



Greater Germany

CHAPTER 6 Holocaust: The Genocide of Disabled Peoples

HUGH GREGORY GALLAGHER

Aktion T-4 Euthanasie: Summary of Program

In the late 1930s and throughout World War II, physicians of Germany's medical establishment, acting both with and without the acquiescence of the Nazi government, systematically killed their severely disabled and chronically mentally ill patients. These people were said by their doctors to be "useless eaters" — persons with "lives not worth living."

The officially sanctioned killing program, begun in 1939, was called "*Euthanasie*," although most of its victims were neither terminally ill nor in unbearable pain, nor were they anxious to die. The program's proponents advanced various arguments in its justification — compassion, eugenics, economics, racial purity. The official program was halted by Adolph Hitler in the summer of 1941, in the face of a rising wave of protests from disabled people, their families and friends, and religious officials. Even so, many doctors, acting largely on their own counsel, continued killing patients in hospitals and institutions throughout Germany.

Over the course of the official program and the unofficial so-called "runaway" euthanasia that followed it, more than 200,000 German citizens met their death at the hands of their physicians. The mass murder techniques developed in the euthanasia hospitals were later utilized against Jews.

Aktion T-4 Euthanasie Operation — To Whom, by Whom, How, and Why?

In the fall of 1939, upon the successful conclusion of the Polish campaign, Hitler signed an order that read, in toto, “*Reichsleiter* [Philip] Bouhler and Dr. [Karl] Brandt, M.D., are charged with the responsibility of enlarging the authority of certain physicians to be designated by name in such a manner that persons who, according to human judgment, are incurable can, upon a most careful diagnosis of their condition of sickness, be accorded a mercy death.” (*U.S. Nuremberg War Crimes Trials, 1946–1947, M887, Tape 17, Doc. 630-PS*)

Hitler and Brandt together worked most carefully on the wording of the order. Brandt felt that it was impossible for a doctor to say with absolute certainty that a patient was incurable, and that, therefore, a certain leeway was required. But Hitler, who distrusted doctors after the death of his mother from cancer, did not wish to give them too much leeway; he insisted upon adding, “Upon the most careful diagnosis of their [the patients’] condition of sickness.” Brandt gave this account in his testimony at Nuremberg. He emphasized repeatedly that the order was not an order to kill; it was instead an authorization to specifically designated physicians allowing them to act if, in their judgment after “the most careful diagnosis,” the patient is “incurably sick.” The physicians were given a license to kill; they were not directed to do so (*Mitscherlich, 1962, p. 265*).

Brandt and the chief of Hitler’s Chancellery, Bouhler, set to work implementing the order. Bouhler’s deputy, Viktor Brack, would handle administrative details, and three other men were placed in charge of policy formulation and operation. All three were physicians: Dr. med. Herbert Linden, who held the sub-Cabinet-level position of Chancellor in charge of all sanatoria and nursing homes within the Department of Interior; Professor Heyde; and his deputy Professor Nitsche, who served as the chief medical experts of the euthanasia program. Heyde had held the position of professor of psychiatry at the University of Wurzburg and was head of the University Clinic for Nervous Diseases (*Amir, 1977, p. 183*). The new operation was housed in an imposing Berlin villa, address *Tiergartenstrasse 4*, and for this reason the program came to be known as *Aktion T-4*.

Three corporations were set up to handle the actual operation of the program. These were given purposely vague and misleading names:

Allgemeine Stiftung fur Anstaltswesen: The “Foundation for the Care of Institutions in the Public Interest” handled the budgetary and financial aspects of the program — the costs of which were not small.

Reichsarbeitsgemeinschaft Heil-und Pflegeanstalten: The “National Group for Study of Sanatoria and Nursing Homes” was charged with the actual administration of the program — the National Group developed the selection criteria, prepared the questionnaires, provided administrative

support for the review committees, and actually operated the terminal “observation institutions.”

Gemeinnutzige Krankentransportgesellschaft: The “Limited Company for the Transport of Invalids in the Public Interest,” which organized and operated a unique, complex system for moving tens of thousands of the sick and helpless about the countryside.

Concurrently established, although separately administered, was the “Reich Committee for Research on Hereditary and Constitutional Severe Diseases.” This committee was charged with “assisting the dissolution” of mentally afflicted, severely handicapped, or “idiotic” children. The authority under which this last committee functioned was a decree issued by the Ministry of the Interior on August 1938, which in fact predated Hitler’s euthanasia order.

Both before and after Hitler’s order of September 1939, secret meetings were held across Germany. At these meetings, the leading psychiatrists, physicians, and medical professors were carefully briefed on the new euthanasia program. Euphemisms were used to describe the program: “Negative population policies” was mass killing; “refractory therapy cases” were disabled people targeted for killing; “specialist children’s wards” were children killing centers; and “final medical assistance” was, of course, murder. There was never a doubt as to what was being discussed.

These men were told the euthanasia program was a part of the “break-through campaign” necessary to obtain the new medicine of the Third Reich. This held that medical attention and money should go, on a cost-benefit analysis, to those who can be brought back to full productive health, while the chronically disabled would be removed from society as, said Dr. F. Klein, “I would remove the purulent appendix from a diseased body” (*Hanauske-Able, 1986, p. 271*).

In both the minutes of the “Reich Committee for the Scientific Registration of Serious Illnesses of Hereditary or Protonic Origin” — a high-level physicians’ committee that met regularly with the Reich Chancellery — and in the reports of the briefing meetings with rank-and-file physicians, it was fiercely argued that the radical modernization of therapeutic activity cannot be achieved without and, in fact, must go hand-in-hand with, the elimination of these “refractory therapy cases” (*Aly and Roth, 1984, p. 148*).

There can be no doubt the existence and operation of the euthanasia program was general knowledge within the medical community of the wartime Reich.

Aktion T-4 officials moved quickly to institutionalize the authority Hitler had given them. They appointed between 10 and 15 doctors chosen for their “political reliability” to act as Assessors. Above them were

appointed review committees of Chief Surveyors made up of university professors of psychiatry and medicine.

An organizing conference was called in which the professors of psychiatry and the chairmen of the departments of psychiatry at the medical schools of the Universities of Berlin, Heidelberg, Bonn, and Wurzburg were participants. Continuing meetings of this oversight group were conducted on a quarterly basis under the direction of the professor of psychiatry at Heidelberg (Wertham, 1968, p. 168).

"The Reich Committee" oversaw the preparation of a questionnaire designed to elicit the information it regarded useful in determining which persons were "worthy of help," and which were "useless lives," candidates for "final medical assistance." An instruction leaflet was also drawn up, giving detailed directions on how the questionnaire was to be answered. Many thousands of copies were printed by the Reich Minister of the Interior. These were distributed to the long-term hospitals, sanatoria, and asylums, along with a cover letter from Dr. Conti, Chancellor of Sanatoria and Nursing Homes, stating that a form in full must be completed for each patient by the attending physician. The information was to be typewritten with three carbons. The forms should be filled out at once, explained Conti's letter, owing to "the necessity for a systematized economic plan for hospitals and nursing institutions." At the briefings, confusion had been expressed over who was to be covered by the program. This confusion was certainly not relieved by Conti's letter, the questionnaire, or the instruction pamphlet. This material does, indeed, provide a puzzling and imprecise picture of what facts were sought or for what purpose.

The pamphlet contained a list of qualifying illnesses that was so general as to be virtually all-inclusive of patients in long-term care facilities. The terms "insanity," "imbecility," "paralysis," "chronic diseases," and "senile maladies" are not narrow.

There were three full questions on the patient's work, ability, and experience — more than on any other topic. There were but two questions related to genetic theory: Did the patient have a twin? and Did he have blood relatives of unsound mind? The twin question was easy enough to answer, but the term "unsound mind" was so general as to be meaningless. No conclusions about the genetic origins of the patients' conditions could be drawn from such sketchy information.

Speaking in medical terms, the form was a trivial business. As a witness testified at the Nuremberg "Doctors Trial": "On the basis of the questionnaires it was impossible for experts or top experts to form an exact medical opinion on the physical state of the patients" (*U.S. Nuremberg War Crimes Trials, 1946–1947, M887, Tape 17, No. 617*).

The physicians of the appraisal committee reviewed the information contained in each of the questionnaires, and determined which of the

patients should live and which should die. Originally, a death warrant required the approval of all members of the Appraisal committee. However, as the program came into operation, a majority of two out of three or three out of four members was usually sufficient.

The decisions of the appraising physicians were gathered and forwarded to a senior expert — usually a professor and head of a medical department at one of the major universities.

Final decisions would be made by this senior expert. Names of the patients to be killed were then routed to Linden, who worked in conjunction with the General Patient Transport Company to arrange for the pickup and carriage of the selected patients from the nationwide array of mental institutions, nursing homes, and long-term facilities to the euthanasia institutions. There were six major euthanasia institutions. T-4 referred to them by letter. They were:

- Grafeneck, in the Black Forest, southwest of Ulm
- The "old jail" at Brandenburg, near the hospital at Gorden, southwest of Berlin
- Bernberg, in central Germany
- Hartheim, northwest of Linz in Austria
- Sonnenstein — often called die Sonne — near Dresden in Saxony
- Hadamar, in Hesse, north of Frankfurt

Throughout the life of the program — whether death came by pill, starvation, or carbon monoxide shower — it came at the hand of a physician. It was Brack's firm and oft-stated belief that "the syringe belongs in the hand of a physician" (Lifton, 1986, p. 71).

Bouhler was insistent that a way of death be found that would be not only painless, but also imperceptible to the patient. He did not want to frighten the patients, nor make them uncomfortable. These things must be "done according to his orders, and in a dignified and not a brutal fashion" (*Trials of War Criminals, 1946–1947, I:877*).

The original regulations envisioned a "conservative" program with careful review procedures. In operation, the program became a matter of killing in wholesale lots. The psychological reasons physicians were willing to participate in these killings are no doubt complex. There is, however, an aspect of the structure of the program that made it easier: There was no single point of responsibility — no place in the procedure at which it was possible to say, here is where the patients receive their death warrant; no point where it could be said, *this* physician is responsible for this patient's death.

The local practicing physicians simply filled out the questionnaires as they were required to do. The members of the assessing committee simply

gave their individual opinion on each case. Nothing more would happen unless the members were in substantial agreement. The senior review physician simply went along with the committee or else expressed an objection. He was expressing a medical opinion, nothing more. Neither the assessors nor the review physicians ever saw the patient. The transportation staff was involved in transporting patients — but it was no business of theirs as to where or why the patients were being moved. The staff that ran the centers were simply doing their jobs. Even the physician whose job it was to operate the gas chamber was not responsible for the death of the patients — after all, he played no part in their selection; he knew nothing of their cases. He was only following the procedures laid down by his superiors, and carrying out the policy of his government as advised by the most eminent members of the medical profession.

Disposal of the bodies of the dead patients presented a fairly sizable logistic problem. The German nation was in an all-out war posture, and it was simply not practical to clutter up the transportation system by shipping corpses all over the landscape. It was this reason, as much as public health reasons, that caused Bouhler to insist upon immediate cremation at the major centers. Permanent furnaces were constructed at some of the sites, but other hospitals relied upon an ingenious device, a portable furnace on wheels.

Some of the centers were so mechanized as to have a conveyer belt system installed to carry the corpses from the gas chamber to the oven. As a contemporary witness wrote, “The corpses enter the furnace on a conveyer belt, and the smoke from the crematorium chimney is visible for miles” (Sereny, 1974, p. 39).

The ash remains of the deceased were gathered from the oven and placed in ceremonial urns and delivered to their families along with a letter of condolence. No effort was made to distinguish the ashes of one victim from another. The family receiving an urn assumed they were receiving the remains of their own loved one — the letters surely indicated as much — but they were not.

A guide was prepared, probably by one of the *T-4* physicians' committees, for the use of the doctors as they were preparing the fake certificates. This helped to ensure that the cause of death assigned and the medical history of the patient were internally consistent with each other and medically sound. For example, in discussing septicemia as a cause of death in the mentally ill, it was explained that these patients frequently have boils that they scratch and, “It is most expedient to figure four days for the basic illness and five days for the resultant sepsis.” (Lifton, 1986, p. 74) Doctors were warned that this diagnosis “should not be used with patients who are meticulously clean”; instead, it is “preferable for young strong patients who smear readily” (Lifton, 1986, p. 74). However, the guide warned, if

septicemia is used as a cause of death for the young, it should be noted that “seven to eight days have to be allowed for the illness to take effect, since their circulation is relatively more resistant” (Lifton, 1986, p. 74).

The official, centralized euthanasia program lasted from 1939 through the summer of 1941. After two years of operation, the program's existence was widely known. The churches had raised strong and vocal objections. There had been public demonstrations in opposition to the killings. The German army was deep in the Russian campaign, and Hitler had no wish for public unrest at home. Accordingly, the Führer, in a conversation with Brandt, without ceremony or discussion, verbally ordered a halt to the euthanasia program.

This did not, however, bring an end to the killing of the disabled and the insane. Physicians across Germany continued to administer “final medical treatment” to patients they considered as having “lives not worth living.” The killings continued, but the decision making and the criteria used in these decisions became those of the immediate doctor, rather than the assessor committees and the review professors. The “children's campaign,” by which retarded and deformed infants were put to death, proceeded unabated. The killing continued even after the war, as U.S. Army occupation forces discovered at Kaufbeuren and Egling-Haar (Gallagher, 1990, p. 250).

As the bombing of German cities increased, Brandt undertook to evacuate institutionalized patients to the countryside. Many of those evacuated also were killed by their physicians. On the eastern ramparts of Germany — in Danzig, Pomerania, and West Prussia — as well as in Poland, mentally ill patients were simply shot by the local SS and police forces. Operation *14 f 13* practiced wanton killing of the sick and disabled in the camps and elsewhere. What the Germans at the time referred to as “wild euthanasia” led to additional widespread, unorganized, and indiscriminate killing. As Dörner has said, “Unplanned groups and individuals were murdered: welfare wards, asocials, wayward children, healthy Jewish children, or those of mixed blood, homosexuals, political offenders, elderly wards of nursing homes, sick and healthy Eastern workers” (Dörner, 1967, p. 151).

It is not possible to tell with any accuracy how many disabled German citizens were put to death during the Nazi years. No reliable figures exist for the spontaneous killings. Figures survive for the official centralized *T-4* killings (see Table 6.1).

In the summer of 1991 unexpected verification of these figures was unearthed in the cellar of the headquarters of the *Stassi*, the former East German secret police. The medical files of these 70,000 patients, filed alphabetically, were discovered by Michael Burleigh, a Holocaust scholar from England (Horner, 1991, p. 25).

Table 6.1

Anstalt	1940	1941	Sa
A (Graf.)	9,839	—	9,839 } }
B (Brand.)	9,772	—	9,772
Be (Bernb.)	—	8,601	8,601
C (Linz)	9,670	8,599	18,269
D (Sonnes.)	5,943	7,777	13,720
E (Hadamar)	—	10,072	10,072
	35,224	35,049	70,273

Klee, 1983.

In some of the trial documents, the figure 120,000 is given as the overall number of inmates killed in public institutions. According to Aly and Roth (1984), this number is on the low side and does not include those who died in such separate programs as the children's operation, random euthanasia, and the so-called "Brandt campaign" whereby 20,000 lost their lives (p. 162). Dr. Leo Alexander, who served with the Office of the Chief of Counsel for War Crimes at Nuremberg and who performed the major study of the euthanasia program for the court, has estimated that 275,000 persons were killed (Breggin, 1979, p. 81).

Fredric Wertham, a psychiatrist, examined hospital records and found, for example, that the Province of Brandenburg, in 1938, had 16,295 mental patients from Berlin. By 1945, there remained but 2,379 patients. In an institution called Berlin-Buch, out of 2,500 patients, 500 survived. Kaufbeuren in Bavaria had 2,000 patients at the beginning of the war, and 200 remaining at the war's end. Many mental institutions simply closed their doors because of a lack of patients. In 1939, throughout all of Germany there were some 300,000 mental patients. In 1946, there were 40,000. This is not to say that all these persons were destroyed by the German State in the course of its euthanasia operation. After all, the general German war losses were colossal (Muller-Hill, 1988). Nevertheless, it cannot be doubted that the euthanasia program swept out entire wards, cleaned out entire hospitals. It decimated the entire German population of the severely disabled and the chronically insane.

Aktion T-4 Euthanasie: Origins in History and Thought

The *Euthanasie* killing program was no Nazi aberration. Rather it was the efficient application through public policy of the theories of leading scientists and philosophers in Western society.

Darwin's theories of evolution, combined with the rediscovery of Mendelian law, encouraged Victorians in the belief that the biological

world could be as knowable, as predictable as Newton's physical world. Social Darwinism and the "science" of eugenics sought to apply evolutionary and genetic principles, as understood, to human society and breeding. Eugenicists believed most human characteristics to be inherited. In W. Duncan McKim's book *Heredity in Human Progress*, which was published in 1900, heredity is blamed for, among other things, "insanity, idiocy, imbecility, eccentricity, hysteria, epilepsy, the alcohol habit, the morphine habit, neuralgias, 'nervousness,' Saint Vitus's dance, infantile convulsions, stammering, squint, gout, articular rheumatism, diabetes, tuberculosis, cancer, deafness, blindness, deaf-mutism, color blindness" (Haller, 1963, p. 42). It is, he said, "the fundamental cause of human wretchedness" (Haller, 1963, p. 42).

U.S. President Theodore Roosevelt spoke for many forward-thinking people when he said, "Someday we will realize that the prime duty, the inescapable duty, of the *good citizen* of the right type is to leave his or her blood behind him in the world; and that *we have no business to permit the perpetuation of citizens of the wrong type*" (emphasis added) (Haller, 1963, p. 79).

The impact of Darwinian theory upon German thought was no less than it had been in Britain and America. Darwin cast a long shadow over the development of national socialism and the Third Reich. Perhaps most influential was the 1920 book *The Destruction of Life Devoid of Value*, written by psychiatrist Alfred Hoche and lawyer Karl Binding. These men were professors of reputation and importance. They argued that the medical profession should participate not only in health giving, but under certain circumstances, in death making as well. With a carefully reasoned argument, defining their terms precisely, their analysis concluded that certain people should be exterminated for racial "hygienic" purposes. They argued that the retarded, the deformed, the terminally ill, and those who were mentally sound but who were severely damaged by disease or accident should be put to death. They believed that the death should be painless and expertly administered — that is, by a physician. According to their reasoning, the right to "grant death" was a natural extension of the responsibilities of the attending physician.

Hoche and Binding were widely read and vigorously discussed. One of their readers was the young Adolf Hitler, who had read a good deal on eugenics and Monism prior to his writing of *Mein Kampf*. Upon one occasion, Hitler even allowed his name to be used in advertisements for Hoche's books (Breggin, 1979, p. 81).

There were other books and articles on the subject. The romantic philosopher Ernst Haeckel's book *The Riddle of the Universe* sold well for many years. His disciple Heinrich Ziegler was a popular writer on such issues and won the important Krupp literary award. The 1920 book *Moral*

conference was Hans Henning Atrott, president of the German Society for Humane Dying. His subject was "Active Assistance for Dying: The Final Rehabilitation." It is perhaps not surprising that organizations of disabled persons were outraged that such a talk should be given at such an occasion. They protested to the conference organizers, but to no avail. As a last resort, they broke up Atrott's lecture by bursting into the hall in their wheelchairs, dressed in garbage bags, sipping from cans labeled "cyanide," and waving signs that read "useless lives" and "lives not worth living." (Gallagher, 1990, p. 270) Atrott found it all most unfortunate, telling the media that the protest reminded him of Nazi tactics. It was a return, he said, to "terror against different thinking" (Gallagher, 1990, p. 270).

In 1987, Pope John Paul II made a visit to West Germany. He made a pilgrimage to Münster Cathedral to pray at the tomb of Cardinal Graf von Galen, the bravest of the religious leaders to protest the *T-4* killing of disabled people. Later, in a meeting with disabled people, the Pope warned, "Human life should not be divided into that which is worth living and that which is not" (*New York Daily News*, 1988, p. 2).

Conclusion

Close to 200 years ago, English doctor Christopher Huffeland wrote, "If the physician presumes to take into consideration in his work whether a life has value or not, the consequences are boundless, and the physician becomes the most dangerous man in the state" (Wertham, 1968, p. 153). In *T-4 Euthanasie*, the physicians of Germany demonstrated just how dangerous.

Eyewitness Accounts: Nazi Genocide of Disabled Peoples

The victims of the *T-4 Euthanasie* program were not aware they had been selected for "final medical assistance" until too late. Without warning, they were bundled from their hospital beds into the waiting transports, taken to the killing centers, and, quite promptly, killed. It was all most efficient, and there were few escapees. The victims were chronically mentally ill, mentally retarded, and severely disabled people, struggling to survive in time of war; it is not surprising there are no memoirs. There are, however, eyewitness accounts of what went on.

What follows are accounts by those who observed the operation of the killing program. The witnesses include three parents of disabled children, a nurse, an archbishop, and a judge.

The first three accounts are taken from testimony heard in a criminal trial of three doctors in Vienna, Austria, in 1946. Austria had been part of Germany during the Nazi years and the *T-4* program took the lives of many disabled Austrians. The first witness, Leopold Widerhofer, tells how

his daughter, a schizophrenic patient, survived, thanks to his efforts and those of sympathetic doctors. These doctors were taking great risks by trying to save their patients from *T-4*.

The two other Austrian accounts are those of parents whose infants were killed — one of the victims was a 4-year-old with speech difficulties and weak leg muscles; the other, a 2-year-old, also had speech difficulties. These children were not severely disabled; they were not in pain, nor were they dying. Killing them had nothing to do with euthanasia; it had a lot to do with murder.

Leo Alexander was a physician in the U.S. Army of Occupation in Germany at the end of World War II. He was one of the very first to investigate the *Aktion T-4* killing program. Included here is a verbatim statement made to him on August 5, 1945, by Amalie Widmann, a nurse who went looking for her patients who had been transferred to a killing center. Nurse Widmann's concern for her patients nearly cost her her life.

The activity at the killing centers was supposed to be secret. Soon, however, the neighborhoods surrounding the hospitals figured out what was going on. The impact of the killings on the community is vividly described in a courageous letter to the Ministry of Justice written by the Bishop of Limburg. The letter, printed here, is now in the U.S. Archives. It was a part of the evidence gathered for the "Doctors Trial," one of the Nuremberg War Crimes Trials of 1946.

The killing program, complained Henrich Himmler, head of the SS, "is a secret and yet is no longer one" (Gallagher, 1990, p. 144). It had, in fact, become something of an embarrassment. Local law officials were alarmed by the unrest and fears stirred in the community by the killing, as demonstrated in the extract printed here of an unsigned report from a provincial court to the Ministry of Justice in Berlin.

One man became the symbol of the resistance to the so-called euthanasia program. He was the Bishop of Münster, Graf von Galen, the "Lion of Münster." A man of commanding presence and unquestioned moral authority, von Galen risked his life by giving a powerful sermon decrying the killing. "Woe to humanity," he thundered from his pulpit. "Woe to the German people if God's holy command 'Thou shalt not kill' is not only transgressed but if this transgression is tolerated and carried out without punishment." Copies of the sermon were distributed under cover all over Germany — to the fury of Hitler — and had much to do with the public outcry against *T-4 Euthanasie*. The text of von Galen's sermon is included in the following collection of accounts.

**Excerpt from Public Mental Health Practices in Germany:
Sterilization and Execution of Patients Suffering from Nervous or
Mental Disease**

Reported by Leo Alexander, Major, M.C., AUS. CIOS Item 24, Medical. Combined Intelligence Objectives Sub-Committee, G-2 Division, SHAEF (Rear) APO 413, p. 35, August 19, 1945.

Miss Widmann stated that the first transport of patients to a killing center left Wieslech on 19 February 1940. Among the patients were a good many who had become endeared and attached to Miss Widmann. After they had been taken to the killing center, Miss Widmann became unable to take her mind off the sad fate of these patients, and she became unable to rest day or night. She had to think about them all the time. She finally felt that it might give her ease of mind if she could actually see what happened, and she decided to visit the killing center in Grafeneck herself. So she asked for a furlough, not telling anybody what she planned to do, and she went to Grafeneck on 22 July 1940. When she got off the train at Marbach a.d. Lauter bei Munzingen, which is the railhead for Grafeneck, the people whom she asked for directions to Grafeneck looked at her in a peculiar way as if there was something strange or funny about her. When she finally arrived in front of the institution in Grafeneck, she found a sign reading: "Entry strictly prohibited because of danger of infection." There were heavily armed men in green uniforms, obviously police about the area. Suddenly Miss Widmann felt gripped by an overwhelming feeling of anxiety and she ran away over an open field crying bitterly. She sat down and cried for a while. She then saw that she was on the premises of a stud farm. The farmer came and asked her whether he could do anything for her, and she told him that she wanted to go and see the institution in Grafeneck. The farmer then told her: "Do not go there. One must not say anything." Shortly afterwards, an SS man appeared, accompanied by other SS men, with hounds. They took her into the building, where she was brought before an official who asked her what she wanted. She said that she wanted to see some of her old patients and find out how they were. The official then stated that the patients liked it so much there that they would never want to leave again. He then interrogated her sharply about her antecedents and her connections with any group, if any. He then called up Dr. Möckel. Miss Widmann added that she felt she owed her life to Dr. Möckel because if he had not talked for her they would have killed her. The reason why she went there was because of her deep feeling of close relationship with her patients.

**Excerpt from U.S. Nuremberg War Crimes Trials, November 21, 1946
– August 20, 1947. National Archives Microfilm Publications, M887,
Doc. 615—PS.**

In August 1941 the Bishop of Limburg wrote, *inter alia*:

About 8 kilometres from Limburg, in the little town of Hadamar, on a hill overlooking the town, there is an institution which had formerly served various purposes and of late had been used as a nursing home. This institution was renovated and furnished as a place in which, by consensus of opinion, the above-mentioned euthanasia has been systematically practised for months — approximately since February 1941. The fact is, of course, known beyond the administrative district of Wiesbaden because death certificates from the Hadamar-Moenchberg Registry are sent to the home communities. (Moenchberg is the name of this institution because it was a Franciscan monastery prior to its secularization in 1903.)

Several times a week buses arrive in Hadamar with a considerable number of such victims. School children of the vicinity know this vehicle and say: "There comes the murder-box again." After the arrival of the vehicle the citizens of Hadamar watch the smoke rise out of the chimney and are tortured with the ever-present thought of the poor sufferers, especially when the nauseating odours carried by the wind offend their nostrils.

The effect of the principles at work here is that children call each other names and say, "You're crazy; you'll be sent to the baking oven in Hadamar." Those who do not want to marry, or find no opportunity, say "Marry, never! Bring children into the world so they can be put into the bottling machine!" You hear old folks say, "Don't send me to a State hospital! When the feeble-minded have been finished off, the next useless eaters whose turn will come are the old people."

**Excerpt from U.S. Nuremberg War Crimes Trials, November 21, 1946
– August 20, 1947. National Archives Microfilm Publications, M887,
Doc. 844**

The following is an extract of a letter from the Frankfurt am Main Provincial Court of Appeal to the Ministry of Justice in December of 1939.

People living near sanatoria and convalescent homes, as well as in adjoining regions, sometimes quite distant, for example throughout the Rhineland, are continually discussing the question whether the lives of incurable invalids should be brought to an end. The vans which take patients from the institutions they occupy to transit stations and thence to liquidation establishments are well-known to the population. I am told that whenever they pass the children call out: "There they go again for gassing." I hear that from one to three big omnibuses with blinds down go

through Limburg every day on their way from Weilmünster to Hadamar, taking inmates to the Hadamar liquidation centre. The story goes that as soon as they arrive they are stripped naked, given a paper shirt and immediately taken to a gas-chamber, where they are poisoned with prussic acid and an auxiliary narcotic. The corpses are said to be transferred on a conveyor belt to an incineration chamber, where six are put into one furnace and the ashes then packed into six urns and sent to the relatives. The thick smoke of the incinerators is supposed to be visible every day over Hadamar. It is also common talk that in some cases the heads or other parts of the body are detached for anatomical investigation. The staff employed on the work of liquidation at these institutions is obtained from other parts of the country and the local inhabitants will have nothing to do with them. These employees spend their evenings in the taverns, drinking pretty heavily. Apart from the stories told by the people about these "foreigners," there is much anxiety over the question whether certain elderly persons who have worked hard all their lives and may now in their old age be somewhat feeble-minded are possibly being liquidated with the rest. It is being suggested that even old peoples' homes will soon be cleared. There is a general feeling here, apparently, that proper legal measures should be taken to ensure that, above all, persons of advanced age and enfeebled mentality are not included in these proceedings.

**Sermon of Clemens August Graf von Galen, Bishop of Münster,
August 3, 1941**

Source: *Dokumente zur Euthanasie*, Ernst Klee (Ed.) Frankfurt: Fisher Tagebuch Verlag, 1985 (reprinted with permission).

Devout Christians! A pastoral message of the German bishops of June 26, 1941, which was read in all Catholic churches on July 6, says: "According to the Catholic moral code there are some commandments which need not be kept if their observance would involve great difficulties. But there are others, holy obligations of our moral consciousness which we have to fulfill even at the cost of our lives. Never, under any circumstances, may a human being kill an innocent person outside of war or in just self-defense." On July 6 I already had occasion to add to the words of this universal pastoral message the following explanation: For the past months we have heard reports from care and residential institutions for mental patients that patients who had been ill for a long time and who appear to be incurable have been removed forcibly on orders from Berlin. Relatives are being notified a short time afterwards that the corpse has been cremated and that they can claim the ashes. There is a suspicion bordering on definite knowledge that these numerous unexpected deaths among psychiatric patients are not due to natural causes but have been

intentionally brought about. The philosophy behind this is the assumption that so-called unworthy lives can be terminated, innocent human beings killed if their lives have no value for the nation and the state. This is a terrible doctrine that seeks to justify the murder of innocent people and allows the killing of invalids who can no longer work, cripples, incurable patients, and the feeble elderly.

We have heard from reliable sources that lists have been made of such patients who will be removed from the care and residential institutions in the province of Westphalia and shortly afterwards killed. The first transport left the Marienthal institution near Münster in the course of the past week.

German men and women! Paragraph 211 of the criminal code is still in force. It states, "Whosoever intentionally kills a person will be punished for murder by death if he has done it with premeditation."

To protect those who intentionally kill those poor people, members of our families, from legal punishment, patients who have been designated to die are being removed from their home institutions to far-away facilities. Some illness is given as a cause of death. Since the corpse is immediately cremated neither relatives nor the criminal police can ascertain what the cause of death was. But I have been assured that neither the Ministry of the Interior nor the agency of Dr. Conti, the surgeon general, denies that a large number of psychiatric patients have been intentionally killed in Germany and will be killed in the future.

Paragraph 139 of the criminal code states, "Whosoever becomes aware of the plan for a capital offense and does not bring it to the attention of the authorities or the threatened person will be punished." When I heard of the plan to remove patients from Marienthal and to kill them, I filed the following charges by letter with the prosecutor of the court in Münster and the president of police in Münster: "According to reports a large number of patients, so-called unproductive citizens, of the provincial care institution of Marienthal near Münster have been transferred in the course of this week to the Eichberg institution to be intentionally killed as has happened in other institutions according to general belief. Since such a procedure is not only contrary to the divine and natural moral code but has to be punished by death according to paragraph 211, I herewith dutifully raise charges according to paragraph 139 of the criminal code and ask that the threatened citizens be immediately protected through prosecution of the agencies which organize the transport and the murder and that I be notified of whatever has been done." I have not received any information on intervention by the state prosecutor or the police.

I had previously lodged a protest on July 26 with the provincial administration of Westphalia which is responsible for the institutions to which patients have been entrusted for care and cure. It was in vain. I have

heard that 300 persons have been removed from the residential care Wartstein institution.

Now we have to expect that these poor defenseless patients will be murdered in due time. Why? Not because they have committed a heinous crime, not because they attacked the caregiver in a way which would have forced him to defend his own life in justified self-defense. Are these cases in which killing is allowed and even necessary, besides killing of the enemy in a just war? No, these hapless patients have to die not for any of these reasons but because they have become unworthy to live — according to these opinions they are “unproductive citizens.” The judgment holds that they cannot produce any goods; they are like an old machine which does not run anymore, they are like an old horse which has become lame and cannot be cured, they are like a cow which has ceased to give milk. What does one do with such an old machine? One wrecks it. What does one do with a lame horse, with unproductive cattle? No, I do not want to labor the comparison, justified and illuminating as it would be. We are not dealing with machines, or horses, or cows, whose only destiny is to serve people, to produce goods for human beings. They can be wrecked, they can be slaughtered when they can no longer serve their purpose. No, these are human beings, our fellow citizens, our brothers and sisters. Poor people, sick people, unproductive people, so what. But have they forfeited their right to live? Do you, do I have a right to live only as long as we are productive, as long as others recognize us as being productive? If the principle is established and applied that “unproductive fellow citizens” can be killed, woe to all of us when we get old and feeble. If it becomes permissible to kill unproductive people, woe to the invalids who invested and sacrificed and lost their energies and sound bones during their working careers. If unproductive fellow citizens can be eliminated by force, woe to our brave soldiers who return to their homeland severely injured, as cripples, as invalids. Once it becomes legal for people to kill “unproductive” fellow citizens — even if at presently only our poor defenseless mentally ill are concerned — then the basis is laid for murder of all unproductive people, the incurable, the invalids of war and work, of all of us when we become old and feeble.

All that is necessary is another secret decree that the procedure tested with mental patients is to include other “unproductive persons,” is to be applied to patients with incurable lung disease, to the feeble elderly, the disabled workers, to severely injured veterans. Nobody would be safe anymore. Some commission can put him on the list of the “unproductive.” And no police will protect him and no court prosecute his murder and punish the murderer. Who could still trust his physician? Maybe he would report the patient as “unproductive” and would be ordered to kill him? It is inconceivable what depraved conduct, what suspicion will enter family

life if this terrible doctrine is tolerated, adopted and carried out. Woe to humanity, woe to the German people if God's holy command “Thou shalt not kill” is not only transgressed but if this transgression is both tolerated and carried out without punishment.

I will give you an example of what happened today. In Marienthal there was a man about 55 years old, a farmer in a village in the area of Münster — I know his name — who had been suffering from episodes of mental derangement for some years and who had been brought to the Marienthal care and residential institution. He was not really a psychiatric case; he was able to receive visitors and was always happy when his relatives came. Just two weeks ago he was visited by his wife and one of his sons who was home on leave from the front. The son dotes on his father. Saying farewell was difficult, since nobody knows if the son will return and see his father again because he may be killed fighting for his fellow citizens. The son, the soldier, will certainly not see his father again, who has meanwhile been placed on the list of “unproductive” people. A relative who wanted to visit the father this week in Marienthal was sent away with the information that the patient had been transferred on orders of the Ministry for Defense. The destination was unknown but the relatives would be informed in a few days. What will this information contain? The same as in other cases? That the person died, was cremated, and that the ashes could be claimed after payment of a fee? The soldier who fights and risks his life for fellow German citizens will not see his father again on this earth because fellow German citizens in his own country have killed him.

References

- Alexander, Leo (1976). *Public Mental Health Practices in Germany: Sterilization and Execution of Patients Suffering from Nervous or Mental Disease*. Combined Intelligence Objectives Subcommittee, G2 Division, SHAEF (Rear) APO 413. U.S. National Archives.
- Aly, Goetz, and Roth, Heinz (1984). “The legalization of mercy killings in medical and nursing institutions in Nazi Germany from 1938 until 1941.” *International Journal of Law and Psychiatry*, 7(2):145–63.
- Amir, Amnon (1977). *Euthanasia in Nazi Germany*. Unpublished doctoral dissertation. Albany: State University of New York at Albany.
- Breggin, Peter Roger (1979). “The Psychiatric Holocaust.” *Penthouse*, January, pp. 81–84.
- Dörner, Klaus (April 1967). “Nationalsozialismus und Lebensvernichtung.” *Vierteljahrshefte für Zeitgeschichte*, 15(2):122–152.
- Gallagher, Hugh G. (1990). *By Trust Betrayed: Patients, Physicians, and the License to Kill in the Third Reich*. New York: Henry Holt.
- Haller, Mark H. (1963). *Eugenics: Hereditarian Attitudes in American Thought*. New Brunswick, NJ: Rutgers University Press.
- Hanuske-Able, Hartmut M. (1986). “Politics and Medicine: From Nazi Holocaust to Nuclear Holocaust: A Lesson to Learn?” *The Lancet*, August, 8501(2):271–273.
- Horner, Rosalie (September 26, 1991) “Opened Files Detail Nazi Program to Kill ‘Defectives.’” *St. Louis Post Dispatch*, 25.
- Kater, Michael H. (1987). “The Burden of the Past: Problems of a Modern Historiography of Physicians and Medicine in Nazi Germany.” *German Studies Review*, X(1), pp. 31–56.