it was decided to excavate the entire site, to produce a photographic and cartographic representation and to recover the objects as completely as possible. To visually represent the original character and the appearance of the pits, at least in part, it was decided to lift in one piece the unexcavated half of a pit with its objects showing in the section, to preserve it and to present it in the exhibition area of the memorial.³⁰ Subsequently, the block was encased in steel and glass by the artistic designer of the memorial to match the exhibition design, and set up at the memorial where a cross and a small altar had been since 1969. This encasement was not without controversy.

The relatively spontaneous decision to display the pit and thus also the personal objects of the murdered victims in that room, where the actual names of the victims were displayed on glass plates along the walls, does produce an especially strong effect. Not least thanks to this combination of “tangible remnants” of the victims’ possessions and the actual names of the victims who had become “intangible” on the glass plates, this room has become a central place of the memorial.³¹ This room also occupies an important position for the educational work undertaken at the site.

From the outset, it seemed clear that the numerous small objects were mostly belongings of the murder victims, including many items related to life in mental institutions and hospitals. There were some objects for disabled persons. The spectrum of the objects ranged from medical aids (false teeth, glasses) to jewelry and religious symbols (brooches, rosaries,

28 Reese & Kepplinger. “Das Gedenken in Hartheim,” p. 540.

29 Klimesch & Rachbauer. “Veritatem dies aperit,” p. 520.

30 Reese & Kepplinger. “Das Gedenken in Hartheim,” p. 540.

31 *Ibid.*, pp. 542–543.



Selection of items that the people murdered at Hartheim had presumably taken along, or which were given to them, as they were taken to the killing institution.

Lern- und Gedenkort Schloss Hartheim

pilgrimage badges, political party and organization badges), also toiletry/ everyday objects such as toothbrushes, combs, cups, spoons, and little bottles.³²

No scientific systematic analysis and evaluation of the finds has been performed so far, and no empirical and quantitative methods have been used; this still must be done in the years to come.

In addition to being displayed on site, the discovered objects have often been on temporary loan to exhibitions in prominent museums in Europe and the USA, such as the Hygiene Museum in Dresden, the United States Holocaust Museum in Washington and the Holocaust Museum in Houston, Texas.

32 Klimesch & Rachbauer. "Veritatem dies aperit," p. 504.

Learning from the Past, Reflecting the Present: Teaching Activities in the Learning and Memorial Centre

The Schloss Hartheim Society, founded in 1995, had the goal of turning Schloss Hartheim exclusively into a place of commemoration and exhibition. Almost from the start, this included the intention of establishing an educational and instructional facility on site. The three basic objectives of the site were identified as commemoration, documentation, and education. This close relationship and the constant exchange were already reflected when the Learning and Memorial Centre was established and opened in 2003. From the beginning, the building included administrative and educational sections as well as the Documentation Centre, which initiated and accompanied the scientific research. The research findings not only form the basis for establishing commemorative processes, but also are “essential for strengthening and further developing educational work.”³³

When the educational programs were designed, attention was paid to providing an action- and participation-oriented program “with the aim of showing Schloss Hartheim as a place of discussion and presentation of social questions pertaining to the value of life and as a place of remembering and commemoration, as a national and international memorial for the victims of Nazi euthanasia.”³⁴

Visitor groups have the opportunity to book guided tours through the Learning and Memorial Center. By default, a tour of the exhibition “Value of Life” and the memorial site is carried out, in which the most important information about the location is provided in one and a half or two hours. Upon request, thematic focal points can be set. Qualified pedagogical staff members carry out the guided tours. In addition to the general guided tours, the Learning and Memorial Centre also offers special placement programs for the “Value of Life” exhibition and the memorial site. These enable the visitors to deal intensively with the topic. At the moment there are five pedagogical programs lasting from two to four hours. Additionally, there are two programs geared toward students in nursing schools and for police cadets.

33 Leitner, Irene. “Schloss Hartheim—ein Lern- und Gedenkort.” In: Dokumentationsarchiv des österreichischen Widerstandes (ed.). *Jahrbuch 2010*, Wien, pp. 118–142, here p. 120.

34 Leitner. “Schloss Hartheim—ein Lern- und Gedenkort,” p. 130.



Visitors group in the castle courtyard
Lern- und Gedenkort Schloss Hartheim

The program for the youngest visitors is called “be equal—be different—be together?” Its focus is on disability today, everyday life and integration as well as equality. For pupils from age 10–14 the program “together—against each other—for each other” is offered. It deals with disabled people today and in the past. These programs are two hours long. Groups of pupils 15-years-old and up can book the program “power of language.” It focuses on language and its aspects and functions today and in the past. Also, for groups from age 15 there is the program “Human breeding as future?” It focuses on current trends in genetics, biotechnology and medicine. The duration is two hours. The fifth program, “Commemorating and reflecting,” is the longest (up to four hours). It focuses on the historical events during the Nazi-period in Hartheim Castle as well as on the memory processes and the development of a culture of remembrance.

The first vocational program in Hartheim (2010) was designed for schools in the health, social and nursing sector and is called *Berufsbild-Menschenbild* (Idea of Man/Idea of Profession). It is a learning and in-depth program developed by the Learning and Memorial Centre together with health care scientist Michael Bossle. Its modules are coupled with a visit to the castle and are conducted after a guided tour by the accompanying

educator. There are five modules: Shame, Closeness and Distance, Power/Powerlessness, Language, and Responsibility. Each 90-minute learning unit aims to strengthen historical knowledge, ethical thinking and acting, and reflect personal as well as professional attitudes. “Methodically and didactically, the learning program is oriented towards self-organized research and associative learning. Historically and professionally, the preparatory tours through the memorial and the *Wert des Lebens* (Value of Life) exhibition provide a well-founded and competent base. Social references are taken into account by means of group exercises and tandem learning (cooperative learning) exercises.”³⁵

The second vocational program was developed in 2016/17 specifically for police academies. The five-hour program was developed in cooperation with the Mauthausen Memorial and teachers from police academies. The analysis of biographies of policemen in the Nazi period leads to an approach to the history of the NS-Euthanasia Institute Hartheim and the police in the Nazi state. It sheds light on political structures and developments, as well as on key points in the lives of victims and perpetrators.

In general, the Learning and Memorial Centre offers the possibility to prepare for the visit. Institutions or individuals may borrow the so-called Outreach-Box before and after visits to Hartheim Castle. It focuses on the history of Hartheim Castle, on biographies of victims of euthanasia and on biographies of disabled people.

In recent years, an increasingly important objective has been to establish an inclusive memorial culture at the learning and memorial site. As is generally the case in museums and exhibitions, while there is generally no lack of interest from people with disabilities, there is a lack of suitable services and access for them. The visit to Hartheim could be used to strengthen their self-confident demand for the right to participate in all areas of life. Inclusive commemoration not only tries to pass on knowledge in a barrier-free manner, but also intends to actively involve people in the process of commemoration and engagement with current topics in the areas of ethics, democracy, and inclusion.

35 Bossle, Michael. “Aus der Geschichte lernen, um Pflege zu verstehen.” *Pflege Professionell—Das Fachmagazin*, 1 (2015), pp. 17–20, here p. 19, <https://pflege-professionell.at/aus-der-geschichte-lernen-um-die-pflege-zu-verstehen>, accessed 10.7.2018.

In recent years, groups of people with cognitive disabilities have occasionally entered the castle. Special programs have been put together for them, mostly in cooperation with the home institutions. Now, however, a standard offer for people with cognitive impairments will be prepared and offered regularly. Also, at the beginning of 2017, a tour brochure for the memorial in Easy Language was presented. Nevertheless, the creation of inclusive educational services will certainly be an important task for the future.

Conclusion

The Learning and Memorial Centre is dedicated to three major tasks and functions. It is a “place of remembrance” and, as such, a place of commemorative remembrance dedicated to the victims of National Socialism as well as a place of reflection and mourning. It provides dignified remembrance of those who were murdered here and is a “place of documentation,” where scholarly work on the historical events in the castle and Nazi-euthanasia in the Austrian territory of the Third Reich is generally carried out and guided, and where relevant material is collected. The documentation center offers counseling for relatives to clarify individual fates and to encourage conversations.

It is a “place of learning” and, as such, a place of educational and extra-curricular pedagogical and educational work with reference to current and present-day disputes about essential socio-political, ethical, and cultural issues and consequences of NS-euthanasia and eugenics.

It has been shown that connecting the historical and current perspectives through the exhibition and memorial opens up access to the mediation work that can be linked to students’ personal experience, as well as to historical backgrounds and causes.

The museum and memorial project in Hartheim Castle sees itself as a contribution to a process of approaching a difficult chapter in Austrian history and at the same time as a contribution to the socio-political debate on the dignity of human life, especially for sick, or disabled individuals who do not fit into past and present standardization and optimization ideas of (parts of) society.

Jan Erik Schulte

Hadamar Memorial Museum— Gedenkstätte Hadamar

Overview

Hadamar Memorial Museum commemorates the victims of the National Socialist “euthanasia” programs, during which an estimated 300,000 people were murdered. The museum is located in the Hessian town of Hadamar, an hour northwest of Frankfurt/Main. Its parent organization is the State Welfare Association of Hessen, the major communal social service institution in the German state of Hessen.

The museum is housed in the former main building of the Hadamar Death Facility, one of the six killing institutions of the National Socialist “euthanasia” program, “T 4.” In this main building, between 1941 and 1945, some 15,000 people were killed.

Since 1908, the area has been used as a psychiatric hospital. Today you will find three institutions on the hospital grounds: a psychiatric hospital, a forensic psychiatric hospital, and the Memorial Museum. One section of the former main building, built in the 1880s, is still used for the treatment of patients.

The Hadamar Memorial Museum consists of a 180 m² permanent exhibition, the former bus garage for the so-called “Grey Buses,” and the original cellar with the former gas chamber, the former dissecting room and the remains of the crematoria. The cellar with its well-preserved rooms is the main exhibit of the Memorial Museum. A cemetery with mass graves, designed as a memorial landscape in the 1960s, can be found only a few steps away on a nearby hill. The Memorial Museum has just begun a complete overhaul of its exhibition and the whole museum, which will triple the display area for the permanent exhibition and add new rooms for administrative and educational purposes.

About 20,000 visitors visit the Hadamar Memorial Museum each year. About two thirds of the visitors request guided tours. Two thirds of these guided tours are for students. From a pedagogical perspective, pupils are

our main group of visitors. In 2017, the museum offered almost 700 guided tours, and answered 450 requests from researchers, local historians and relatives of victims. Up to 220 relatives contact the museum each year. The archives hold approximately 6,000 medical records.

Education

Aside from special exhibitions and various events, ranging from academic lectures to theatrical performances, our educational program consists of two main types of guided tours and seminars:

First, our standard guided tours take three hours. They are small seminars in themselves. Experience has taught us that for groups of students as well as for adults it is highly important to approach the original sites of the cellar carefully and slowly. Encountering the cellar with its former killing facilities is a highly emotional experience for most people.

Of course, it is not our goal to emotionally overwhelm our visitors. We strive for a cognitive and at the same time empathetic approach, which carefully sets out the history of the place with the background of the group's knowledge and experience in mind.

With the help of individual biographies of people who were gassed or who were killed by overdoses, the guides present a variety of individual lives. In this way, the life stories and the suffering of the people are at least to some extent accessible and the dimension of mass murder can at least be sensed. Another attempt to address the individual lives is based on the interpretation of pictures and sketches painted or drawn by patients who were killed in Hadamar. Depending on the level of knowledge and interest of the groups, the biographies of the perpetrators are included.

At the end of each tour, and often right in the middle of it, our guides try to link historical experience with current challenges. This transfer to the present is very important. Students seem to have no hesitation to confront current developments against the background of what they have learned during their visit in Hadamar, e.g. what it means to be different from other people, to be excluded from society or certain peer groups or how to approach people with disabilities.

Our three-hour approach to the memorial site demands a lot from our freelance guides. We have a skeleton guided tour plan. However, guides are asked to work out a more detailed plan on their own. The guides also vary

their approach according to the background of each group. That means that there is no standard tour program. But the process can only work when there is a constant exchange between permanent staff and freelance guides—including an elaborate interview process, permanent monitoring and two specific training days each year.

Three-hour tours are also conducted in easy-to-understand language.

Secondly, our six-hour seminars include some of the aforementioned approaches but are focused on certain topics like biographies of perpetrators or the intellectual history of the killing of so-called unworthy lives. Also, some of our seminars address broader issues, such as medical ethics, pre-implementation diagnostics, or medical assisted suicide. Some of these thematic seminars are requested by physicians or groups of training nurses. Six-hour seminars are open to adults and students.

Thomas Lutz

Mass Murder of People with Disabilities and the Holocaust

Some Remarks

Achievements of the Conference

The International Conference “Mass Murder of People with Disabilities and the Holocaust” was an important step forward in several respects:

1. For the International Holocaust Remembrance Alliance: This special complex of mass murder during the German National Socialist Regime emphasized in a very specific way that the Holocaust—the mass murder of the Jews in Europe—is not understandable outside the context of other complexes of mass murder of specifically identified populations whom the National Socialists considered unfit to be a part of “Aryan” society.

No doubt, from the beginning the “Jewish-Bolshevist” enemy was at the core of Nazi ideology and action. Early concentration camps for political opponents and the boycott of Jewish shops in April 1933 have underscored the core groups targeted for ostracism, persecution and, ultimately, murder.

At least those who could renounce their political opinions could survive. Members of other groups defined by Nazi ideology and laws in a specific matter had no chance to escape persecution.

Some of these groups consisted of people who had disabilities—or were considered to be—handicapped and ill. We know that the NS-government saw illnesses as hereditary—and sometimes transmitted socially—which is unscientific and is not accepted today. Nevertheless, people with disabilities were early targets as the NS-regime started to enlarge the scope of groups that should not be part of “Aryan” society. With the introduction of the “Law on the prevention of hereditary offspring” in July 1933, more than 350,000 German citizens were forcibly sterilized.

2. Another typical development of the system of persecution can be seen in the following example: If a state—in this case Germany—moves onto a slippery slope the measures will become stronger and enlarged. Not only were people with disabilities forcibly sterilized, people who supposedly did not fit into Nazi-society—like Sinti—were also subjected to forced sterilization. Later, in the shadow of the war, the NS-Regime started to exterminate these groups—first in gas chambers and in a second period using starvation, overdoses of pharmaceuticals, starvation or maltreatment. The murder action was extended to other groups. Jewish hospital patients were in the greatest danger. Concentration camps were combed through, and persons who were unable to work were also killed under a special “euthanasia” program called “14f13.” At the end of the war patients in mental hospitals were simply murdered because the clinic was needed for wounded soldiers and other German citizens.
3. The conference showed in a very clear way that “euthanasia” did not only take place in Germany, but also in many occupied countries. Research in the last two decades has shown that the number of victims of this Nazi killing complex is much larger than previously known. At the beginning of the movement to deal with “deadly medicine” in Germany about 35 years ago, it was thought that 70,000 people were killed during “Aktion T4” and that all together 200,000 were murdered in the second phase of killings, which continued through May 1945. Much more research is needed about historical developments in occupied countries, especially in the East. Nevertheless, the assumption now is that up to 400,000 people were killed in this context.
4. The National Socialist regime did not initially know how to handle the groups whom their ideology identified as incompatible with “Aryan” society. The development that ended in Auschwitz was a long train of measures of increasing ostracism and persecution. Henry Friedlander’s book, “The Origins of Nazi Genocide: From Euthanasia to the Final Solution,”¹ made this historical connection clear. The method of outlawing and at the end homicide of large groups of people had been tried, the personnel had been trained and society’s acceptance had been tested.

1 Friedlander, Henry. *The Origins of Nazi Genocide: From Euthanasia to the Final Solution*. Chapel Hill/London: The University of North Carolina Press, 1995.

5. The complex of the selection of people with disabilities had a mass murderous impact in the domain of the German Reich. But among psychiatrists and physicians all over the world, similar concepts were advanced—fortunately not with the same result. That is why a specific look needs to be taken at this specific system of persecution during the Nazi-period in Germany, why staff members of the medical care system were willing to commit these crimes, and their individual responsibility. The Nazi Reich was so efficient because most of the professions—including the sciences—supported it or at least did not protest.

Dealing with the Aftermath of the “Euthanasia” Program, and Education in Germany

No one survived the gas chambers of “Aktion T4.” There are no eyewitnesses to give testimony. But many victims of forced sterilization did survive the Nazi regime. For them, it was not only the forced surgery that had painful physical and mental consequences. Many survivors also suffered from being unable to have biological children and to establish families. Furthermore, the way the social welfare administration and society treated them was very discriminatory. Those affected were generally unable to fight for their rights. Some reported that they felt they were being persecuted for a second time.

One reason why this complex of Nazi crimes was so repressed in post-war Germany might be that every family could have been affected. The war did not change the general attitude that disabled people were undesirable. After the liberation, the topic was taboo and in families no one spoke about the uncle or aunt etc. who had been killed during the “euthanasia” program. This silence had a great impact on the suppression of the history.

At the end of the 1970s many students or staff in the field of medicine, psychiatry, hospitals and social work started to rediscover the history of forced sterilization, mass murder by gas and deliberate abuse of medicine. The first post-war generation demanded societal acknowledgment and financial restitution for the survivors more than three decades after the end of the Nazi regime. But even then, politics on every level refused—especially restitution. It took many years before at least a small financial compensation was made to survivors, and “euthanasia” was officially acknowledged as a Nazi crime.

In November 1983, the first historical exhibition opened in Hadamar, one of the six T4 killing centers in the German Reich (including Hartheim in Austria). At that time, there had not been any contact with friends or relatives of victims. This has changed over the decades. Increasingly, in families the fate of “euthanasia” victims was passed on to the next generation to grapple with. More and more concerned people have sought connections with the memorial museums in order to get information about lost family or friends, e.g. these museums fulfill—besides historical educational tasks—also social-psychological ones. For example, at the 35th anniversary of the Hadamar memorial museum last November, more than 20 relatives of victims participated. They were welcomed by the institution, the mayor of Hadamar and the representative of the welfare organization, which today runs the psychiatric hospital.

All six memorial museums that exist today on the sites of the former “euthanasia” clinics now have exhibitions explaining the history of the site, the fate of victims and the lives of the perpetrators. Normally it took about 100 people to run one killing institution. Staff from the public health care system, psychiatrists who screened victims, nurses, drivers, conductors, policemen, a doctor who opens the monoxide gas bottles and an SS man who burns the corpses.

In the educational program for this kind of memorial museum, programs are designed for all kind of personnel in the field of medicine, as well as for general groups, school classes and others. The programs provide insight into this aspect of Nazi history, a complex of Nazi crimes that has gained more public interest. The confrontation with this history often evokes current and very personal questions: experiences of people with disabilities, abortion, eugenics or medically assisted suicide. In Germany, the confrontation with the Nazi “euthanasia” program has a great deal of impact on the legislative process today and on the discussion about ethical standards in medicine. The reason why Germany is quite conservative in this matter, and is reluctant to carry out research on eugenics, is based partly on this history. And the reservation in Germany—as opposed to Switzerland or the Netherlands—against medically assisted suicide has its origin in this connection to the past, too. Through studying this field of Nazi crimes, it becomes clear that our health care system must be observed with critical distance. One could see how dangerous it is to enter onto the slippery slope, especially if the value of human life is measured in terms of cost, and ethical principles fall by the wayside.

The international conference about “Mass Murder of People with Disabilities and the Holocaust” has added new aspects to the understanding of the Holocaust and has provided an opportunity to pose self-critical questions—about personal values, and about the public health system.

Otto Rühl

Educating About the Mass Murder of People with Disabilities

In the IHRA Guidelines, “What to teach about the Holocaust?” we tell educators to “*provide context for the events of the Holocaust by including information about antisemitism.*” After all, the Holocaust did not start in Auschwitz. So when we speak of the mass murder of people with disabilities, we also have to remember that this murder did not start at Tiergartenstraße 4, the address associated with “Aktion T4.”

But when did it start? That question might best be answered by involving both a history teacher and a biology teacher. Nazi propaganda asserted time and again that the killing of people with disabilities was a “natural” consequence of scientific discoveries of the nineteenth and twentieth centuries.

Many history teachers would probably start with Charles Darwin, but this might be seen as problematic as most biology teachers would not like the idea of a link between Darwin and Hitler. In a German book preparing students for their final exam—“Der große Abi-Check”¹—it is stressed that Hitler “distorts” the ideas of Darwin by applying the latter’s theories about animals to human beings. But this German book seems to forget Darwin’s “The Descent of Man” from 1871, in which Darwin very clearly talks about “human beings.”

In the last twenty years, two books came out on this subject: André Pichot’s “La Société pure de Darwin à Hitler” (The Pure Society from Darwin to Hitler) in 2001 and Richard Weikart’s “From Darwin to Hitler: Evolutionary Ethic, Eugenics, and Racism in Germany” in 2004. Both books have received a great deal of criticism. Let me quote Simon Underdown, Principal Lecturer in Biological Anthropology at Oxford Brookes University, who in the Times Higher Education supplement wrote: “The

1 *Der große Abi-Check Geschichte. Prüfungswissen auf einen Blick: aufschlagen—draufhaben.* Stuttgart: Pons, 2016.

theory of evolution by natural selection has only ever been a scientific idea and has never been a guide for how society should organize and conduct itself.”²

It is important to teach about Herbert Spencer, too. He is the philosopher who first used the expression “survival of the fittest.”

Sir Francis Galton, a cousin of Darwin, is more interesting when we teach about the background of eugenic ideas as the basis of T4. Galton was very worried about so-called degeneration. When discussing this idea with students, you could invite teachers of philosophy and literature to participate. It seems that not only Galton but also many thinkers and authors around 1900 feared “degeneration.” They felt that well-educated people had too few children and poor and non-educated people too many. According to these people, something had to stop this development. Galton, in 1883, created the term “eugenic”—the knowledge about how to create “good, healthy people.”³

Every year Danish high school students have to do a project about a topic chosen by the Ministry of Education. In 2010 it was “Videnskabelige gennembrud og teknologiske landvindinger 1851–1914” (“Scientific Breakthroughs and Technological Achievements 1851–1914”). The students had to work with the topic in two different subjects. Many of my students decided to work with “racial hygiene,” a term first used in 1895 by the German eugenicist, Alfred Ploetz.⁴

This led to interesting discussions as some of my colleagues found it strange to view eugenics as a “scientific breakthrough,” since this topic had caused so much suffering. But in the late nineteenth century it was seen as a very positive “breakthrough,” and in many countries scientists started working in this field.

What these scientists worked on was the idea of improving the human genome. This was to be done by stimulating people with good genes to have more children (positive eugenics) and preventing people with bad genes from having children at all (negative eugenics). Eugenicists in the

2 <https://www.timeshighereducation.com/books/the-pure-society-from-darwin-to-hitler/407908.article>, accessed 10.6.2018.

3 Sørensen, Annette B. et al. *Genetik Grundbog*. Systime: Aarhus, 2002.

4 Klee, Ernst. “Euthanasie” im NS-Staat. Die “Vernichtung lebensunwerten Lebens.” Frankfurt a.M.: S. Fischer, 1983, pp. 17–18. Koch, Lene. *Racehygiejne i Danmark 1920–56*. København: Gyldendal, 1996, p. 135.

United States, Germany and in Scandinavia devoted most of their work to promoting the implementation of negative eugenics.

As in many countries, students in Denmark work with primary sources. An important source for the topic of eugenics as the basis for T4 is a book written in 1920 by the Danish minister from the Social Democrats, K.K. Steincke. The book is entitled “Fremtidens Forsørgelsesvæsen” (“The Future of Social Welfare”).⁵ A famous quote from this book is the idea that “*The State should treat the ‘nobody’ with care and love; only we shall forbid him to reproduce.*” For Steincke, twice a minister of justice and once a minister of social affairs, this was a very logical attitude. As he later wrote, “In reality the idea of eugenics is an obvious conclusion: Every breeder of animals, every gardener, yes, even the ordinary farmer takes for granted that you only can get healthy offspring or normal crops when you push the bad specimen of the race out and for the breeding only use the strongest, the ones with the most wanted characteristics.”⁶

Also in 1920, another book, “Die Freigabe der Vernichtung lebensunwerten Lebens” (“The Legalization of Destruction of Unworthy Lives”), published by Karl Binding and Alfred Hoche, played an important role in Germany.⁷ Binding, who had a doctorate in law, gave legal arguments for the state’s right to kill “unworthy” lives, while Hoche, a doctor of medicine, proposed a medical argument for this “right.” According to my German colleagues, they refer to the source M3 in Jens Müller-Kent’s “Arbeitsblätter Bioethik”⁸—“Kein Lebensrecht für Ballastexistenzen” (“No rights to live for ‘Ballast-characters’”), but it is also easy to find excerpts from the book by Binding and Hoche on the Internet.⁹

Many Danish students are surprised by reading Steinckes’ words about the “nobody,” especially when they are asked to compare this with Hitler’s

5 Karl Kristian Steincke. *Fremtidens Forsørgelsesvæsen: Oversigt over og Kritik af den samlede Forsørgelseslovgivning samt Betænkning og motiverede Forslag til en systematisk Nyordning*, Bind 1. København: Schultz, 1920.

6 Steincke. *Fremtidens Forsørgelsesvæsen*, pp. 237–38.

7 Binding, Karl & Alfred Hoche. *Die Freigabe der Vernichtung lebensunwerten Lebens. Ihr Maß und ihre Form*. Leipzig: Felix Meiner, 1920.

8 Müller-Kent, Jens. *Arbeitsblätter Bioethik—Schöpfer Mensch: Gentechnik und Eugenik—Transplantation—Reproduktionsmedizin—Euthanasie*. Stuttgart: Ernst Klett, 1999, p. 56.

9 In English speaking countries you can find it in Hochstadt, Steve (ed.). *Sources on the Holocaust*. Basingstoke/Hampshire: Palgrave Macmillan, 2004.

words in “Mein Kampf”: “Der Staat hat, was irgendwie ersichtlich krank und erblich belastet und damit weiter belastend ist, zeugungsunfähig zu erklären und dies auch praktisch durchzusetzen” (“The State has to declare those who are clearly sick and afflicted with a hereditary taint and continue to be so as unfit to reproduce and must implement this into practice.”)

In 1929, even before Hitler came to power in Germany, Denmark had introduced a sterilization law. This law allowed for voluntary sterilization. However, in 1934, a new law was passed that called for forced sterilization for the “mentally handicapped.”

Hitler acted quickly after his rise to power in January 1933. On July 14, 1933, the “Gesetz zur Verhütung erbkranken Nachwuchses” (“Law to prevent hereditary diseased descendants”) was adopted.¹⁰

Teaching about eugenics may lead to interesting discussions in biology and religion/ethics classes. One such question is: What are we doing today? A Danish textbook called “Introduction to Genetics” makes it clear that “*the idea of improving the human genome hasn’t disappeared but the methods for doing so have changed. Today you use the new, bio-technological techniques.*”¹¹

From Sterilization to Killing

How does one teach about the transition from sterilization to the killing of the disabled? Once again we will have the debate about the use or misuse of Charles Darwin’s ideas. One of the people who made Darwin’s book known in Germany was Ernst Haeckel. In 1904 he wrote “*Die Lebenswunder. Gemeinverständliche Studien über Biologische Philosophie*”¹² (“The Wonder of Life”) in which he argued for euthanasia (in German you have an extract in Müller-Kent M 2: “Ein Akt des Mitleids und der Vernunft” (“An act of compassion and sanity”). In this book, students will find the three arguments “of compassion and sanity”: How terrible it must be for these individuals—how much sadness for the families—and “what loss of private and public money.”

10 Klee. “Euthanasie” im NS-Staat, pp. 36–37.

11 Sørensen. *Genetik Grundbog*, p. 232.

12 Haeckel, Ernst. *Die Lebenswunder. Gemeinverständliche Studien über Biologische Philosophie*. Leipzig: Alfred Kröner, 1904.

As previously stated, Binding's and Hoche's 1920 work opened up the idea of eliminating "unworthy lives." In a 1929 speech at the Nazi Party Convention in Nuremberg, Hitler argued that "if one million children were born in Germany and 700,000 to 800,000 of the weakest were killed, this probably, in the end, would mean an even stronger Germany. The most dangerous fact is that we even refrain from doing the natural selection process (by taking care of the sick and weak people). The clearest racial state in history, Sparta, systematically carried out these racial laws"—here taken from Jens Müller-Kent's Source M4—"Beseitigung der Schwächsten" ("The removal of the weakest").¹³ Four years before he came to power, Hitler clearly made a connection between eugenics and the killing of sick and weak people—and used Sparta as an example. Many students will have learned about ancient Greece and Athens and Sparta—you could even discuss the name Sparta, which is used for many sport clubs.¹⁴

Nazi propaganda during the 1930s told the German people that people with disabilities were "a burden" on the population. When teaching about this period, the use of posters was essential. Posters were used to "educate" the public to see other people as a burden.

Propaganda posters preparing Germans for the killing of the disabled

Conflating so-called natural law with Nazi racial ideology, Germans were encouraged to be humane and give mentally and physically handicapped people a painless deathblow. Often working with this topic in religion classes today, it is interesting to see the use of Matthew 5:3 in this context: "Blessed are the poor in spirit, for theirs is the kingdom of heaven." According to the SS, "no one would use the first part of that quote to argue

13 Müller-Kent, Jens. *Arbeitsblätter Bioethik—Schöpfer Mensch: Gentechnik und Eugenik—Transplantation—Reproduktionsmedizin—Euthanasie. (Workbook for Bioethics)*. Stuttgart: Klett, 1999, p. 57; quoted from the talk of Hitler on the Nuremberg Party Rally of 1929, see Nowak, Kurt. "Euthanasie" und Sterilisierung im "Dritten Reich." Göttingen: Vandenhoeck & Ruprecht, 1984, p. 63.

14 SV Sparta Lichtenberg 1911 and others, <http://www.sv-sparta.de/>, accessed 10.6.2018.



This poster is probably from 1938 and reads “60,000 Reichsmark is what this person suffering from a hereditary defect costs the national community during his lifetime. Fellow citizen, that is your money too. Read ‘New People,’ the monthly magazine of the Bureau for Race Politics of the NSDAP.”

Deutsches Historisches Museum (Nr. 1988/1284)

for human right for idiots but the second part, ‘theirs is the kingdom in heaven,’ will find no argument.”¹⁵

Hitler’s written authorization from the end of October 1939 to the chief of the “Chancellery of the Führer” Philipp Bouhler and Hitler’s personal physician Karl Brandt (backdated to September 1, 1939) gave certain doctors the right to afford “incurably sick a merciful death” (“Gnadentod”). The “euthanasia” process had begun.

Yet using the term “euthanasia” is very problematic. As Dr. Filip Marcinowski stressed at the IHRA conference in Bern 2017,¹⁶ the term “euthanasia” should not be used in connection with the killing of the disabled in Nazi Germany. “Euthanasia” in Greek means “a good death.” What happened in Germany and other countries had nothing to do with “euthanasia.” Of course, in education you will often have a debate about what is now going on in Belgium, Luxembourg, the Netherlands,

15 Das Schwarze Korps, 18. März 1937, p. 9; see also <https://www.t4-denkmal.de/Rassenhygiene-im-Nationalsozialismus>, accessed May, 6 2018.

16 See the contribution by Tadeusz Nasierowski & Filip Marcinowski.

Switzerland, and the states of Oregon and Washington in the United States where “voluntary euthanasia” is currently legal.

Reading the sources in Müller-Kent, Hitler’s order to Bouhler and Brandt seems to be followed by a law about euthanasia for incurably sick people, “Das Gesetz über die Sterbehilfe bei unheilbar Kranken.”¹⁷

An exciting and futile exercise for students could be to ask them to find this law. They will figure out that this law does not exist! In a note, Müller-Kent explains that a law was drafted because many of the perpetrators demanded to have legal authority for their action.¹⁸ Now the document you see becomes even more interesting because on the letter from Hitler you have a handwritten note from Minister of Justice Franz Gürtner. It states that Bouhler had given him this document. In his book “Euthanasie’ im NS-Staat,” Ernst Klee explains that in 1940, Hans Lammers, Chief of the Reich Chancellery, made it clear to Gürtner that “Hitler had refused to make a law.”¹⁹ In August 1940 a draft law was made, yet Hitler refused to enact it.²⁰

When examining the killing process, you can find many sources of historical information at memorial sites and in textbooks for high school students. In a Danish textbook about the Holocaust, you will find a text from *Steve Hochstadt’s “Sources on the Holocaust”* about a meeting with German mayors and the organizer of “Aktion T4,” Viktor Brack. Brack informed the mayors openly about what was happening. The mayor of Plauen, Eugen Wörner, wrote his own report and you can find it, in German, in Götz Aly’s article, “Medizin gegen Unbrauchbare.”²¹

The Protests of the Churches

The mass killing of the disabled in German cities could not be kept secret. It is interesting to see that the protests against these killings came predominantly from the churches. This can be examined in both history and

17 Müller-Kent. *Arbeitsblätter Bioethik*, p. 58. See also <http://www.wernerschell.de/Rechtsalmanach/Heilkunde/sterbehilfe/euthanasiesgesetz.php>.

18 Müller-Kent. *Arbeitsblätter Bioethik*, p. 91.

19 Klee. “Euthanasie” im NS-Staat, p. 215.

20 Ibid., p. 241.

21 Aly, Götz. “Medizin gegen Unbrauchbare.” *Beiträge zur nationalsozialistischen Gesundheits- und Sozialpolitik*, 1 (1984), pp. 9–74.

religion classes. Since the mass killings started in Grafeneck in Württemberg, Germany, it is no surprise that we find the protest letter of Theofil Wurm, Bishop of Württemberg, as one of the first sources in many textbooks. On July 19, 1940, he wrote to Minister of the Interior Wilhelm Frick to protest the killings at Grafeneck.²² From this text it is clear that the murders in Grafeneck very quickly became known among the population. The most famous protest came from Clemens August Graf von Galen, the Catholic Bishop of *Münster*.²³

In Austria, Bishop Michael Memelauer held a sermon against the killing of the disabled in Sankt Poelten, Lower Austria, on December 31, 1941.²⁴

It can be interesting to discuss with students why priests like Theofil Wurm, von Galen and others protested. It can also be worthwhile to discover why the Gestapo left von Galen unharmed while they arrested and then beheaded three parish priests who had distributed his sermon. Was it because they wanted to avoid turning him into a martyr? After the war, in February 1946, von Galen was appointed a cardinal by Pope Pius XII. Pope Benedict XVI beatified him in 2005.

Teaching at the Sites

The Education Working Group of the International Holocaust Remembrance Alliance (IHRA) has been discussing teaching the Holocaust at authentic sites for years, and has crafted guidelines and recommendations for these visits. When you educate about the mass murder of people with

22 See in German, Müller-Kent. *Arbeitsblätter Bioethik*, p. 60; in English <https://en.evangelischer-widerstand.de/html/view.php?type=dokument&id=556&l=en>, accessed 6.6.2018.

23 In German, you can find his sermon from August 1941 in Müller-Kent. *Arbeitsblätter Bioethik*, p. 59; in English <http://www.historyplace.com/speeches/galen.htm>, accessed 6.6.2018.

24 A publication deals with this, though it is in German only: "Vor unserem Herrgott gibt es kein unwertes Leben." Die Predigt von Diözesanbischof Michael Memelauer bei der Silvesterandacht am 31. Dezember 1941 im Dom zu St. Pölten, ed. by Dokumentationsarchiv des österreichischen Widerstandes/Diözesanarchiv St. Pölten, St. Pölten 2017, http://www.doew.at/cms/download/epr0k/Memelauer_Silvesterpredigt.pdf, accessed 9.7.2018.



Danish students at the T4 Memorial in 2018

Photo Loei Mohamad Issa

disabilities, excursions to the sites should be made whenever possible. In this book, you can read about education at the Hartheim Memorial Site in the article by Florian Schwanninger.

Since many European students visit Berlin, they can visit the “Gedenk- und Informationsort für die Opfer der Nationalsozialistischen ‘Euthanasie’-Morde” (Memorial to the Victims of National Socialist “Euthanasia” Killings) at Tiergartenstraße 4, which opened on September 4, 2014.

There they can learn how the ideas of people such as Binding and Hoche ultimately led to the mass killings and, first and foremost, they can learn the stories of the victims. But many students will also want to learn about the perpetrators: Who were they; how could they do it; and how could many of them continue to work as doctors after the war? In 2012, I was confronted with the very same questions while visiting the exhibition “In memory of the children—Pediatricians and crimes against children in the Nazi period” at the “Topography of Terror Documentation Center” in Berlin.²⁵

For years educators at IHRA have discussed the use of movies in Holocaust education. We all know how great the influence of films like

25 <https://www.topographie.de/en/exhibitions/special-exhibitions/>.



Studying the text about Bishop
Graf von Galen

Photo Loei Mohamad Issa

“Schindler’s List,” “The Pianist,” “The Island in Bird Street” and now “Son of Saul” can be of interest in the Holocaust, especially concerning the study of ghettos and death camps. Now, since September 2016, we also have the movie “Nebel im August” (“Fog in August”),²⁶ which illustrates many of the problems students will discuss in lessons about the “euthanasia” process.

The first interesting situation you can discuss with students is the scene where the director of the psychiatric hospital tells the nurse and the nursing aide that “T4 has finally stopped”: “Die grauen Busse waren zu auffällig” (“The grey buses were too obvious; everybody knew what was going on.”) Yes, T4 stopped, but only because now the killing was to be decentralized.

Another scene to discuss concerns the words of the director: “Die meisten Eltern sind froh” (“Most parents are happy [with ‘the solution’].”) If one visits the memorial at T4, one will see a picture of the book “Das

26 <https://www.crew-united.com/de/projekte/displayProjectdata.asp?IDPD=186094>, accessed 21.1.2019.



Students at the T4-Memorial
in Berlin

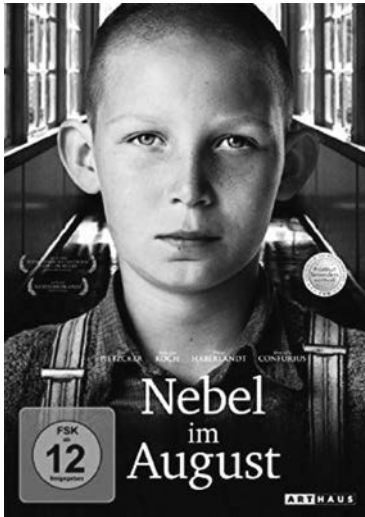
Photo Loei Mohamad Issa

Problem der Abkürzung ‘lebensunwerten’ Lebens”²⁷ (“The Problem of Shortening the Lives of ‘the Unworthy’”) by Ewald Meltzer. Meltzer tells us that three quarters of the parents of patients in his institution would have agreed to a painless shortening of the lives of their children—and this book was published in 1925.

The movie also has a scene in which Sister Sophia is talking to her bishop. He tells her that the Christian church survived for 2,000 years, so it will also survive the Nazi regime. He will, however, inform the cardinal who will inform the Pope, who may not protest loudly “but works on the inner lines.” This can lead to a discussion of the debate about Pius XII and the Holocaust.

The film also deals with so-called mercy killing. The new, younger nurse, who is absolutely ready to poison children, explains this to the main character, Ernst Lossa, with an image from nature. In nature you have to help an injured animal by giving it a merciful death, so Ernst should understand that this is what she is doing: simply being merciful.

27 Meltzer, Ewald. *Das Problem der Abkürzung “lebensunwerten” Lebens*. Halle: Carl Marhold Verlagsbuchhandlung, 1925.



Teaching with a Movie:
“Nebel im August”

In a meeting in Berlin, the directors of the institutions are told that “Es muss wieder mehr gestorben werden” (“People again have to die in a higher number”), and so the terrible process of starving the patients to death starts. Starvation is described as being the cheapest way of killing. At the conclusion of the film, it would be beneficial to discuss the following questions with students: Why did the killing continue for 56 days after the capitulation? Why was the doctor and director of the Heil- und Pflegeanstalt (psychiatric hospital) Kaufbeuren, Dr. Valentin Faltlhauser, who was responsible for hundreds of murders under “Aktion T4,” only sentenced to three years in prison?

In the Austrian film “Meine Schwester Irma. Ein Opfer der ‘Kinder-Euthanasie’” (“My Sister Irma. A victim of the ‘Children Euthanasia’”) Antje Kosemund tells the story of her sister, Irma, who was brought to Vienna from Hamburg and was killed in 1944 in the children’s ward at Spiegelgrund.²⁸

Teaching the Consequences

28 See <https://www.youtube.com/watch?v=FXXN6Q5w2Fo>, accessed 6.6.2018. To Spiegelgrund see <http://gedenkstaettesteinhof.at/en/exhibition/steinhof-vienna>, accessed 9.7.2018.

Teaching about the killing of the disabled must lead to a debate about the consequences of such actions. As we know, the leading figures behind “Aktion T4” learned how to kill with gas and then worked with the “Einsatzgruppen” in the USSR and later in the death camps established by Germans in Poland. The idea that not all humans are equal and that some have no right to live also led to the misuse of prisoners in medical tests performed in concentration camps. Teaching about the discrimination against and mass murder of people with disabilities is necessary in order to understand what happened later.

Links for further information

<https://www.folkedrab.dk/artikler/sterilisation-og-eutanasi> (Danish website about sterilization and Euthanasia)

<http://www.levandehistoria.se/fakta-fordjupning/rasism-intolerans/rasbiologi> (Swedish website about race biology)

http://www.levandehistoria.se/sites/default/files/material_file/aktion-t4-utställning-151127.pdf (The Swedish exhibition on “Action T4”)

https://www.topographie.de/fileadmin/topographie/public/pdf/Tiergartenstrasse_4_Wanderausstellung_Expose.pdf (About the exhibition in Tiergartenstraße 4)

<https://www.ushmm.org/exhibition/deadly-medicine/narrative/> (The US Holocaust Memorial Museum about “Deadly Medicine”)

<http://www.wernerschell.de/Rechtsalmanach/Heilkunde/sterbehilfe/euthanasiegesetz.php> (The law that was never passed)

<http://www.ns-archiv.de/medizin/euthanasie/befehl.php> (Hitler’s order to Bouhler and Brandt)

<http://www.historyplace.com/speeches/galen.htm> (The protest of von Galen)

<https://en.evangelischer-widerstand.de/html/view.php?type=dokument&id=556&l=en> (Wurm’s protest against the killings)

http://www.deutschlandfunk.de/zoegerlicher-protest-die-kirchen-und-das-ns.886.de.html?dram:article_id=328071 (Article about the protests from the churches)

<https://www.staff.uni-marburg.de/~rohrmann/Literatur/binding.html> (The book by Karl Binding and Alfred Hoche)

David Silberklang

Yad Vashem, Holocaust Education, and Education on the Murder of People with Disabilities

Yad Vashem's educational approach both distinguishes clearly between the murder of the Jews, which the Nazis referred to as "The Final Solution to the Jewish Question," and the murder of people with disabilities, or *Euthanasie* according to the Nazis, and sees the ideological and historical connections between these two programs. The subject of Nazi Germany's murder of people with disabilities is present in much of Yad Vashem's educational activity regarding the Holocaust. In discussions of Nazi ideology and Nazi policies regarding Jews and regarding people with disabilities, it is clear that one mindset and one ideology stood behind both. "Operation T4" and related murders and the "Final Solution" are clearly connected, while at the same time they are clearly distinct from each other. The centrality of each to the Nazi regime was different, and the regime had different emphases and different reasons for reaching its murderous conclusions in these cases. Whereas the Nazi regime viewed people with severe psychiatric or physical disabilities as being a genetic burden on the "Aryan race," a financial burden on society, and living miserable lives unworthy of living, the regime identified the Jews as posing an existential threat of cosmic proportions to Germany and the world. All of this is part of Yad Vashem's educational activity.

I would like to address first Yad Vashem's educational activity with teachers and with medical students, and then take a brief look at this subject in Israeli education in general.

Although "Operation T4" and the murder of people with disabilities is not Yad Vashem's central subject, it is part of the 70 teacher training seminars conducted by Yad Vashem in numerous languages each year for teachers from all over the world. Most of these seminars are two weeks long. This murder is addressed both in its own right and as part of the development of the "Final Solution." There also have been follow-up programs on this subject for teacher training seminar graduates, such as one at Hartheim for Portuguese teachers. Yad Vashem has also conducted follow-up

enrichment programs at Bernburg in Germany, where there is still a functioning hospital that stands alongside a memorial site. So we have a hospital and a killing site standing next to each other, and this poignant juxtaposition alone raises questions and challenges.

The approach in educating on this subject is to address the fact that there was ideologically based racial killing not only of the so-called “enemy,” the Jews, but also within the group, so to speak. The fact that the overwhelming majority of the people with disabilities who were murdered were “Aryans” and were not murdered because the regime sensed a direct threat from them is both striking and deeply disturbing. This raises various questions and challenges not only in history, but also and perhaps especially in the areas of civics and societal ethics and morals. The study of the subject raises fundamental questions for society. Indeed, we might ask ourselves in almost any society how much most of us actually see these people with disabilities, and how we deal with them.

The subject of the murder of people with disabilities often touches a particularly sensitive nerve in our seminars for Arab teachers, as reported by the now retired former director of these seminars and many of the staff. The relatively high incidence of genetic issues among Israeli Arabs, in part due to widespread marrying among cousins, seems to be a significant factor in this. A Nazi policy that is also connected to the Holocaust yet seems far away in time and place seems suddenly present in their own lives.

The murder of people with disabilities is also an integral part of a course on Nazi Germany and medical ethics developed by Yad Vashem’s International School for Holocaust Studies and professors at the Hebrew University—Hadassah Hospital Medical School. The course is taught jointly by Yad Vashem experts on the Holocaust and medical school professors. The starting point is scientific and medical, but the fact that the physicians and scientists in Nazi Germany saw themselves as all-knowing masters of life and death who defined life itself and arrogated to themselves the determination of whose life is unworthy of living raises numerous moral and ethical questions in medicine and science. The course has been extremely popular among both the medical students and the professors, perhaps because it is so challenging.

The subject of the murder of people with disabilities is also regularly one of the subjects at the annual conference on medicine and the Shoah held at Western Galilee Medical Center in Nahariya in May. Professor Shaul

Shasha created this annual conference at the beginning of this century precisely in order to address medical ethics issues such as this.

The murder of people with disabilities in Nazi Germany is also a subject in Holocaust textbooks in Israel and is part of the curriculum, although it is addressed to a limited degree in this context. Some teachers expand on the subject during the thirty-hour Holocaust course in high school. And, as noted above, the subject is also part of our teachertraining seminars for Israeli teachers, of course.

Finally, I should point to our online materials that relate to the subject, including online lectures and programs on Nazi ideology. Here, too, the murder of people with disabilities and the reasons behind it are addressed within the broader contexts of ideology and the perspectives of the time, as part of the development toward the “Final Solution,” and as a distinct policy of Nazi Germany that was also clearly different from the Nazis’ ideological perspective and policies regarding the Jews.

Authors

REGULA ARGAST is lecturer in History at the Berne University of Education (Pädagogische Hochschule Bern). She received her PhD from the University of Zurich in 2005. Her research focuses on the history of citizenship and migration, and on the history of eugenics and genetics in Switzerland from a transnational perspective.

BRIGITTE BAILER, born 1952, historian, since 1979 research fellow, 2004–2014 academic director of the Documentation Center of Austrian Resistance in Vienna, lecturer at the University of Vienna for Contemporary History, 1998–2003 vice chair of the Austrian Historical Commission for research on “Looting of property in the territory of the Republic of Austria in the Nazi era and acts of restitution and/or compensation (including economic and social benefits) by the Republic of Austria after 1945”. Member of the Austrian delegation to the IHRA. Research topics: resistance and persecution in Austria 1938–1945, restitution and indemnification for victims of National Socialism, right wing extremism in Austria with focus on holocaust denial.

YEHUDA BAUER, born 1926, was born in Prague and emigrated to Palestine in March 1939. He studied in Cardiff, Wales, and received a B.A. Hon, 1st Class, followed by his PhD in 1950 from the Hebrew University Jerusalem. From 1968–1996 he worked at the Institute of Contemporary Jewry (ICJ) at Hebrew University, Jerusalem; from 1973–1975 as Head of Holocaust Studies at the ICJ, and from 1977–1979 as Head of the ICJ. He was founding Chair of the Vidal Sassoon Center for the Study of Antisemitism, a Member of Academic Committee, Founding Editor of the Journal for Holocaust and Genocide Studies, Yad Vashem Research Institute. He is also Academic Adviser at Yad Vashem and a member of the Israeli Academy of Science. In the year 2000 he acted as Adviser to the government of Sweden as Chair of the Content Committee of the Stockholm Forum on Holocaust Education (2000), and on Genocide Prevention (2004). He went on to become Academic Adviser of the International Task Force for Holocaust Education and Research (ITF)—now IHRA (International Holocaust Remembrance Alliance), and since 2005 has been the Honorary Chairman of the IHRA.

SARA BERGER, born 1978, is a researcher at the Fondazione Museo della Shoah in Rome and editor of the Italian part of the document collection *The Persecution and Murder of the European Jews by Nazi Germany, 1933–1945* (VEJ 14). She is author of *Experten der Vernichtung. Das T4-Reinhardt-Netzwerk in den Lagern Belzec, Sobibor und Treblinka* (2013), editor of *Gualtiero Cividalli: Lettere e pagine di diario (1938–1946)*, 2016 and *I signori del terrore. Polizia nazista e persecuzione antiebraica in Italia (1943–1945)*, 2016. She is also co-editor of the exhibition and catalogue *I Ghetti Nazisti* (2012) and *La razza nemica. La propaganda antisemita nazista e fascista* (2017).

ISABELLE VON BUETZINGSLOEWEN is Professor of Contemporary History at the University of Lyon (- Lumière Lyon 2) and a researcher at the Laboratoire de Recherche Historique Rhône-Alpes (LARHRA). Her work focuses on the fate of civil “fragile” populations during the Second World War and the history of psychiatry and mental health care in contemporary France. Her publications include *L’Hécatombe des fous. La famine dans les hôpitaux psychiatriques français sous l’Occupation* (2007; second edition 2009).

BJÖRN M. FELDER, received his PhD from the University of Tübingen in 2009. In 2013 he was a research fellow at the Max-Planck-Institute of the History of Science in Berlin, and from 2013 to 2014 a researcher at the History Department at the Ludwig-Maximilians-University Munich. He is a lecturer in the History Department at the Georg-August-University Göttingen. His interests span comparative totalitarianism, Soviet and Russian history, Baltic history, and social and cultural dimensions of the history of medicine in Eastern Europe. He recently finished a project on eugenics, racial anthropology and biopolitics in the Baltics.

ALEXANDER FRIEDMAN graduated in History from the Belarusian State University in Minsk (1996–2001) and obtained an MA in Modern and Contemporary History, Philosophy and German as Foreign Language from the University of Saarland (2002–2005). He received his PhD from the University of Saarland (2009). Currently he is a lecturer at the University of Saarland and the Sciences Po Paris in Nancy (German-French campus), co-coordinator of the research project WW2CRIMESON-TRIAL1943–91 (CERCEC Paris, EHESS-CNRS) as well as a researcher for

the documentary projects “Jews in the Third Reich” by Yad Vashem (Jerusalem) and “Resistance in the Rhineland, 1933–1945” (LVR-Institute for Regional Studies, Bonn).

THOMAS LUTZ, PhD, is the head of the Memorial Museums Department at the Topography of Terror Foundation in Berlin. His main task is to advise and coordinate memorial museums for the victims of Nazi crimes in Germany, with an increasing focus on international collaborations. He is vice-president of the International Committee for Memorial Museums for Victims of State Crimes (IC MEMO/ICOM) and member of the German delegation to the IHRA since 2000. Thomas Lutz was one of the organizers, and his institution a financial supporter, of the conference held in November 2014 in Madrid “Perpetrators, Bystanders or Victims? Neutral States and the Holocaust”. The last book he edited was *Gedenkstätten Pädagogik. Kontext, Theorie und Praxis der Bildungsarbeit zu NS-Verbrechen* (2015).

FILIP MARCINOWSKI, M.D., works in the Department of Psychiatry of Warsaw Medical University. His research is in the field of the history of psychiatry. His ongoing PhD project deals with the relation between Polish psychiatry and German-language psychiatry before 1939.

TADEUSZ NASIEROWSKI, M.D., PhD, works in the Department of Psychiatry of Warsaw Medical University. His research is in the field of clinical psychiatry and the history of psychiatry and he has authored many works including several books including *The Extermination of the Mentally Ill in Occupied Poland. The Beginning of Genocide* (*Zagłada osób z zaburzeniami psychicznymi w okupowanej Polsce : początek ludobójstwa*, 2008).

MILAN NOVÁK, M.D., born 1953, graduated from the Medical Faculty, Charles University Prague 1978, neurologist. Head of the Department of Neurology of the Regional Hospital in Mladá Boleslav (Middle Bohemia) 1988–2004. He also worked in the management of several hospitals. At present, he is specialized in promoting quality and safety in health care. Consultant in neurology in the Psychiatric Hospital Kosmonosy (Middle Bohemia). Political and health care policy commentator 2002–2012, author of two historical novels. He has been working in the field of modern history since 2010, a co-author to Michal V. Šimůnek since 2012. His main region

of interest comprises the history of psychiatry, particularly in the Nazi era as well as other medical topics of that time.

OTTO RÜHL, MA in History and Religion 1978, taught German history at the University of Copenhagen. Since 1979 lecturer at Helsingør Gymnasium. Since 1996 coordinator for the seminars for Danish teachers at Yad Vashem, Jerusalem. 1999 in the Board of the Danish Institute for Holocaust- and Genocide-studies, 2000 consultant for education at the Danish Institute for International Studies, Holocaust and Genocide. Since 2004 member of the Danish delegation to the IHRA, 2011–2012 chairing the Education Working Group. Published “The Action against the Danish Jews—October 1943” (in Danish). Organized the International Conference “The Exception” about the rescue of most Danish Jews to Sweden in October 2018.

JAN ERIK SCHULTE is the director of the Hadamar Memorial Museum near Frankfurt/Main which commemorates the victims of the Nazi euthanasia killings. He is an adjunct associate professor (“*Privatdozent*”) for contemporary history at the University of Bochum. After studying history, economics and German studies in Bochum and Liverpool he received his PhD from Bochum University in 1999. He was a research associate and visiting assistant professor (“*Wissenschaftlicher Assistent*”) at Bochum and Marburg Universities, and up to 2014 a senior research associate at the Hannah Arendt Institute for Research on Totalitarianism at the Dresden University of Technology. Schulte has published widely on the history of Nazi concentration camps, the Holocaust and *Schutzstaffel* of the Nazi Party.

FLORIAN SCHWANNINGER, born 1977, studies in History and Political Science at the University of Salzburg, 2004 Master Thesis (“Widerstand und Verfolgung im Bezirk Braunau/Inn 1938–1945”), since 2005 member of the scientific staff at “Schloss Hartheim—Learning and Memorial Centre”, Publications on Austrian remembrance culture, history of Nazi euthanasia, resistance against the Nazi regime and regional history of Upper Austria; Member of the scientific commission of the research project “First Republic” of the state of Upper Austria, member of the advisory board of the Franz and Franziska Jägerstätter Institute.

DAVID SILBERKLANG is Senior Historian at the International Institute for Holocaust Research at Yad Vashem, and Editor of the scholarly journal

Yad Vashem Studies. He teaches Jewish History at the University of Haifa's Weiss-Livnat International MA Program in Holocaust Studies and at the Rothberg International School of the Hebrew University of Jerusalem. He was part of Israel's delegation to the International Holocaust Remembrance Alliance for many years, sitting on many committees and projects. His 2013 book *Gates of Tears: The Holocaust in the Lublin District* was a finalist for the National Jewish Book Award and for the Yad Vashem International Book Prize in Holocaust Research.

MICHAL V. ŠIMŮNEK, PhD, studied history at the Faculty of Philosophy of the Charles University in Prague and obtained his PhD from the Faculty of Science of the same university (history and philosophy of science). He deals with the history of life science in Bohemia and Moravia in the 19th and 20th century, with a particular focus on the history of genetics, eugenics, and their social implications. In his further research he also focuses on science policy during the Nazi occupation and its consequences, e.g. the annihilation of the scientific elite.

CECILE AAN DE STEGGE is a former psychiatric nurse with a masters' degree in Western Philosophy (1988). She had worked for around 20 years as a strategic policy advisor for psychiatric hospitals and the Dutch government, when she decided to write about the history of her former profession. After publishing her thesis (Maastricht, 2012) she started to research the high mortality within Dutch psychiatric institutions during the German Occupation.

PAUL WEINDLING is a Research Professor at Oxford Brookes University. He is currently researching the life histories of victims of coerced research under National Socialism, including the victims of brain research in a new project commissioned by the Max-Planck-Society. His most recent book is *Victims and Survivors of Nazi Human Experiments: Science and Suffering in the Holocaust* (London: Bloomsbury, 2014).

JULIANE WETZEL, born 1957, historian, PhD at the Ludwig-Maximilians-University Munich in 1986. From 1986–1991, she has been a researcher at the Institute for Contemporary History, Munich. Since 1991, Wetzsel is senior researcher and academic staff member of the Center for Research on Antisemitism, Technische Universität Berlin. She is member of the

German delegation to the International Holocaust Remembrance Alliance (IHRA) and has been member and co-ordinator of the first and the second German Parliament's (Bundestag) Expert Board on Combating Antisemitism. Wetzel has published various books and numerous articles on Jewish persecution and emigration during the National Socialist era, solidarity and help for Jews in Italy during Nazi occupation, antisemitism in Italy since the 1930s, Jewish displaced persons in Germany after World War II, and contemporary antisemitism.

In Germany and occupied Austria, people with disabilities were the first to fall victim to National Socialist mass murder, propagated under the euphemistic term of “euthanasia”. For racist and economic reasons they were deemed unfit to live. The means and methods used in these crimes were applied later during the Holocaust—perpetrators of these first murders became experts in the death camps of the so-called “Aktion Reinhardt”.

Over the course of World War II the National Socialists aimed to exterminate people with disabilities in the occupied territories of Western Europe, and also in Eastern Europe.

This publication presents the results of the latest research on these murders in the German occupied territories, as discussed at an IHRA conference held in Bern in November 2017.

