Confronting the "Good Death"

NAZI EUTHANASIA ON TRIAL, 1945–1953

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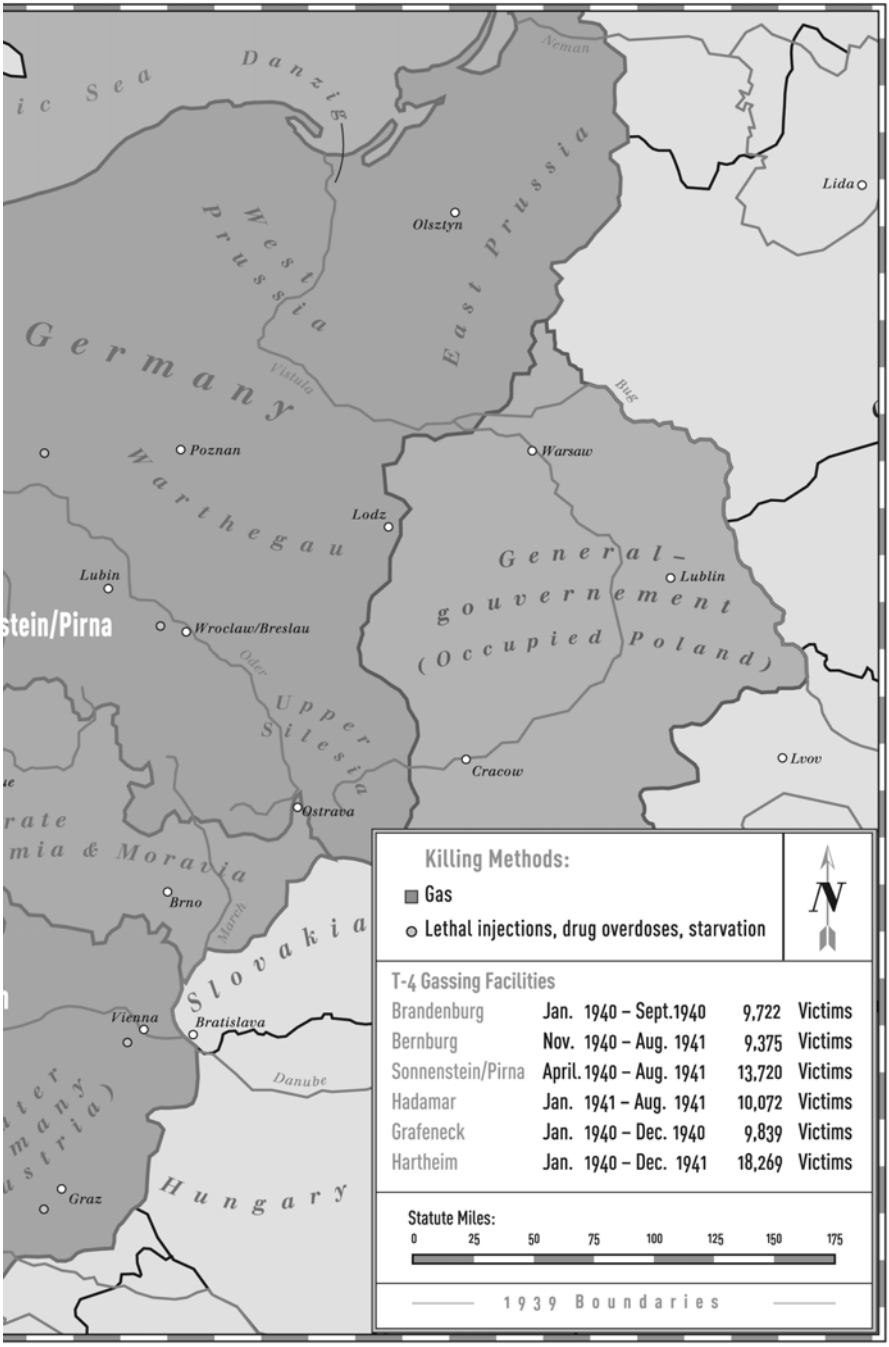
"Euthanasia" Centers i

in Germany, 1940–1945



Russians consider feebleminded people holy. Despite that, killing necessary.

—EXTRACT FROM THE DIARY OF GENERAL FRANZ HALDER, 26 SEPTEMBER 1941[1]

Let the lamp affix its beam. The only emperor is the emperor of ice-cream.

—WALLACE STEVENS, "THE EMPEROR OF ICE-CREAM" (1923)

If you've got criminal tendencies . . . one of the places to make your mark is law enforcement.

—DON DELILLO, *LIBRA*

Chapter 1 | THE EMPEROR OF ICE-CREAM

NATIONALIST SOCIALIST EUTHANASIA, 1933–1945

In this chapter we examine at some length the Nazis' murderous assault on the mentally handicapped. Because the postwar prosecutions of euthanasia defendants heavily depend on the factual context of that assault, a clear understanding of the trials requires some familiarity with the history of the euthanasia program. The German government's war on the disabled progressed from discriminatory legislation requiring involuntary sterilization of "worthless" people to their planned destruction as the war began. In this chapter I analyze the organizational structure of the killing process, inasmuch as the bureaucratic configuration of the euthanasia program largely shaped how Nazi mass murder developed between 1939 and 1945.

After examining the roots of Nazi euthanasia in the interwar period, I focus on "phase one" of the euthanasia program, in which "incurable" patients were gassed in one of six killing facilities. Phase one ended in August 1941 on Hitler's orders, apparently as a result of growing popular protest against the euthanasia program. The alleged stop, however, did not terminate the killing program. A second phase of the euthanasia program promptly ensued, characterized by "wild euthanasia"—the centrally planned but locally administered

killing of patients by means of fatal overdoses of narcotics. The second part of the chapter recounts this development in the history of Nazi euthanasia, as well as its connections with the "Final Solution," the Nazis' scheme to make occupied Europe *Judenfrei* (free of Jews) through the physical obliteration of European Jewry.

By fall 1941, what had begun as a program to eliminate "incurable" mental patients had ballooned into an official policy of state-sponsored murder. The targeted groups included Soviet POWs, "asocials," the Sinti and Roma, and European Jews. Without refined destruction techniques and killers trained in the euthanasia program, the attack on these other groups, when it came, would have been substantially different, or perhaps would not have occurred. The euthanasia program furnished an already murderous government with the skills, personnel, and materiel for expanded genocide. Equally important, the euthanasia program gave the Nazis a precedent for solving problems through mass killing. Beginning in late 1941, the "questions" that confronted the Third Reich—such as the "Gypsy question," the "Eastern Worker question," and the "Jewish question"—were answered through mass murder. The regime's experiences with euthanasia would make the unthinkable thinkable.

WORLD WAR I, THE WEIMAR YEARS, AND THE TRANSFORMATION OF GERMAN ATTITUDES TOWARD THE MENTALLY ILL

Scholars of Nazi criminality identify World War I as a major turning point in the history of the National Socialist assault on "unworthy life."[2] Before 1919, proposals to use state power to eliminate "undesirables" from a society perceived to be in the throes of degeneration were on the fringes of public discourse. The radicalizing effects of World War I, however, pushed these dissident voices from the fringe toward the center. From 1919 until Hitler came to power in 1933, increasing numbers of Germans—doctors, psychiatrists, health officials, politicians, policymakers, and university professors—were won over to the cause of violent solutions to the mental illness problem.

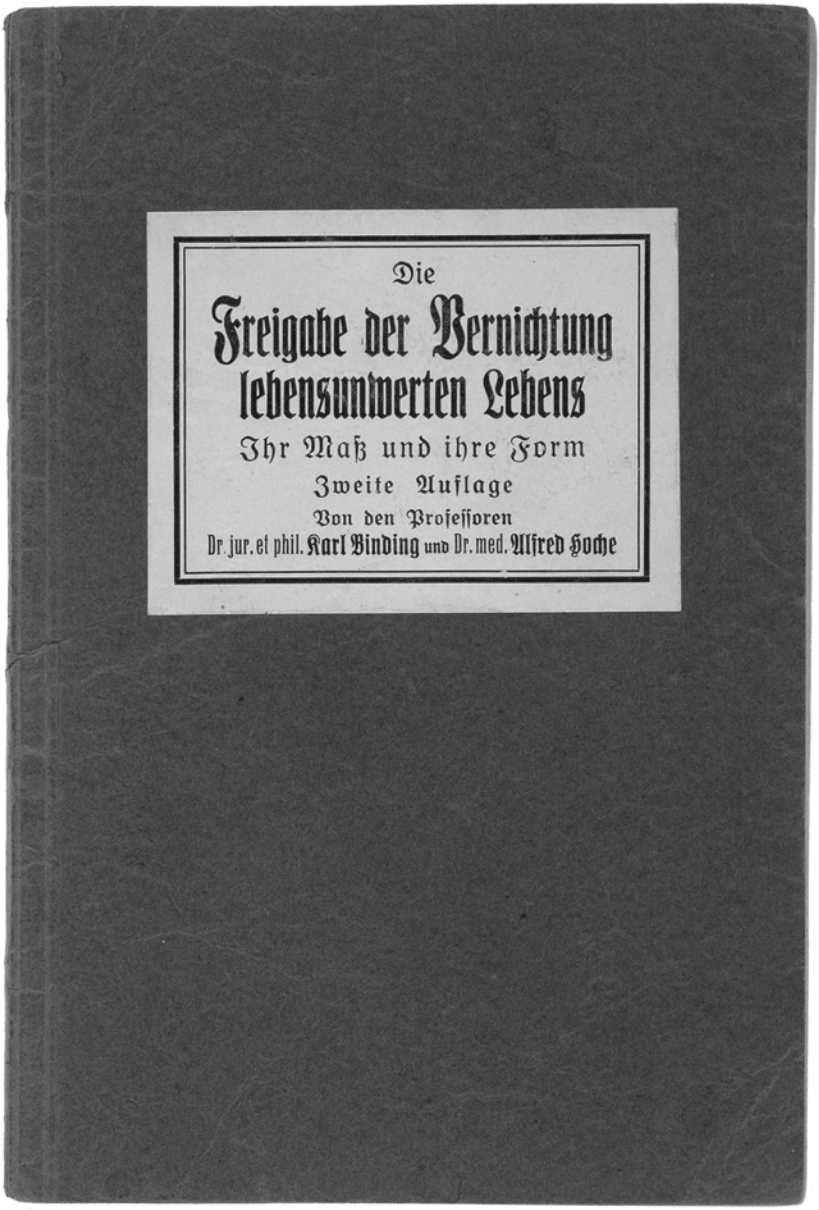
The privations of the German population during World War I (1914–1919) cast a long and fateful shadow over German attitudes toward the mentally ill in the interwar period. Without question, the Great War was a demographic disaster not just for the mentally ill in German institutions—who between 1914 and 1918 suffered a mortality rate of 30 percent because of neglect, hunger, and disease—but for all of Germany, which suffered a loss of 1.9 million men with another 3.6 million wounded or captured. The British blockade led to severe food shortages that brought the populace to—and beyond—the brink of starvation by 1918. Both soldiers and civilians became embittered, and the source of their anger was food: the rank and file within the navy and army

resented a system of rationing that gave larger portions to officers, while German mothers lashed out at authorities for failing to provide adequate nourishment for their children.[3]

By 1920, the effects of military defeat, political upheaval, mass death, and famine had altered the moral landscape within German medicine. The new decade was ripe for ideas that openly called for the physical sacrifice of the mentally ill for the health of German society. In 1920, as Germany reeled from the double humiliation of military defeat and what was perceived as a Carthaginian peace treaty, a pamphlet entitled *The Permission to Destroy Life Unworthy of Life* was published. An eminent retired jurist from the University of Leipzig, Karl Binding (1841–1920), and a professor of psychiatry at the University of Freiburg, Alfred Hoche (1856–1944), were the co-authors of the tract. It was divided into two sections, one written by Binding, the other by Hoche. Binding started his section with a defense of the individual's right over his or her body—an overarching right that entailed the right to suicide. Although he conceded society's interest in preserving valuable members, the right of a terminally ill patient experiencing intense pain to have a physician end his or her life by artificial means overrode the social interest. Binding referred to this act of voluntary euthanasia as an "act of healing." Although he emphasized that euthanasia in such a case had to be consensual, the principle of autonomy was at war with his conception of "valueless" life. He asked: "Is there human life which has so far forfeited the character of something entitled to enjoy the protection of the law that its prolongation represents a perpetual loss of value, both for its bearer and for society as a whole?" The question was of course rhetorical. By posing it, he had segued from an issue involving a competent terminally ill patient in excruciating pain to the question of whether society may destroy individuals whose lives have no value, either for themselves or for society.[4]

Binding identified three groups who qualified for his proposed euthanasia measures: (1) terminally ill patients (including the mortally wounded) who expressed their wish for a premature death; (2) "incurable idiots," no matter whether their idiocy was congenital or acquired; and (3) people who had suffered grievous physical war injuries that rendered them unconscious but who would desire a foreshortening of their lives if they were able to express their wishes. These three groups represented a class of individuals Binding called *lebensunwertes Leben* ("life unworthy of life"), an ambiguous phrase that covered persons whose lives had been made unbearable because of physical pain *and* persons whom society regarded as so defective by virtue of their mental impairment that their lives had no value.[5]

Unlike terminally ill patients, who under Binding and Hoche's proposals could freely choose euthanasia to end prolonged suffering, the state could destroy



A fateful document in the historical prologue to the Nazis' extermination of the mentally ill was a pamphlet authored by Karl Binding and Alfred Hoche, The Permission to Destroy Life Unworthy of Life, *published in 1920. An apologia for the planned, systematic killing of the mentally disabled, the pamphlet would be widely cited by both the T-4 killers and postwar German courts responsible for adjudicating their crimes. Courtesy U.S. Holocaust Memorial Museum Collection*

the "inferiors" even if they would otherwise live without pain for years. Binding conjured visions of battlefields strewn with the flower of German youth, contrasting their sacrifice with the pointless maintenance of worthless "idiots": "If one thinks of a battlefield covered with thousands of dead youth . . . and contrasts this with our institutions for the feebleminded with their solicitude for their living patients—then one would be deeply shocked by the glaring disjunction between the sacrifice of the most valuable possession of humanity on one side and on the other the greatest care of beings who are not only worthless but even manifest negative value." Binding goes on to describe the "terribly difficult burden" that the "incurably" feebleminded imposed on both their families and society. Enormous amounts of money and medical personnel were lavished on them, while the basic needs of the healthy went unmet. In his section of the tract, Hoche concurred with Binding's points. He referred to the mentally retarded and feebleminded as "ballast" that could be jettisoned to right the ship of state, and echoed Binding's economistic argument for killing them: "It is a distressing idea," he laments, "that entire generations of nurses shall vegetate next to such empty human shells, many of whom will live to be seventy years or even older." Hoche was untroubled by violations of the Hippocratic Oath, which he dismissed as a superannuated document "of ancient times." Instead, he asserted the physician's duty to promote the interests of the collective, even at the cost of sacrificing the lives of "idiots."[6]

Binding ends his contribution with an outline of procedures to govern the proposed killing program. The patient, the doctor, or the patient's relatives could initiate a request for euthanasia, but only the state could authorize it. Binding provided for a panel of "experts" consisting of a jurist and two doctors responsible for evaluating each application. Their decision, Binding stipulated, had to rest on the most current scientific knowledge, the mode of killing had to be "absolutely painless," and the person administering the killing had to be an expert. Errors would doubtlessly occur, but Binding brushed them aside, because "humanity loses due to error so many members, that one more or less really does not make a difference."[7]

Binding and Hoche's work ignited a vigorous debate among lawyers, doctors, and theologians in Weimar Germany. A leading critic of their thesis was Ewald Meltzer, director of the Katharinenhof psychiatric hospital in Saxony. Meltzer's is one of the obscure but extraordinary voices in twentieth-century European history. His scalding retort to the euthanasia school suggests that proto-Nazi ideas of biological inferiority and mass murder were not entrenched in Germany prior to 1933. He presciently warned in 1925 of the slippery slope down which euthanasia could take Germany, and with comparable foresight pointed out that to assign such power over life and death to the state would invest it with tyrannical control over its citizens. Further, he asserted, the

mentally handicapped slated for killing under the Binding/Hoche proposal had in fact retained human personalities and were capable of enjoying their lives.[8]

Troubled by the controversy over Binding and Hoche's pamphlet, Meltzer conducted a survey in 1920 to explore parental attitudes toward the euthanasia of their incurable mentally ill children. The central question of the survey read: "Would you agree to the painless curtailment of the life of your child if experts had established that it was suffering from incurable idiocy?"[9] Meltzer was astonished when, of the 162 parents who responded, 119 (73 percent) answered in the affirmative. These parents sought relief from the burden of a severely handicapped child, but they wished to be disburdened without their knowledge. Some even desired that the physicians "deceive" them by identifying false causes of death. Postwar doctors facing prosecution for their involvement in the National Socialist euthanasia program would later invoke the Meltzer survey to justify the cloak of secrecy and deceit thrown around the killing program.

Parental support for destroying "unworthy" life to the contrary, the German medical profession opposed it during the Weimar Republic. A change in attitudes toward the mentally ill, however, gradually crept over the German medical community in the 1920s. Perhaps the most momentous contribution to this change was a shift of the doctor's duty from the individual patient to the "body of the people." Late nineteenth-century eugenics had always subordinated the individual to the wellbeing of the collective, conceived as state, society, nation, or in Germany as *das Volk*. The prewar German eugenics movement, unlike its decentralized counterparts in the United States and Great Britain, was concentrated in a single group, the German Society for Race Hygiene. The society shared with U.S. and British eugenicists a belief in congenital "superiority" and "inferiority," setting for itself the aim of preserving Germany's "genetic heritage" from biological degeneracy. Prior to World War I, German eugenicists had de-emphasized the negative implications of their beliefs (i.e., sterilization of the unfit), realizing that little support existed for it in the population, and focused instead on promoting the nation's health by raising the birthrate of "superior" individuals. The privations of Germany's military collapse, however, radicalized German eugenics. Among physicians, the locus of care shifted from the individual to the community. Because German eugenicists tended to be physicians and academic psychiatrists working in state hospitals and university clinics, this meant that caregivers directly responsible for the mentally handicapped were abandoning the Hippocratic ethic of devotion to their patients' wellbeing. As early as 1915 Alfred Hoche, reflecting an attitude that would win increasing support in the 1920s and 1930s, proclaimed the end of individualism and the beginning of a new order in

which the nation emerged as an organism with rights ascendant to those of the individual.[10]

The Germans did not have a monopoly on eugenic ideas of social improvement. The founders of eugenic thought—Thomas Huxley, Francis Galton, Herbert Spencer, and Karl Pearson—were British. Influenced by their thought, U.S. eugenicists like Charles Davenport and H. H. Goddard embraced a hereditarian view of social characteristics, constructing hierarchies that ranked individuals, groups, races, and nations in terms of their biological value. Yet, despite the presence of eugenic policy and practice in other Western countries, only in Germany did state-organized mass killing of the mentally handicapped come into being. As mentioned previously, one of the primary reasons for Germany's singularity was the brutalizing effects of World War I, which wrought a change in the German medical profession's attitude toward "life unworthy of life," causing ever larger numbers of doctors, psychiatrists, and health officials to embrace radical approaches to treating the mentally ill. Organic views of society as a biological organism in need of medical care gradually supplanted the Hippocratic devotion of the doctor to the individual patient. A tendency to problematize the care and treatment of "worthless life" manifested itself; in addressing this "problem," mainstream voices in the German medical and public health fields increasingly called for violent "solutions" by the state in the form of forced sterilization or outright killing of patients. A position advocated only by fringe elements prior to the war had become a part of mainstream public policy discourse by the 1920s.

THE NAZIS IN POWER: STERILIZATION AND THE BEGINNING OF "EUTHANASIA," 1933–1939

The most obvious and important reason why Germany became the cradle of medical mass murder is politics. A political party sympathetic to the most radical views of German eugenicists, the National Socialist German Workers Party (NSDAP), came to power in January 1933. The rise of the Nazis was at once the victory of the most radical far-right political movement in Germany and the defeat of those moderates who in earlier decades had consistently opposed eugenic and racial-hygienic proposals. By the time Hitler came to power, these voices of criticism had been silenced, effectively relegated to the fringe.

Although numerous German political parties endorsed, in varying degree, the idea of eugenic sterilization, none was as fervent in its support as the Nazi Party. In 1931 Hitler identified sterilization as "the most humane act for mankind," urging his listeners to overcome their misplaced pity and misgivings about it. His call for a sweeping program to sterilize a substantial number of

the German population received plaudits from eugenicists like Fritz Lenz and Ernst Rüdin, who lauded Hitler for being the only politician to introduce "the importance of eugenics . . . to all intelligent Germans."[11] Prior to 1933, however, involuntary eugenic sterilization was an act of criminal assault under German law. With political power came the opportunity and means to change the status quo. Hitler published a sterilization law on July 26, 1933, that would become effective on January 1, 1934. It was modeled on an earlier Prussian proposal from 1932, with the critical difference that the Nazi variant did not require the consent of the affected individual. The law made it legally permissible to sterilize any person suffering from the following illnesses: "(1) congenital feeblemindedness; (2) schizophrenia; (3) manic-depressive psychosis; (4) hereditary epilepsy; (5) Huntington's chorea; (6) hereditary blindness; (7) hereditary deafness; (8) severe hereditary physical deformity; or (9) severe alcoholism on a discretionary basis." It went on to establish a legal procedure for sterilization. The mentally handicapped patients themselves, public health service doctors, and directors of hospitals, nursing homes, and prisons were all competent to apply for sterilization under the new guidelines. Hereditary health courts would receive and evaluate all applications. Each court was attached to a local court of general jurisdiction (*Amtsgericht*), and consisted of three members: an *Amtsrichter,* or judge; a doctor from the public health service; and a physician specializing in genetics. A system to handle cases on appeal was built into the regional appellate courts (*Oberlandesgerichte*); a similar triad of one judge and two doctors constituted these courts of appeal, the decisions of which were final and nonappealable.[12]

A positive finding by the courts in a given case permitted local health authorities throughout Germany to sterilize the person, whether or not consent was given. With the passage of the law, nonconsensual sterilization ceased to be a criminal assault and battery; in fact, now physicians and public health officials could invoke the police power to enforce compliance. In the years following the law's passage, these local and state doctors and administrators had tens of thousands of German men and women involuntarily sterilized. In 1934 the majority (52.9 percent) were the "feeble-minded," followed by those diagnosed with schizophrenia (25.4 percent) and epilepsy (14 percent). The criteria for a presumptive case of feeblemindedness were lying, argumentativeness, laziness, and receptiveness to influence. The overarching issue, however, was the question of the person's value to the *Volk*: if a case could be made for the person's social usefulness, sterilization might be stayed; if not, then the decision was made to proceed.[13] The inflationary potential for including ever-greater numbers of people in this largest of the sterilization categories is clear and prefigures the expansive direction the euthanasia program would take in coming years, as it swept up into its net mentally ill children, then mentally ill

adults, and later Jews, Gypsies, shell-shocked residents of bombed-out cities, and "asocials."

The wave of legislation between 1933 and 1936, of which the sterilization law was a part, identified categories of "unworthy life" that would become the targets of National Socialist killing policy between 1939 and 1945. The Law for the Prevention of Offspring with Hereditary Diseases, published in July 1933, was followed by another four months later, the Law Against Dangerous Habitual Criminals and Regulation of Security and Reform (enacted on November 11, 1933). Section 42 of this law provided that *Asozialen* (asocials) could be detained in mental institutions if they were deemed by the courts to have committed their crimes in a state of diminished responsibility. It also permitted authorities to detain recidivists in public workhouses and detoxification centers and required castration for sexual offenders. Finally, the law forbade offenders from working in their professions.[14]

For both habitual criminals and the mentally ill, the basis of their "worthlessness" was considered genetic and unalterable. (In the Commentary to the sterilization law, the authors declared that "there can be no doubt that the predisposition for crime is also hereditary."[15]) For decades eugenicists and racial hygienists had associated mental disability with criminal activity. The Nazis' detention law made this alleged connection explicit by establishing a legal basis for imprisoning the "asocials" in mental hospitals. During the war, as we will see, many of these individuals were caught up in the euthanasia program or deported to concentration camps for extermination through work.

At his trial in front of the American NMT in 1947, Karl Brandt, Hitler's escort physician and later a leading euthanasia operative, testified that sometime in 1935 Hitler had informed Reich Health Leader Gerhard Wagner of his intention to implement euthanasia of the mentally disabled once war had begun. According to Brandt, Hitler believed the opposition to euthanasia from church circles would be less pronounced during war than in peacetime.[16] Despite voices demonstrably sympathetic to euthanasia within both the Catholic and Protestant churches, the National Socialists remained apprehensive in the late 1930s of ecclesiastical attitudes toward a formal euthanasia program. Albert Hartl, an ex-priest and from 1935 the Chief of Church Information for the government's security service, testified before a German court in 1970 that Reinhard Heydrich (later head of the Reich Security Main Office, to which Hitler entrusted execution of the Final Solution) instructed him in 1938 to report to Viktor Brack of the Führer's personal chancellery (*Kanzlei des Führers*, or KdF). Brack would inform him of a top-secret matter, concerning which he would receive further orders. When Hartl met with Brack, the latter related that a considerable number of petitions had arrived at the KdF requesting that "incurable patients be granted a mercy death." Brack stated, however,

that Hitler had expressed reservations about euthanasia because of possible opposition from the Catholic and Protestant churches. As a trained theologian, Hartl was in an ideal position to evaluate the attitudes of the churches toward euthanasia. Accordingly he was commissioned to prepare a report on the subject.[17]

Hartl allegedly expressed to Brack his qualms about preparing such a study, because he did not feel competent to do so. Instead, he contacted moral theologian Dr. Josef Mayer, the author of the 1927 *Legal Sterilization of the Mentally Ill*. Mayer had already declared his openness to the possibility of eugenic sterilization; for this reason, Hartl believed he would be qualified to address the question of the Church's attitude toward it. Hartl met with Mayer in early 1939 and offered him the job of preparing a memorandum on the subject. Mayer accepted, and six months later Hartl received five copies of the completed 100-page memorandum. In his judicial testimony, Hartl recalled that Mayer's study was "neither 100 percent in favor of nor against euthanasia." Mayer's equivocal conclusion was based on the history of debate about the destruction of "unworthy life": because authorities for centuries had marshaled sound arguments pro and con, euthanasia was a "defensible" act. Copies of Mayer's study were forwarded to Viktor Brack in the KdF, who approached Hitler with Mayer's findings. In a subsequent meeting, Brack told Hartl that, in view of Mayer's opinion that the Church would not strenuously condemn euthanasia, Hitler had overcome his own reservations about it. The green light had been given, and the euthanasia program could now begin.[18]

CHILDREN'S EUTHANASIA, 1938–1941: THE KNAUER CASE AND THE BEGINNING OF THE CHILDREN'S OPERATION

According to Albert Hartl, the decision to proceed with killing mentally ill patients was made sometime during summer 1939, probably in July. As early as 1938, however, the Nazi government had participated in the destruction of mentally handicapped children. In that year, a severely handicapped child from a family called Knauer was admitted to the Children's Clinic at Leipzig University. The child's father requested that the director, Werner Catel, euthanize the child, an entreaty that Catel declined on legal grounds. The father then applied directly to Hitler through his private chancellery for permission to kill the child. Hitler was intrigued by the case and sent his escort physician, Karl Brandt, to see the child to determine whether he was as severely handicapped as the family claimed in their petition. Brandt traveled to Leipzig, confirmed the doctors' diagnosis, and authorized them to euthanize the child, which was done shortly thereafter. Hitler authorized Brandt and the chief of the KdF, Philipp Bouhler, to take the same actions in all future cases of a similar nature.

Adolf Hitler shaking hands with Philipp Bouhler, chief of the Führer's private chancellery, on October 1, 1938, one year before Hitler authorized him and Karl Brandt to implement the destruction of the mentally ill. Courtesy Bundesarchiv Koblenz

The Knauer case inaugurated the "Children's Operation," a program designed to kill mentally and physically handicapped children.[19]

As Hartl testified in 1970, the Knauer family's petition for euthanasia was only one of a multitude of similar requests for a "mercy death" received by the KdF. This organization, intimately associated with the person of Adolf Hitler, was destined to play a central role in the mass murder committed by the Nazis during the war. The KdF was not a state but a party agency, separate from the Nazi Party Chancellery located in the Munich party headquarters and from Hitler's Presidential Chancellery. It was also independent of the Reich Chancellery under Hans Heinrich Lammers. Hitler had established it as the "Chancellery of the Führer of the Nazi Party" in 1934 to handle correspondence from party members specifically addressed to him. The aim was to create the impression of Hitler's accessibility to the rank and file. Although much of the correspondence that flowed into the chancellery's offices was trivial, the volume grew to 250,000 letters by the late 1930s. The request of the Knauer parents that a mercy death be administered to their child was just a molecule in the ocean of correspondence that flooded into the chancellery in 1938.[20]

Hitler could have entrusted the children's euthanasia program to other offices within the Reich government or the party, such as the Reich Ministry of the Interior (within the Reich Chancellery), the Party Chancellery, or the SS. That he chose to give the commission to his own personal chancellery requires some explanation. Two factors may account for this election. First, the role of the KdF within the National Socialist system of government virtually guaranteed its participation in euthanasia when Hitler had finally resolved to implement it. In 1938 Hitler's chancellery consisted of five offices. Of the five, Main Office II, which typically handled "matters affecting the state and party," was responsible for dealing with applications to Hitler. The chief of Main Office II was Viktor Brack, the bureaucrat who had given Hartl his orders to feel out the Church's position regarding euthanasia. (We will encounter Brack again when we turn to the U.S. "Doctors' Trial," for he was a major figure not only in the Nazis' murder of the mentally disabled, but in the unfolding of the Holocaust in 1941 and 1942.) Within Main Office II, Office IIb (with Dr. Hans Hefelmann as chief) was charged with solving average Germans' problems with the state and party governmental organs, and to do so in an informal manner. The key word here is "informal": the very inconspicuousness of the KdF in the bureaucratic wilderness of the Nazi state, along with its intimate ties to Hitler, enabled the organization to fulfill Hitler's wishes without going through the customary bureaucratic channels. It could, in short, act directly, discreetly, and without hindrance to accomplish the tasks given it by the Führer. In view of its very raison d'être, we should not be surprised that the director of Office IIb, Hans Hefelmann, was placed in charge of the children's euthanasia program (although Viktor Brack was Bouhler's choice as general head of the killing program).

Second, the chancellery's closeness to Hitler recommended it as an executory agency of the euthanasia program. As Henry Friedlander has pointed out, to have entrusted the program to a government office (e.g., the Reich Ministry of the Interior) would have expanded the number of officials with knowledge of it. The larger the circle of people aware of euthanasia killing was, the greater the chance the public would discover what was happening. Although Hitler had some basis for believing the German public might accept "mercy killing," he still feared popular opposition and unrest. Further, commissioning a state agency with the program would have required a paper trail of official orders signed by Hitler—orders that Hitler was loath to put into writing. Similarly, had he given the task to a prominent Nazi Party office like the SS, the participation of conspicuous party members in the killing program might have compromised its secrecy. By charging his own chancellery with implementing euthanasia, on the other hand, Hitler could rest assured that a low-profile, compact, and relatively independent organization devoted exclusively to his own person

would carry out the killing quietly and with discretion. Thus, the KdF was a natural vehicle for officially sanctioned but secret mass murder.[21]

The KdF was the leading organizer and administrator of Nazi euthanasia (including the children's operation), but it was not the only government office involved in the killing process. Department IV ("Public Health Service and Care of the *Volk*") of the Reich Ministry of the Interior became the sole non-party office to participate in the euthanasia program. Department IV oversaw the local health administrations of the individual German states (*Länder*) and supervised the state mental hospitals. From the earliest years of the Nazi regime, it was no stranger to state violence against the disabled: as part of its mandate to improve the public health, it had been an enforcer of the government's racial and eugenic laws. The chief of Department IV, Dr. Leonardo Conti, was an erstwhile physician of the "martyred" Horst Wessel and founder of the Nazi Doctor's Association in Berlin. Conti was a true apostle of the National Socialist world view: asked about the Nazi law published in 1938 barring Jewish doctors from treating Aryans, Conti replied, "It is only the elimination of the Jewish element which provides for the German doctor the living space due to him." One level below Conti in Department IV was Dr. Herbert Linden, who served as a section chief at the rank of ministerial councillor. As section chief, Linden superintended state hospitals, nursing homes, and the regime's marital and sterilization legislation. In addition, he had been a coauthor with Arthur Gütt on a commentary on the Nuremberg and sterilization laws. Thus jurisdictional competence, along with the eugenic interests of Department IV's directors, drew the Reich Ministry of the Interior ineluctably into collaboration with the euthanasia program.[22]

Shortly after the Knauer case had been addressed in 1938, Viktor Brack, Hans Hefelmann, and Herbert Linden met to discuss the commission that Hitler had given Brandt and Bouhler. They developed a plan of action, then expanded the planning group to include pro-euthanasia doctors—Karl Brandt, Werner Catel, Hans Heinze, Hellmuth Unger, and Ernst Wentzler. The reasons for including these five men are straightforward. Brandt had been involved in the Knauer case and had been given co-responsibility with Bouhler for euthanasia; Catel had been director of the Leipzig clinic where the Knauer baby was born. Heinze was a psychiatrist and neurologist in charge of the Brandenburg-Görden state hospital and had been recommended by Linden for inclusion in the planning group. Unger, an ophthalmologist, had written a novel called *Mission and Conscience* that advocated euthanasia. (The novel was later adapted as a screenplay for the propaganda film *I Accuse,* intended to generate support among the German people for "mercy killing.") Wentzler was a Berlin pediatrician recommended by Reich Health Leader Leonardo Conti.[23]

From its earliest stages, the program was shrouded in secrecy, labeled a "secret Reich matter." Subsequent initiates into the program, especially at the field level, were admonished that divulging details of the euthanasia campaign to unauthorized persons would result in the severest punishment, possibly even the death penalty. The most striking feature of the Nazis' dissimulation was the elaborate structure of camouflage organizations invented to hide the central role of Hitler's personal chancellery in the killing. The members of the group planning the children's euthanasia realized that an organization so closely connected to Hitler should not be the direct conveyor of orders to kill handicapped children—at least not on the surface. Accordingly, they concocted a sham organization with an impressively scientific name: the Reich Committee for the Scientific Registration of Severe Hereditary Ailments. This organization, it must be stressed, was purely fictitious; from its origins, its sole purpose was to mask the involvement of KdF members in systematic murder. In fact, the nominal heads of the committee were two high-ranking chancellery officials, Hans Hefelmann, chief of Office IIb of the KdF, and his deputy, Richard von Hegener. To thicken the fog of secrecy, Hefelmann and von Hegener used the pseudonym "Dr. Klein" in all committee correspondence relating to euthanasia. This practice of using false names was common among euthanasia officials and physicians during the war.[24]

The clandestine nature of the euthanasia program is one of its most arresting aspects. Why did the architects of euthanasia, from Hitler and his chancellery officials to the physicians and nurses in the killing centers, insist so strenuously on keeping the program secret? There is no unambiguous answer to this question. The most cogent theory is that Hitler and his associates feared public reaction were the program to be disclosed. We know that Hitler ultimately rejected his subordinates' pleas for a formal euthanasia law because of the damaging uses to which it could be put in foreign propaganda. Real or not, Hitler's concern for enemy propaganda may reflect the actual ground for the program's secrecy: a genuine apprehension that the German people might not accept the destruction of their mentally disabled relatives and countrymen. If this explanation of the program's secrecy is true, then it helps illuminate how the Führer conceived of the wrongfulness of killing disabled patients. Like his agents in the regime's killing projects, he was aware that the euthanasia program clashed with traditional German moral and legal culture. The extraordinary lengths the Nazis resorted to in order to conceal the euthanasia program is a significant index of their realization that the laws and mores of German society would condemn euthanasia, no matter how much the public was indoctrinated with the ideology of "life unworthy of life."

In addition to creating the bogus Reich Committee for the Scientific Registration of Severe Hereditary Ailments, the euthanasia planning group faced

a fundamental logistical problem: how would the killing experts in the KdF know precisely who qualified for destruction and where were they to be found? The problem was solved with the introduction of a registration system, on the basis of which infant patients would be selected for killing. Registration forms would be sent to mental hospitals, nursing homes, and pediatrics clinics throughout Germany, where on-site medical staff would fill them out for each of their patients and return them to the committee. The forms arrived at a post office box in Berlin; from there, Hefelmann and von Hegener picked them up for distribution to a group of experts for review.[25] Sometime in summer 1939, this planning phase came to an end. In the meantime, Mayer had delivered his memorandum on the Church's conjectured acquiescence to euthanasia, allaying Hitler's fears of a religious backlash. Meditating on the impending war against Poland, Hitler may have felt it was time to initiate the killing program he had mentioned to Gerhard Wagner in 1935. The first systematic killings of handicapped children would occur in October 1939—scarcely one month after the war had started.

The Reich Ministry of the Interior stiffened the enforcement arm of the euthanasia planners on August 18, 1939, with a decree, the "Requirement to Report Deformed etc. Newborns." The decree, like virtually everything connected with the killing program, was designated a "secret Reich matter," a status that explained why it did not appear in the official ministry gazette. Its source was Department IV of the Interior Ministry. The decree enjoined all midwives and physicians to report to the competent local health office newborns and children under the age of three "suspected" of suffering from the following "congenital" illnesses:

(1) idiocy as well as mongolism (especially cases involving blindness and deafness);

(2) microcephaly;

(3) hydrocephaly of a severe and advanced degree;

(4) deformities of every kind, especially missing limbs, severely defective closure of the head and the vertebrae, etc.;

(5) paralysis, including Little's Illness (i.e., spastic diplegia).[26]

Attached to the decree was a reporting form to be filled out by the health-care provider. The form required, among other things, name, age, and sex of the child, description of the illness, impact of the illness on the child's ability to function in the hospital, estimated life expectancy, and prognosis for improvement. Once health-care providers had completed and forwarded these reports to local health officials, the reports were sent to the committee postbox in Berlin for review by the expert evaluators.

The preamble to the reporting decree offered no hint of the actual reasons behind the procedure. Instead, the language of the preamble lent a reassuring air of scientific legitimacy to it: "In order to clarify scientific questions about deformed newborns and mental retardation, the earliest possible registration of appropriate cases is necessary." Despite the uncanny secretiveness of the procedure and the curious use of a post office box to receive the completed forms, the reporting process was broadly accepted as an innocuous request for governmental data.[27]

Once the forms arrived in Berlin, Hefelmann and von Hegener of the KdF collected and sorted them. Although neither man had a medical background, each selected the forms deemed appropriate for review and passed them on to three experts in the KdF: Werner Catel, Hans Heinze, and Ernst Wentzler. We have already encountered this trio in our discussion of the euthanasia planning group; each was a committed advocate of killing the mentally disabled. The KdF attached its own form to every copy of the incoming reports. It bore the letterhead of the fictitious "Reich Committee" and contained little space for explanatory comments. A cryptic semiotic system determined the life or death of the child: a plus sign (+) meant that the child was to be destroyed, a minus sign (–) signified that the child's life would be spared. Final decision about uncertain cases was deferred with the word "observation." In the absence of carbon copies, the same forms along with the original reports were sent to each of the three experts for review and notation—meaning that each expert knew how the others had voted.[28]

When the experts arrived at a positive finding, the committee wrote to the local public health office with orders to prepare the selected child for transport to one of several "children's wards" established in state mental institutions and clinics throughout Germany. The sole purpose of these children's wards was to kill mentally and physically disabled children. The first was erected at Brandenburg-Görden near Berlin under the direction of the Hitler chancellery expert Hans Heinze. Subsequently, children's wards were erected in clinics throughout the German Reich. There were approximately thirty such wards, staffed with medical personnel recruited for killing by the KdF. Hefelmann and von Hegener of the KdF, Office IIb, and Herbert Linden of Department IV of the Reich Ministry of the Interior did the recruiting. Once a doctor agreed to participate in the euthanasia program, he or she became an associate of the committee.[29]

The children's ward at Brandenburg-Görden was the prototype for those that followed. Hermann Wesse, indicted by German authorities in 1947 for his involvement in child murder at the Rhineland mental hospital Waldniel, was mentored at Brandenburg-Görden before undertaking his killing assignments. Furthermore, the director of the institution, Hans Heinze, and his students used the occasion of the children's deaths to conduct medical re-

search—a practice that would become characteristic of the euthanasia program in general (as well as the Holocaust) as it spun outward to embrace mentally ill adults.

At Brandenburg-Görden and the other children's wards, the KdF left it to their hand-selected physicians to devise efficient means of killing. Their preferred method was overdoses of medication. At Steinhof in Vienna, mentally disabled children were given excessive dosages of morphine-scopolamine; at Eglfing-Haar in Bavaria, they received lethal cocktails of luminal and veronal. The "medication" usually was administered in tablets or in liquid form to the children. Occasionally, it was injected directly into them. From the standpoint of preserving secrecy, there was much to commend these medications as killing agents. First, they were readily available in German mental hospitals as sedatives. Second, they were not poisons and became deadly only in overdoses. Third, they did not immediately kill the child; rather, they typically gave rise to complications like pneumonia, which then became the "official" cause of death after two or three days. The physician could then soberly ascribe the child's death to a conventional cause, rather than to poisoning. Although the KdF supplied the children's wards with sufficient amounts of morphine, veronal, and other sedatives, the chancellery's own supplier was Office V of the Reich Security Main Office, the Criminal Police Office (Kripo). From the time the children's wards were established until the end of the war, Kripo was the KdF's main provider of medications used to kill both mentally ill children and adults.[30]

Clearly, this program required that the children identified by the chancellery's medical experts for killing be transported to the children's wards. The chancellery did not itself arrange the children's transfer; rather, this was left to individual state health offices within local ministries of the interior. Thus, for example, Business Section X of the Württemberg Ministry of the Interior, which administered mental institutions in both Baden and Württemberg, orchestrated the transportation of ninety-three children from Württemberg institutions in late 1942 to the children's ward at Eichberg, where they were murdered. The order to put the children to death, however, always originated with the central authorities at the KdF, working through their front organization, the Reich Committee for the Scientific Registration of Severe Hereditary Ailments. The killing order arrived as an official document under the letterhead of the committee, bearing the signature of a chancellery bureaucrat.[31] The language of the order was couched in euphemisms: the word "treatment" (*Behandlung*) functioned as a code word for killing.

The incomplete historical record makes a death toll for the children's action impossible to ascertain with certainty. The Frankfurt prosecutor's indictment of Werner Heyde, Gerhard Bohne, and Hans Hefelmann in May 1962 estimated a figure of around 5,000.

A canister of the sedative luminal, used in overdoses by T-4 medical personnel to cause the deaths of handicapped children during the children's euthanasia program. Luminal was sometimes mixed with veronal as a lethal cocktail and administered through injections or in tablet or liquid form. Courtesy Bayer-Archiv, Leverkusen

THE ADULT EUTHANASIA PROGRAM, PHASE ONE (1939–1941)

Children's euthanasia was a prologue to the more ambitious and destructive campaign to kill mentally ill adults. Sometime in July 1939, Hitler commissioned Karl Brandt and Philipp Bouhler to organize adult euthanasia. In collaboration with Herbert Linden of the Reich Ministry of the Interior's Department IV, they assembled a circle of ideologically reliable doctors to assist with

planning and executing the program. The circle included, inter alia, the chaired professor of neurology and psychiatry, Max de Crinis; the director of the Clinic for Psychiatry and Neurology of Heidelberg University, Carl Schneider; Professor Berthold Kihn of Jena; and Werner Heyde, professor of psychiatry and neurology at the University of Würzburg. In late July and August 1939, a series of meetings occurred between these hand-selected individuals in Berlin. Bouhler explained to the participants that euthanizing mental patients in German asylums and nursing homes would create necessary hospital space for the impending war and free up medical staff to care for the wounded. He further indicated that Hitler had refrained from publishing a euthanasia law for foreign policy reasons but reassured the attendees that they would be immune from criminal prosecution for their actions in connection with the killing program. He then invited dissenters to withdraw from involvement if they so desired. None present opted out.[32]

After the initial recruitment meeting with Bouhler in summer 1939, the physicians returned to their institutions and sought out suitable personnel there for the work of mass killing. The names of these individuals were then relayed to the KdF in Berlin. In the meantime, having found accomplices for their murder project, Bouhler and Brack applied their ingenuity to choosing an appropriate means of killing. Desiring something that was quick, lethal, and painless, they consulted three prominent pharmacologists, who recommended the substance that would become the murder agent of choice in the first phase of Nazi euthanasia: carbon monoxide gas. A chemist in the Criminal Technical Institute (KTI) within the Reich Security Main Office, Dr. Albert Widmann, confirmed the pharmacologists' recommendation in a meeting with Brack. Brack commissioned Widmann and the KTI to obtain canisters of carbon monoxide and deliver them to the KdF. Widmann accepted this commission and thereafter received orders for the poison from the individual killing centers, which he filled in the name of the KTI at the I. G. Farben factories in Ludwigshafen. A chancellery official, Dr. August Becker, arranged for picking up and transporting the carbon monoxide canisters to the killing centers. All costs incidental to these orders were charged to the KTI.[33]

Concerns about the legality of the killing program nonetheless persisted. Under German law (StGB section 211), illicitly killing a human being was a capital offense in Germany even during the Nazi era. At a meeting convoked by Hitler sometime in September 1939 to discuss the euthanasia program, the chief of the Reich Chancellery and Hitler's closest legal advisor, Hans Heinrich Lammers, argued that the program should be established on a legal basis. If Lammers's testimony under U.S. Army interrogation is to be believed, Hitler commissioned Lammers with drafting a euthanasia law. The draft was prepared accordingly, but Hitler subsequently changed his mind on the grounds that an

official law would "cause too great a sensation."[34] Throughout the duration of the killing program, many of the health-care providers and public health officials involved would express their fears of criminal liability without an authorizing statute. Acting on their concerns, the KdF asked Hitler for a written authorization for euthanasia. He assented, and the chancellery prepared for his signature an authorizing document, printed on Hitler's own stationery. He signed the authorization in October 1939, but backdated it to September 1, 1939, perhaps in an attempt to convey the symbolic linkage of the war with purifying the *Volkskörper*. Because so many postwar German defendants would appeal to this document as a legal basis for their actions, it merits quotation in full:

> Berlin, 1 September 1939
>
> Reich Leader Bouhler and Dr. med. Brandt are charged with the responsibility of enlarging the competence of certain physicians, designated by name, so that patients who, on the basis of human judgment, are considered incurable can be granted mercy death after a critical evaluation of their state of health.
>
> (signed) A. Hitler[35]

The legal status of this "euthanasia authorization" was hotly debated in the postwar euthanasia trials, when doctors implicated in the mass killing of disabled patients invoked it as a legal justification for their activities. Never was the decree accepted by a West German court as a valid law, as we will see in subsequent chapters.

Although Bouhler was in charge of the adult euthanasia program, he rarely participated in its daily operations. He chose, rather, to entrust the hands-on supervision of euthanasia to his deputy, the chief of Section II of the chancellery, Viktor Brack. Brack, whose educational background was not in medicine but in agriculture (he received a diploma in agriculture from the University of Munich in 1927), confronted the task of designing a killing program that, like the fictive Reich Committee in the children's euthanasia program, would conceal the central role of the KdF. From the beginning, it was understood that adult euthanasia would surpass in scope the relatively modest children's operation. It was therefore clear to Brack and his associates that their current offices on Voss Strasse in Berlin would be inadequate to accommodate the enlarged staff needed to administer the program. Central Office II of the KdF thus relocated to a confiscated Jewish house at number 4, Tiergartenstrasse, in Berlin-Charlottenburg. This address was eponymous for the central killing administration, which was thereafter referred to as "T-4"; the killing program itself was called "Operation T-4" (*Aktion T-4*).[36]

"T-4" (i.e., the KdF, Main Office II) subsumed numerous offices within its bureaucratic structure. These offices—particularly the T-4 Medical Office, which

evaluated registration forms, selected patients for killing, and both appointed and trained the medical staffs detailed to the killing centers—were the sub-rosa puppet masters behind a series of front organizations invented by the KdF to disguise its direction of the program. Whereas in the children's euthanasia a single front organization, the Reich Committee, concealed the chancellery's involvement, four such entities were established for the adult program: (1) the Reich Cooperative for State Hospitals and Nursing Homes; (2) the Charitable Foundation for Institutional Care; (3) the Central Accounting Office for State Hospitals and Nursing Homes; and (4) the Charitable Foundation for the Transport of Patients, Inc. The Reich Cooperative for State Hospitals and Nursing Homes (RAG), a front for the T-4 Medical Office, conducted correspondence with private and governmental parties about the process of registering, evaluating, and selecting adult patients for euthanasia. The Charitable Foundation for Institutional Care was a front for the T-4 Central Office and dealt with all matters related to financing the program, including hiring and compensating employees of T-4. The Central Accounting Office for State Hospitals and Nursing Homes collected payments for patient care. Its practice of charging per diem expenses for patients even after they had been liquidated enabled T-4 to run consistently in the black, using the excess proceeds to finance its operations. The Charitable Foundation for the Transport of Patients, Inc., (*Gemeinnützige Kranken-Transport G.m.b.H.*, or Gekrat) camouflaged the T-4 Transport Office; it transferred patients selected for euthanasia to the killing centers. The Reich Cooperative and Gekrat were established in November 1939; the Charitable Foundation for Institutional Care and the Central Accounting Office were erected in April 1940, coinciding with the Main Office II's move into the Tiergartenstrasse villa.[37]

As in the *Kinderaktion*, so with adult euthanasia a decree by the Reich Ministry of the Interior facilitated the registration process. On September 21, 1939, the Reich Ministry of the Interior issued a decree to state governmental offices called "The Registration of State Hospitals and Nursing Homes." It required that local authorities supply the names of all mental hospitals within their region to the Reich Ministry by October 15, 1939, in which "mental patients, epileptics, and the feebleminded" were institutionalized. All institutions, public, private, religious, and charitable, were included, as were old-age homes. The Ministry of the Interior informed the respondent state authorities that the information was needed because the ministry wished to send questionnaires directly to such institutions throughout Germany; local governments were to ensure timely completion and submission of the questionnaires. Once the lists of institutions had been returned, the Reich Ministry sent the questionnaires to them, either directly or through the local state offices. The documents consisted of a single-page questionnaire (called the *Meldebogen 2*) that

canvassed data about size, staffing, and patient population of the institution. More ominously, it inquired about the number of patients with a criminal background, the number of Jewish patients, and the proximity of the institution to transportation arteries. In addition to *Meldebogen 2,* the document package included a set of one-page reporting forms (*Meldebogen 1*) to be filled out by a doctor on individual patients. The form asked for the name, birth date, nationality, race, period of institutionalization, the names of relatives and frequency of their visits, the name and address of the guardian and the payor, and whether the patient had been institutionalized for criminal insanity. Finally, the doctor was invited to offer a diagnosis in a cramped section on the form and to evaluate the patient's ability to perform work.[38]

Attached to these *Meldebogen* forms was a one-page instruction sheet that identified the kinds of patients to be registered. These included patients who had been institutionalized for five years or longer; patients suffering from schizophrenia, epilepsy, senile illnesses, therapy-resistant paralysis and other syphilitic diseases, feeblemindedness, encephalitis, Huntington's disease and other terminal neurological diseases—so long as these patients were incapable of any work in the institution other than pure mechanical work (such as weeding); patients institutionalized for criminal insanity; or patients who were neither German citizens nor of German or related blood. For patients falling into the last category, the instruction sheet required the reporting doctors to describe the citizenship and race of the patient. In a footnote, the sheet provided examples: "German, or related blood (German-blooded), Jewish, Jewish hybrid (*Mischling*) of the first or second degree, Negro, Negro hybrid, Gypsy, Gypsy hybrid, etc."[39]

Over the course of the euthanasia program, patients within each of the categories specified above would be annihilated. The single most important criterion for selection, however, was capacity for work. Already in September 1939, registration form 1 (*Meldebogen 1*) and the accompanying instruction sheet stressed the importance of labor productivity beyond mere "routine" work as a factor in identifying patients to be reported. The prewar literature on "life unworthy of life"—especially that strain of it inspired by Binding and Hoche's work—had made the utilitarian argument the linchpin of the pro-euthanasia viewpoint, referring to the mentally disabled as "ballast lives" and "useless eaters." In this sense, then, the Nazi assault on the mentally disabled can be interpreted as the terminus of post–World War I attitudes about the "uselessness" and costliness of such patients.

As it did with the children's program, the KdF established a system of medical experts to review the incoming registration forms submitted from German mental hospitals. The system of expert review in the adult example, however, was more intricate than the children's program. The Medical Office of Hitler's Chancellery, Section II, in its guise as the Reich Cooperative for

State Hospitals and Nursing Homes (RAG), established a two-tiered structure of expert review. The first tier consisted of medical experts to whom the registration forms were first sent for evaluation. Their assessments were then proofed by a second tier of experts to guard against error. Extant documentation indicates that approximately forty doctors, among them nine professors of medicine, served at one time or another as medical experts for T-4. Of this number, the overwhelming majority were first-tier experts. As the program unfolded, only three doctors—Werner Heyde, Paul Nitsche (Heyde's successor), and Herbert Linden—would function as second-tier experts.[40]

When the registration forms arrived at the Reich Ministry, Herbert Linden sent them to the T-4 Medical Office (the RAG), where they were collated and catalogued. Five photocopies were made of the original forms; one copy was sent to each of three first-tier medical experts for evaluation. After a period of time the photocopies were returned to the Medical Office, marked with one of three characters: a plus sign (+) in red meant that the patient was to be killed; a minus sign (–) in blue signified that the patient should be spared; and a question mark indicated a borderline case. A majority of the three first-level evaluators determined whether a patient lived or died; unanimity was not required. Once the three photocopies with their annotations were collected, they were sent with the original form and the other photocopy to the second-tier experts, typically Werner Heyde and Paul Nitsche. These men, in no way bound by the opinions of the first-tier experts, marked the additional photocopy with either a plus sign (death) or a minus sign (life). The second tier experts were the ultimate arbiters of life and death for the registered patients, determining literally with the stroke of a pen who would be allowed to live and who would be destroyed. If the form bore a plus sign, the RAG sent it to the T-4 Transport Office, which drafted lists of patients designated for killing.[41]

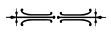
The RAG contacted the institutions that accommodated the selected patients several days prior to transport. The institutions, called by the T-4 killing specialists "surrendering institutions" and by the postwar German courts "original institutions," were instructed to send all medical records and personnel reports along with the patients, as well as all the patients' personal possessions (such as money and jewelry), which were to be logged on special forms. Prior to pickup day, Gekrat sent a list to the surrendering institution of patients to be transported. Perhaps as a result of the doctors' intentional practice of underestimating their patients' capacity for work, perhaps because of the haste with which the forms were reviewed by the T-4 experts, Gekrat's lists often contained the names of patients who did productive work in the institutions. In such cases, institutional directors tried to persuade the Gekrat representatives to exempt these patients from transport. Because a sum-certain

quota of transportees had to be filled, Gekrat typically agreed to exemptions only if other patients could be substituted. The patients appearing on the final Gekrat list were picked up in large gray busses. Occasionally, some patients among those transferred sensed what was happening, and heartrending scenes of crying, pleading, and protest broke out as they were forced into the busses.[42]

Once the patients had left the surrendering institution, it notified the next of kin that the patient had been transferred to another facility on orders of the Reich defense commissar and that this facility would eventually contact them about their relative. Within a brief span of time, the killing center wrote to them that the patient had arrived, but it forbade them from visiting their relative with the assurance that they would be apprised of any change in his or her condition. When the patient was killed, the euthanasia center authorities informed the family of the death, ascribing it to natural causes and reporting that the risk of epidemic disease had forced the institution to cremate the body. An urn containing the ashes was available for shipment to them.[43]

It should be emphasized here that these patients were killed without their or their families' or guardians' consent. And they were not transferred with the notification and agreement of themselves, their families, or their guardians. The killers did not inform local magistrates who had institutionalized the patients; welfare and insurance organizations that financed their medical care were likewise kept in the dark.[44] The functioning of the murder apparatus was so mysterious that even the staffs of the surrendering institutions—at least at the beginning—often had no inkling of what lay in store for their patients. The postwar courts would seize on the byzantine aspect of the euthanasia program as evidence that the T-4 killers were fully conscious of the wrongfulness of their actions.

The stealth of the Nazis' euthanasia program had an immediate—and tragic—sequel. Doctors in local mental hospitals who completed the registration forms on their patients often did so without knowledge of the registration's purpose. In fact, in a rueful misapprehension of the central government's goals, many physicians deliberately underestimated their patients' ability to do work, fearing that patients capable of work would be sent away from the institution to perform war-related labor. As a result, these patients became ensnared in the nets of the T-4 killing program.[45]



The idea of establishing killing centers developed out of discussions between representatives of KdF, the Reich Ministry of the Interior, and the chemist Albert Widmann of the Criminal Technical Institute of the Reich Security

Main Office (RSHA). Under interrogation by German authorities in 1960, Widmann claimed that Leonardo Conti, the Reich Health Leader and head of the Department of Health in the Ministry of the Interior, had rejected injections as a killing agent in favor of poisonous gas. As we have seen, in the aftermath of these discussions, Widmann met with Viktor Brack to work out the mechanics of how patients would be gassed. Widmann's suggestion that carbon monoxide gas be released through the air ducts of the patients' hospital rooms was dismissed on practical grounds. The notion of the killing center emerged as a more expedient alternative.[46]

Brack and Karl Brandt had a short-lived difference of opinion about the most efficacious way to kill the patients. From his discussions with Widmann, Brack was convinced of carbon monoxide's utility. Brandt, however, initially opposed this idea, arguing that because the euthanasia program involved "medical measures," a correspondingly "medical means" must be adopted; he favored injections. (Brandt eventually overcame his scruples and agreed on carbon monoxide.) The decision to test the effectiveness of carbon monoxide gas on human guinea pigs grew out of this disagreement between Brack and Brandt. The experiment took place sometime in early winter 1939–1940 at Brandenburg an der Havel, a former jailhouse in the city of Brandenburg conveniently linked to Berlin by rail. In this vacant prison workers from the SS Main Construction Office installed something that would become an infamous symbol of Nazi genocide—a gas chamber disguised as a shower room. The KTI's own Dr. Widmann conducted the first gassing. A postwar eyewitness described the spectacle that unfolded:

> around 18 to 20 people were led into this "shower room" by nursing staff. These men had to undress in the antechamber, so that they were completely naked. The doors were closed behind them. These people went into the room quietly and with no signs of agitation. Dr. Widmann operated the gassing equipment. Through the viewing window I could see that after a few minutes the patients keeled over or lay down on the benches. There weren't any kind of scenes or tumults. After another 5 minutes the room was aired out. SS people designated for the task removed the dead from the room on specially-constructed stretchers and brought them to the cremation ovens. If I say specially-constructed stretchers, I mean stretchers constructed just for this purpose. These could be set directly in front of the cremation ovens and by means of a device the corpses could be mechanically conveyed into the ovens without the need for the carrier to touch the corpse. These ovens and stretchers were built in Brack's office.

During this same period at Brandenburg, approximately six mentally disabled patients were given lethal injections of morphine and scopolamine by Brandt

and Conti. The purpose of the injections was to compare their effectiveness with that of carbon monoxide. According to Werner Heyde, our primary source for this episode, the results cast doubt on the injection method: "The patients," Heyde remembered, "died quite slowly, and it is possible . . . that the injections had to be repeated." According to August Becker, Brack was "satisfied" with the carbon monoxide experiment. Even Brandt was won over to carbon monoxide. "In this way," Becker summed up, "the beginning [of gassings] in Brandenburg was deemed a success."[47]

Brandenburg became the first of six institutions specifically designed to kill "unworthy life" with carbon monoxide gas. Shortly after Brandenburg became operative, Grafeneck in Württemberg opened its doors in January 1940. In order to deal with the volume of victims, T-4 opened two other killing centers at Hartheim near Linz (May 1940) and Sonnenstein in Pirna near Dresden (June 1940). The final two euthanasia centers, Bernburg on the Saale River and Hadamar just north of Wiesbaden in Hessen, were designed as successor institutions to Brandenburg and Grafeneck. In each of these killing centers, a suitable room was chosen for conversion into a gas chamber disguised as a shower room. The design in all material respects followed the model of Brandenburg. Moreover, jurisdiction over killing was divided among each of the institutions. Brandenburg killed mental patients from Berlin; the Prussian provinces of Brandenburg, Saxony, and Schleswig Holstein; and the states of Brunswick, Mecklenburg, Anhalt, and Hamburg. (As Brandenburg's successor, Bernburg would cover this region after 1941.) Grafeneck disposed of south German patients from Bavaria, Württemberg, and Baden; its own successor, Hadamar, took over these regions plus the state of Hessen and the Prussian province of Hanover. Hartheim killed patients from Austrian mental institutions, as well as some from southern Germany and Saxony. Finally, Sonnenstein gassed patients from Saxony, Thuringia, Silesia, and southern Germany.[48]

The appearance of normality surrounding the procedure lulled the patients into the mistaken belief that they were being transferred to a hospital no different from other institutions already familiar to them. Gekrat buses transported the patients to the killing center; in some cases, they arrived by rail and were then picked up by "death buses" and driven to the institution. Upon arrival, patients were met by staff members who conducted them to a changing room, where they were instructed to remove their clothes. The testimony of a Hadamar nurse from the German Hadamar trial illustrates the procedure that usually prevailed in all the killing centers:

> On the ground floor, the victims came into a reception area divided at the time into two rooms, the first of which served as a waiting area. Here some beds were provided for non-ambulatory patients. The second room of the

> reception area was the changing room, in which I was involved. There first the men and then the women were disrobed. From here, the patients were led through a hallway into the doctor's room, where they were again given a brief medical exam and were given a number with reference to their medical papers. These numbers were written on their backs with a colored marker. From the doctor's room they came into an adjacent room, the purpose of which I do not know. From this room they were led into a photography room next door, in which they had to wait until all the members of the transport had been gathered. They were then brought together down a staircase into the gas chamber lined with glazed tiles, which outwardly resembled a shower.[49]

Another eyewitness, a "stoker" who cremated the victims' corpses at the Sonnenstein killing center, testified before an examining judge in 1966 that at least some of the patients he observed "still had a certain mental ability," as evidenced by the fact that they carried washcloths and soap with them into the gas chamber. When the patients had all entered the gas chamber, the gassing technicians ensured that the door and ventilation shafts were tightly sealed. Only then did the physician open the valve of the gas tank and fill the chamber with carbon monoxide. Within five minutes, all the patients were unconscious; within ten, they were dead. Staff members waited a couple of hours before airing out the chamber with fans. Once this had been done, attending physicians pronounced the victims dead and the corpses were carried out (or, in some instances, dragged out) by the stokers to a nearby room, where the bodies were arranged in piles. The bodies were done one final indignity before cremation: they were plundered by staff members. Patients with gold teeth had been marked prior to gassing with a cross on their back or chest. A staff member identified the corpses with gold teeth by these markings and wrenched the teeth out of their mouths with pliers. They were deposited with a secretary in the institution's main office, and eventually forwarded to the T-4 authorities in Berlin. Some corpses became the objects of autopsies, designed both to train younger physicians (who received academic credit from the autopsies) and to harvest brains for study in German research institutes.[50]

The stokers cremated the bodies of the murdered patients in ovens, working in shifts through the night to reduce the corpses to ashes. The ashes were literally swept into a pile and indiscriminately deposited in urns. Each urn bore the name of a patient killed in the gas chamber, but it did not necessarily contain that patient's ashes. The names of the patients were then entered in the death book maintained at every killing center. Obviously, the T-4 killers could not report that a large number of patients (some transports contained as many as 150) had all died simultaneously of natural causes. False causes and

Camouflaging mass murder: the Hadamar gas chamber disguised as a shower room. The architects of the Final Solution would imitate this practice—first introduced during the T-4 program—of deceiving murder victims by conveying to them a false appearance of normality. Courtesy Archiv des Landeswohlfahrtsverbandes Hessen, Kassel

dates of death had to be concocted. At the beginning of the euthanasia program, the T-4 Medical Office disseminated lists of "causes of death" to its participating doctors that could be cited by them in furtherance of the charade. One such list contained sixty-one different illnesses, along with brief descriptions of the etiology, course, therapy, and complications of each disease. Stroke, pneumonia, heart attack, tuberculosis, and circulatory collapse were among the causes of death most frequently given. The killing center doctor recorded the fraudulent cause of death on the death certificate, certifying it with a false name, and this fiction was reproduced in official correspondence and in "consolation letters" sent to the patient's family or guardian. Because the patient had been gassed before the killing center's notification of his or her safe arrival had been sent to the relatives, it was likewise necessary to falsify the date of death. The administrative offices of the killing centers sent the letter of consolation to the family or guardian approximately ten days after the patient's death. The letter was boiler plate, informing the family of the patient's death and the "cause" and "date" of his or her demise, and offering a reassurance that the patient had been "delivered" from suffering. It also indicated that, in order to "hinder the outbreak and spread of communicable diseases," the local police authorities had required the cremation of the patient's body and the "disinfection" of the patient's belongings. Urns containing the ashes would be sent to the family if they responded within fourteen days and presented proof that they had made arrangements for proper interment.[51]

From the historical record it is clear that T-4 operatives, both in the KdF and in the killing centers, were concerned that the patients' relatives would discover what had really happened to their family members. This fear helps account for the extraordinary lengths T-4 personnel resorted to in an effort to conceal the mass murder from the victims' families. In each killing center, maps of Germany with colored pins demonstrated how many patients from different geographic areas had thus far been killed. If too many pins accumulated in a given region, the dates and places of death had to be changed in order to avert the suspicion that too many patients from the same area had died simultaneously in the same locale. A Grafeneck staff member told the Münsingen *Amtsgericht* in 1947 that in spring 1940 the Berlin T-4 authorities had ordered Brandenburg and Hartheim to exchange patient records, so that a different place of death could be recorded for some of the patients.[52]

Worries about public protest nonetheless continued. Scholars of National Socialist euthanasia have differed over whether such fears contributed to the decision to close Brandenburg and Grafeneck in late 1940. For Henry Friedlander, gradually spreading knowledge among the civilian population of the killing program was a proximate cause of Brandenburg's and Grafeneck's closures. Ernst Klee, on the other hand, discounts the role of public pressure,

arguing that Brandenburg and Grafeneck were closed because they had served their purpose of decimating "unworthy life" in their regions. Whatever the actual reasons, the first two killing centers in the assault on the lives of mentally disabled patients were closed by December 1940, only to be replaced by Bernburg and Hadamar. The killing went on without pause.[53]

Concern for public opinion among Nazi leaders may also account for the creation in fall 1940 of transit centers. On an increasing basis, patients designated for killing were transferred from surrendering institutions to these transit centers, where they stayed for two to three weeks before final transfer to a killing institution. Euthanasia defendants like Karl Brandt and Viktor Brack devised the ruse that the transit centers had a quality control function, ensuring that no mistakes had been made in the selection process. In fact, the transit centers were designed to confound any efforts to trace a given transport to its ultimate destination. The more labyrinthine the program, the more difficult it was to follow T-4's sleight of hand—or so it seemed to T-4 directors. Nonetheless, some of the transit centers did on occasion seek to withhold patients capable of work from transfer to the killing centers. When they did so, they were admonished by the Berlin authorities that such exemptions were "impeding" the "operation." The director of the Hadamar euthanasia institution alluded to a rebuke from Berlin in reminding the director of the Wiesloch transit center to "distance himself from every exemption."[54]

By August 1941, the death toll of mentally disabled patients murdered in T-4's killing centers had reached 70,273. These figures are culled not from official T-4 records, many of which were destroyed before the end of the war, but from figures compiled by a T-4 statistician discovered at the Hartheim institution after the war. The figures document the number of those killed at each of the six killing centers for each calendar month beginning in January 1940 and ending in August 1941. As Henry Friedlander points out, however, German prosecutors after the war believed these figures underestimated the number of the dead. Based on evidence they had collected, they argued the T-4 statistician had, among other errors, miscounted the patients euthanized at Hartheim and Sonnenstein. They arrived at a conservative estimate of 80,000 patients killed until the official "end" of the operation in August 1941.[55]

The reason why Hitler ended the first phase of adult euthanasia in August 1941 is a subject of controversy among historians. For years, pressure from the Catholic church was credited for persuading Hitler to terminate phase one of the killing program. The bombshell was a sermon delivered on August 3, 1941, by Count Clemens August von Galen, the bishop of Münster. Galen, who had learned in July 1940 of the euthanasia program, went public with this information in a sermon delivered in August 1941. In the sermon, Galen referred to the high mortality rate among the mentally ill in German institutions that

"did not occur randomly, but rather was intentionally produced." Despite the declaration of the German Bishops on July 7, 1941, condemning the killing of an "innocent person except in wartime or in justified self-defense," the murder of mental patients had continued and now threatened the province of Westphalia. Galen condemned the killings as violations of statutory law and the Fifth Commandment, "Thou Shalt not Kill." Galen's sermon was read from pulpits throughout his diocese and soon became a topic of discussion both within and outside Germany. (British pilots dropped thousands of copies of the sermon on German cities.) The Nazi elite was furious. Walter Tiessler, a propaganda director, suggested to Bormann that Galen be hanged. The proposal was rejected on the grounds that executing Galen would only turn him into a martyr and stir up even more popular unrest.[56]

According to Ernst Klee and Henry Friedlander, the opposition of the churches and the public protest occasioned by it induced Hitler to cancel the official euthanasia program on August 24, 1941. The German historian of Nazi genocide, Götz Aly, does not reject the impact of church protest and public discontent on Hitler's decision, but points out that other motives may have been equally important. For Aly, the end of phase one may be the result of the simple fact that the program had reached (and even exceeded) its initial target of killing 70,000 patients. Galen's sermon also happened to coincide with the release of a propaganda film, *Ich klage an*, produced by the KdF to render the public more sympathetic to euthanasia; the stoppage in late August may have been ordered to give the film a chance to influence public opinion.[57]

Although the evidence permits more than one interpretation of the motives, it is undisputed that the killing program underwent a sea change after August 1941. Thereafter, in terms of organization, method, and scope, the National Socialist attack on "life unworthy of life" attained new and unprecedented levels of virulence. The language of resource scarcity was used to legitimate killing increasingly driven by racial and political motives. As we will see, the official "stop" of the euthanasia program did not diminish the killing but witnessed its expansion to other "valueless" groups after August 1941—including European Jews.

PHASE TWO OF EUTHANASIA AND THE EXPANDED KILLING PROJECTS OF NATIONAL SOCIALISM, 1941–1945

On August 24, 1941, in the face of mounting pressure from the Church and public unrest, Adolf Hitler ordered an official cessation to the euthanasia program. Notwithstanding this order, however, the murder of mentally disabled patients continued in T-4 killing centers with one critical difference: whereas

the pre–August 1941 T-4 killings were restricted to psychiatric patients, the radius of killing after the August stoppage was expanded to new categories of "unworthy life," defined less in medical than in social, racial, and political terms. The centrifugal tendency of Nazi genocide between late 1941 and the end of the war is the central feature of this second phase of euthanasia.

At the end of November 1941, Viktor Brack met with T-4 representatives from all euthanasia centers. During the meeting he informed them that the operation would continue despite its official termination. The evidence available to us indicates that only the means of killing—gas chambers—changed as a result of the stop order. Beginning in late 1941, instead of gassing patients T-4 doctors murdered handicapped adults with the method used to eliminate disabled children: overdoses of medication. Others starved patients to death by slowly depriving them of food, a program referred to as *Hungerkost*.[58]

The waning months of 1941 are a climacteric in the history of National Socialist mass murder. During this period, a succession of events took place that changed fundamentally the Nazi assault on "life unworthy of life." In this extraordinary time official euthanasia ended and a new phase of "wild" euthanasia (i.e., decentralized killing loosely overseen by the Berlin authorities) began, using not only psychiatric criteria but novel categories like "public menace," "criminality," "anti-sociality," "psychopathy," and "racial inferiority" to identify individuals for destruction by the T-4 physicians. Sometime in this period Hitler issued what is generally believed to have been an oral order to exterminate the European Jews. The death camps of the Final Solution would not become operational until late 1941 or early 1942; yet, the fate awaiting Europe's Jews was already presaged in the murder of concentration camp Jews in the T-4 killing centers—the notorious Operation 14f13. In the remainder of this chapter I would like to discuss each of these events—"wild" euthanasia, the application of euthanasia to other groups, and Operation 14f13—as they relate to the original plan to eliminate mentally disabled Germans. What we will find is that the foundational premise of Nazi euthanasia—that "useless" or "valueless" life should be eradicated through state-organized violence—was extended in late 1941 from the mentally ill to justify the murder of other socially marginal groups.

"Wild" Euthanasia, September 1941–April 1945

Even after the official euthanasia "stop," the Reich Ministry continued to distribute questionnaires to German mental institutions biannually. In his role as Reich Commissioner for Mental Hospitals, Herbert Linden submitted the forms to the medical experts of the KdF for evaluation. Killing proceeded on the basis of these expert assessments, but the gas chambers of the killing

centers were largely dismantled; henceforth, patients selected for euthanasia were given lethal overdoses or injections of narcotics, or simply starved to death. Furthermore, while original killing centers like Hadamar and Bernburg were still euthanizing patients after the stop order, the locus of killing shifted to the transit centers—many of which were simultaneously murdering disabled children in their children's wards. Facilities such as Eichberg, Kalmenhof, and Eglfing-Haar began to kill adult patients on-site. The Meseritz-Obrawalde mental hospital in Pomerania and Tiegenhof in the Wartheland became major centers for destroying the mentally handicapped. These institutions represent only a fraction of the facilities involved in killing the disabled during the period of wild euthanasia that ensued after August 24, 1941. A considerable number of hospitals murdered their patients when transportation to defunct killing centers became impossible.[59]

Under cross-examination at the Nuremberg Doctors' Trial, Karl Brandt tried to portray the T-4 euthanasia program as ending in late August 1941. Whatever killing of mental patients occurred after this date, Brandt claimed, had nothing to do with the "humane" program he and Bouhler had been commissioned to establish.[60] *Pace* Brandt, the reality was that the T-4 offices continued to register and evaluate patients for killing even after the official stop; it never fully relinquished control over euthanasia to local institutions. Just as they had before August 24, the T-4 authorities in Berlin directed the transport of patients to destinations where they were killed, provided these facilities with narcotics to poison them, and made available its experienced personnel to perform the killings. Nonetheless, T-4's control of euthanasia was not as top-down as it had been during phase one, when the T-4 Central Office had orchestrated a program of selection, transportation, and immediate killing on arrival at one of the six killing centers. Phase two transpired in numerous institutions, the diversity of which posed obstacles of command and control to the Berlin offices.[61]

The period of wild euthanasia also saw intense aerial bombardment of German cities and production centers by the Allies. Beginning in February 1942, the Royal Air Force embarked on a devastating campaign to demoralize German citizens and workers by destroying their cities. In some instances (e.g., the attack on the German town of Lübeck in March 1942), cities that were especially flammable were chosen for bombing. Allied sorties on Germany culminated in summer 1943 in Operation Gomorrah, a joint U.S.-British assault on Hamburg designed to reduce it to ashes. The numerous wooden buildings in Hamburg conduced to rapid combustion, and within a short time the city was an inferno. When Operation Gomorrah had ended, 45,000 civilians had been incinerated; 13 square miles of the city were a charred ruin.[62]

One result of Allied bombing was a grave crisis in hospital space to accommodate the wounded. Already in 1941, possibly in response to the demolition of a hospital at Emden by British pilots, Hitler had charged Karl Brandt, his escort physician, "to designate evacuation hospitals for other cities that were in danger." Under U.S. Army interrogation after the war, Brandt claimed that his new duties, modest at first, were significantly enlarged in 1942 and 1943—most likely because of damage caused by Allied bombing. On July 28, 1942, Hitler appointed Brandt Commissioner for the Health Care System. Brandt described his duties to his army interrogator:

> The basic task of a general [Commissioner] meant the adjustment of the needs of the civilians for materials and physicians to the Wehrmacht sanitary needs and also space for hospital cases. This basic task could not be carried through after 1942 because on every one of these sides there was a greater need than materials available. This is why the adjustment always meant taking something away from somebody who had nothing anyway.[63]

Brandt's work as Commissioner for the Health Care System (which had really begun in late 1941) developed into an official program code-named Operation Brandt. Under its auspices, mentally disabled patients were evacuated from psychiatric hospitals and clinics. The reason offered for their removal was to protect them from air raids. The chief of the T-4 Central Office, Dietrich Allers, dispatched evacuation orders to local mental hospitals throughout the Reich, stating that Brandt as general commissioner was ordering the transfer of patients from psychiatric hospitals in areas "particularly endangered" by Allied bombing.[64]

With Operation Brandt, National Socialist euthanasia branched outward from allegedly incurable mental patients (the "terminal cases") to embrace a variety of victim groups. As the war ground on, creating new problems for the German government within the Reich, the Nazis employed mass killing as an instrument of population policy. In the aftermath of the Hamburg incendiary bombings in late July 1943, for example, Hamburg women deranged by the trauma of the firestorm were transported to Hadamar, where, it is believed, they were all murdered. When a concerned parent sought information about his shell-shocked daughter at the Eppendorf Hospital, he was told that she and others had "been transferred to less dangerous areas, in order to make room for victims of the Hamburg raids." In addition to traumatized civilians, members of old-age homes became ensnared in the coils of Operation Brandt after the July bombing of Hamburg. They were transported to Neuruppin Mental Hospital and to Meseritz-Obrawalde for killing.[65]

Other Victims of Euthanasia: The "Asocials" and Eastern European Forced Laborers

Increasingly in the Third Reich, as the euphoria of the German army's initial conquests evaporated amid military reversals and sustained Allied bombing of German cities, genocidal violence was employed to "solve" political, social, and economic problems facing the Nazi government. Many of the problems were related to population policy questions, particularly the need for army and civilian hospitals. After officials involved in Operation Brandt expanded euthanasia to include not only "incurable" mental patients but shell-shocked civilians as well, two additional groups became victims of the National Socialist killing project: the "asocials" and sick eastern European laborers.

In 1945 the Nazi government drafted a law regarding "aliens to the community" but never enacted it. According to its terms, those prone to unruliness, drunkenness, and laziness were "aliens to the community." Beggars, thieves, grifters, and criminals also fell into this category. On June 20, 1942, the Information Service of the Racial Political Office of the Nazi Party issued a call to the Gau of Vienna to suppress its asocials, because they "represent an element of political unrest of the first order." In the eyes of the Information Service, a person was an asocial if he or she violated the criminal law, suffered from unemployment although able-bodied, lived parasitically off state or private welfare proceeds, had no settled residence, was a compulsive alcoholic, or lived off the earnings from "immoral activities" (e.g., pimping or prostitution). The instruction sheet setting forth this capacious definition of asociality then affirmed the biological inferiority of "those incapable of community," underscoring the futility of "ameliorative" measures to address this problem. From such premises Nazi functionaries like Dr. H. W. Kranz, Gau Office Director of the Nazi Party's Racial Office, Gau Hessen-Nassau, drew the conclusion that only "special treatment"—that is, killing—could cure the problem of asociality.[66]

Such attitudes permeated the upper echelons of the Nazi Party. On July 2, 1943, the Justice Ministry issued an order to send "criminally insane" patients to the concentration camps. Section 42 of the "Law Against Dangerous Habitual Criminals and Regulation of Security and Reform," enacted on November 11, 1933, had supplied a basis for detaining asocials in psychiatric institutions if they were deemed by the courts to suffer from mental illness. Invoking Section 42 of this law on August 8, 1943, Herbert Linden of the Interior Ministry apprised directors of affected institutions that all patients institutionalized under the Detention Law were to be surrendered to police authorities. Quite apart from "cleansing the institutions of undesired and destabilizing elements," Linden wrote, the removal of the criminally insane would free up much-needed

beds for German citizens. Again, the ideological impulse to blot out "valueless" life from the people's community intersected with the population policy need for medical resources. Once in police custody, the criminally insane were transferred to the Mauthausen concentration camp and Auschwitz. There they were subjected to hard labor; at Mauthausen, after the last ounce of stamina had been wrung from them, they were sent to the Hartheim killing center and gassed.[67]

Along with the criminally insane, sick eastern European workers living in the Reich were caught up in the lethal nets of wild euthanasia. Beginning in late 1941, as hopes for a meteoric victory over the Soviets faded and the prospects of a long-term war of attrition took shape, the need for labor to sustain the wartime economy became acute. In response, Hitler deployed Soviet and Polish POWs and civilian workers throughout the Reich as forced laborers. Harsh living conditions and maltreatment, however, gave rise to epidemic disease among the *Ostarbeiter.* By 1944 substantial numbers of them were unable to work because of tuberculosis. With the Red Army closing in and fearing the spread of the contagion, German health authorities began sending these unfortunate people to facilities for killing. The problem of epidemic disease was an issue of population policy; destruction of the disease-bearing agents was the regime's solution. Between July 29, 1944, and March 18, 1945, 465 *Ostarbeiter* were given lethal injections at Hadamar; others were gassed at Hartheim. On September 6, 1944, the Interior Ministry gave an official imprimatur to these killings by decreeing that all eastern laborers incapable of work because of mental illness were to be sent to designated hospitals. This decree reflected the Nazis' tendency to blur distinctions between separate concepts; the *Ostarbeiter* targeted by the Interior Ministry were not mentally but physically ill. The regime had already equated asociality with mental illness; now, tubercular eastern workers were also identified with the mentally disabled. The logic of the Nazis' hierarchy of human value was playing itself out in the form of a murderous syllogism: because the mentally ill were "unworthy of life," they were to be killed; and because "asocials" and tubercular eastern workers were "mentally ill," they should be accorded the same "treatment."[68]

The September decree identified eleven state hospitals that would serve as "collection points" for sick *Ostarbeiter.* They included notorious killing centers like Tiegenhof, Kaufbeuren, Maur-Öhling, and Hadamar. The T-4 Central Office under Dietrich Allers provided the transportation and financing for this new chapter in National Socialist euthanasia. By February 17, 1945, however, war conditions were such that the September decree was revised: henceforth, the patients were to be remanded to local mental hospitals responsible for areas in which the sick *Ostarbeiter* were located.

Euthanasia and the Murder of the European Jews

Respected scholars of Nazi genocide regard the T-4 euthanasia program as a prelude to the murder of the European Jews, conceptually, organizationally, and logistically related to that infamous event. "Euthanasia," Raul Hilberg writes, "was a conceptual as well as technological and administrative prefiguration of the 'Final Solution' in the death camps." Ernst Klee, describing the way in which Jews, Soviet POWs, Gypsies, and others were murdered at Chelmno (the first death camp on Polish soil), refers to the killing process there as "a copy of the euthanasia measures." Along the same lines, Henry Friedlander affirms an intimate link between the T-4 killings and the Final Solution.[69]

Even before the beginning of the Holocaust, T-4 members were killing Jewish concentration camp prisoners based solely on their racial background. The murders occurred as part of an operation conceived and administered by the SS to reduce the escalating population of Germany's concentration camps. As they did in their assault on the disabled, asocials, and sick eastern workers, the Nazis solved a problem of population policy through mass murder. Aware of T-4's efficient work in the euthanasia program, Himmler had contacted in early 1941 the chief of the KdF, Philipp Bouhler, about the possibility of using T-4's "personnel and facilities" to deal with camp populations. The issue of their colloquy was a new killing program that began in April 1941, the *Sonderbehandlung* (Special Treatment) 14f13. The term *Sonderbehandlung*, as we already know, is verbal camouflage for killing, a euphemism widely used by the SS and police forces. The label "14f13" referred to a file number employed by the Inspectorate of the Concentration Camps, designating the annihilation of camp prisoners in T-4 killing centers. Victims of 14f13 were prisoners in concentration camps administered by the Inspectorate. SS camp doctors selected the prospective victims based on an "official" criterion of incurable physical illness that rendered the individual incapable of work. Unofficially, these SS physicians received oral instructions to use racial and eugenic guidelines in making their selections. At Buchenwald, SS doctors were ordered to select the disabled, Jews, and prisoners with criminal records. The major criterion in every case, however, was fitness for work (although this standard, like all criteria that supposedly governed National Socialist euthanasia, was arbitrarily enforced).[70]

Once the victims had been chosen, T-4 physicians arrived in the camps to proof the SS selections. These visits are reminiscent of similar trips made by T-4 employees to German mental hospitals to ensure that euthanasia was properly carried out. At least twelve T-4 doctors appeared in concentration camps as participants in Operation 14f13. Each of these individuals had extensive experience with T-4 as euthanasia medical experts. Seated at tables, the T-4 doctors

reviewed the prisoners selected by the SS as they were paraded before them. The SS had previously filled out questionnaires on every selectee, containing the prisoner's name, birth date and place, last residence, citizenship, religion, race, and date of arrest. As a prisoner walked past the table, the T-4 physician decided whether to uphold the SS determination to include the selectee in the operation. A plus sign (+) entered at the bottom of the form signified inclusion in 14f13. This haphazard method of processing did not admit time for a thorough medical exam. At Buchenwald, in fact, two T-4 doctors reviewed 873 prisoners in five days. As Friedrich Mennecke confided to his wife about one such examination, the T-4 personnel did little more than rubber stamp the SS's selections. Nonetheless, they were obliged to give a "diagnosis" of the prisoner's condition.

No such diagnosis was required with Jewish prisoners selected for liquidation in 14f13. Instead, justifications for inclusion were culled from personal records, especially arrest records; this data was then entered on the prisoner's questionnaire. Mennecke, for example, recorded as "medical diagnoses" such characterizations from Jewish prisoners' personal records as "anti-German agitator," "lazy and indolent," "anti-German behavior," "vile Germanophobe," and "attitude hostile to the State."[71]

Prisoners selected under 14f13 were subsequently transported to the euthanasia centers Bernburg, Hartheim, and Sonnenstein, which were all actively involved in killing the 14f13 prisoners. Prior to the stoppage ordered by Hitler on August 24, 1941, these institutions gassed both the mentally handicapped and 14f13 selectees; after August 24, the handicapped were murdered by overdoses of medication, whereas the 14f13 selectees continued to die in the gas chambers. Five hundred seventy-five prisoners were murdered at Sonnenstein alone. By the time Himmler ordered the end of 14f13 in 1943 (on the grounds that too many prisoners capable of work were being liquidated), the operation had claimed the lives of between 10,000 and 20,000 prisoners.[72]

Operation 14f13 was not the only nexus between Nazi euthanasia and the Holocaust. In a letter regarding "the solution to the Jewish Question" from Ernst Wetzel, an expert in the Reich Ministry for the Occupied Territories, dated October 25, 1941, to Heinrich Lohse, the Reich Commissar for the Ostland, Wetzel reported that "Oberdienstleiter Brack of the Führer's Chancellery has indicated his readiness to assist in producing the required accommodations as well as the gassing equipment." According to Wetzel, the "equipment" was not at that time available in the eastern territories and thus had to be manufactured. Wetzel reported Brack's apprehensions of the "many great difficulties" that would be occasioned if the equipment was produced within the Reich. To forestall such problems, Brack considered it "most expedient" to

Left: Dr. Friedrich Mennecke, director of the Eichberg Mental Hospital and T-4 medical expert. In the latter role, Mennecke traveled to various concentration camps to evaluate prisoners—many of them Jewish—for inclusion in the euthanasia program. In December 1946, a German court convicted him of murder under German law and sentenced him to death—a punishment he avoided by dying in his prison cell in January 1947. Courtesy HHSTAW Abt. 3008, Friedrich Mennecke. Right: Friedrich Mennecke in happier times. Courtesy HHSTAW Abt. 3008, Friedrich Mennecke

send his chemist, Dr. Helmut Kallmeyer, to Riga, "who would take care of everything there." Because the "procedure under consideration" was "not without danger," certain "protective measures" would have to be observed. Accordingly, Wetzel asked Lohse to have his Higher SS and Police Leader contact Brack about sending to the east both Dr. Kallmeyer "and other auxiliary resources."[73]

This document was the smoking gun at the Doctors' Trial that implicated Viktor Brack in the earliest planning stages of the Final Solution. In the letter, Wetzel asserts that Adolf Eichmann was "in agreement with this procedure"; Eichmann had informed Wetzel that "camps for Jews were to be erected in Riga and Minsk, into which Jews from the 'old Reich territory' would also eventually come." Jews were even then being evacuated from the Reich, Wetzel confided, and sent to the Litzmannstadt (Lodz) ghetto and "to other camps"; later, these German Jews would be transferred to the east as slave laborers, "so far as they were capable of work." Concerning those Jews deemed incapable of

work, however, "there should be no second thoughts about removing them with the Brackian devices." The thrust of this last sentence is clear: Jewish deportees to Riga and Minsk capable of work would be used as slaves, while those unfit for hard labor would be gassed. Recently discovered German documents from Moscow reveal that the SS had ordered a monstrous crematorium for Mogilev (in eastern Byelorussia, the site of carbon monoxide gassing experiments) that would incinerate in excess of 2,000 corpses per day. These documents suggest, as Götz Aly has noted,[74] that the Nazis may have been planning to erect a major extermination center for European Jews in Mogilev—a thesis that gains in persuasive power when read together with Wetzel's gassing letter. In fact, as a result of military reversals on the eastern front and the obvious difficulties they posed to transports, the Jewish camps envisioned in Wetzel's letter never materialized; instead, they were erected in former Poland.

The "Brackian devices" Wetzel referred to in his letter were gas vans. Beginning in late December 1939 and January 1940, SS special units had murdered the mentally disabled from Wartheland hospitals with these vans. In September 1941, after experiments with gas vans were conducted by KTI employee Albert Widmann in Mogilev, Himmler had ordered the KTI to engineer an "improved" gas van that would recycle the vehicle's own motor exhaust into a sealed compartment. The new van was tested at the Sachsenhausen concentration camp in late fall 1941; thereafter, the vans were manufactured and sent in early 1942 to assist the *Einsatzgruppen* in their war on the eastern European population. Even before their formal introduction to the USSR in early 1942, these vans were being used to murder Jews and other groups at the Nazis' first death camp, Chelmno (Kulmhof in German).

Established by the SS in October and November 1941 near Chelmno, a village in the Polish countryside, the Chelmno death camp's purpose was to kill and cremate human beings. By December 1941, camp personnel were using gas vans to kill Gypsies, malarial patients, Soviet POWs, the mentally disabled, and even a group of Austrian World War I officers. By far the largest number of victims murdered at Chelmno, however, were the Jews (particularly Jews from the Lodz ghetto). In its technique and style of execution, the modus operandi was almost identical to the T-4 euthanasia killings. On arrival, victims were told to remove their clothes for a shower. Supervised by SS members wearing the white coats and stethoscopes of doctors, victims were herded down a flight of steps and along a camouflaged ramp into a waiting gas van. When the full complement of victims had been loaded into the van's interior, the doors were closed and a hose connected to the floor of the van was joined to the exhaust pipe. In theory the victims were supposed to fall asleep painlessly and die from asphyxiation within ten minutes, but the reality was other. Their shrieks could be heard from the van interior as they pounded frantically on the

locked doors and walls of the van. The death throes of the victims could last for hours until they finally expired.

When the screams abated, the gas van departed the camp premises and drove to a wooded area, where Jewish prisoners were forced to unload the corpses. Victims who had miraculously survived the ordeal were shot on the spot. Body cavities were searched for objects of value, including gold teeth, which were torn from the corpses' mouths with a pair of pliers. After the dead had been looted, they were thrown unceremoniously into a mass grave. In this manner, at least 152,000 victims were murdered at Chelmno between 1941 and 1944.[75]

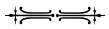
While Chelmno was beginning the first systematic gassings of Jews and others at a fixed location, Himmler gave the Higher SS Police Leader in Lublin, Odilo Globocnik, an order to initiate the mass murder of the Jews of central and southern Poland. Globocnik thereupon erected three killing centers in the Lublin area of the General Government. The three killing centers—Belzec, Sobibor, and Treblinka—became operational in late winter and early spring 1942: Belzec from March 1942 to December 1943, Sobibor from April 1942 to October 1943, and Treblinka from July 1942 to autumn 1943. In contrast with Chelmno, which murdered its victims in mobile gas vans, these extermination centers employed a technique that had earlier proven successful in the T-4 killing centers—immobile gas chambers disguised as showers.[76]

In addition to these three sites, Himmler designated two others to help expedite the new killing program. They were Auschwitz in Upper Silesia and the POW camp at Majdanek, a Lublin suburb. The extermination arm of Auschwitz, known as "Auschwitz II," was at Birkenau, where more than a million people were gassed with a pesticide used throughout the concentration camp system as a fumigation agent, hydrogen cyanide (better known under its trade name, Zyklon B). The first experiment with Zyklon B gassing was carried out on September 3, 1941, at Auschwitz; by 1942, the SS had converted two farmhouses in Birkenau into gas chambers, which were used to gas Jews and others until four gas chambers were installed there in early 1943. The idea of employing a stationary gas chamber was inspired by the example of the T-4 killing centers.[77]

Gassing unsuspecting Jews in gas chambers disguised as shower rooms was not the only continuity with Nazi euthanasia. At least ninety-two T-4 operatives were assigned to the Operation Reinhard (the extermination of Polish Jewry) death camps. These individuals had been crematorium stokers, drivers, transport escorts and office personnel with T-4. All wore the field gray uniforms of the Waffen-SS, receiving a rank no lower than *Unterscharführer* (a non-commissioned officer rank within the SS); they were paid by the T-4 Accounting Office in Berlin. T-4's managerial staff was central to the efficient

administration of killing centers in the General Government. Christian Wirth, an active participant in the killing of mentally ill patients at Grafeneck, Hadamar, Hartheim, and Brandenburg, established the death camp at Chelmno; thereafter, he was assigned to supervise with Odilo Globocnik the killing of two million Jews at the Belzec, Sobibor, and Treblinka camps. Franz Stangl was the Police Superintendent of Hartheim before taking up duties as commandant of the Sobibor death camp in May 1942. During one interview in the 1960s, he commented that the Sobibor gas chamber "looked exactly like the gas chamber at Schloss Hartheim." His successor at Sobibor was Wirth's replacement as office director at Hartheim, Franz Reichleitner. The first camp commandant at Treblinka was Dr. Irmfried Eberl, director of the killing centers at Brandenburg and Bernburg.[78]

In their work within Operation Reinhard, the T-4 killers must have surpassed their masters' expectations. In two years of operation (1941–1942 and again in 1944), Chelmno murdered 152,000 people; in one year (1942), the Belzec camp killed 600,000. The Sobibor and Treblinka camps also required a single year (1942–1943) to murder 250,000 and 900,000 people, respectively. By the time Operation Reinhard came to an end in November 1943, it had taken almost 2 million lives. Of the nearly 2 million people sent to Chelmno, Belzec, Sobibor, and Treblinka, only eighty-seven survived. Although Auschwitz has become the symbol par excellence of Nazi depravity, lethality among the four Polish death camps was actually much higher. Gerald Reitlinger has estimated that approximately 700,000 of the 851,200 Jews deported to Auschwitz were gassed at Birkenau (a mortality rate just over 82 percent); mortality rates at the four Polish killing centers, by contrast, were almost 100 percent. For efficiency in murder, the Nazis could not have made a better choice than the euthanasia killers.[79]



After the fall of Germany in spring 1945, the forces of military occupation confronted the prodigious destruction wrought by the Nazi government. In the dingy confines of German mental hospitals, in the charnel houses of the concentration and death camps, the advancing armies uncovered the corpse-strewn highway to the Nazis' biological utopia. The awful tale of Hitler's assault on the human race was told in the physical bodies of both the dead and the living. It could be read from the mounds of emaciated corpses that had once been healthy human beings, or from the gaunt, disease-wracked frames of the survivors. Many of the men responsible, like Hitler, had already eluded justice through suicide. Others, like Himmler, Bouhler, Leonardo Conti, and

Dr. Irmfried Eberl, SS doctor, director of the Brandenburg and Bernburg killing centers, and first commandant of the Treblinka death camp. Indicted for his manifold crimes after the war, he committed suicide in his Ulm jail cell while awaiting trial in February 1948. Courtesy Ghetto Fighters' House, Kibbutz Lohamei Hagetaot, photographer unknown

Herbert Linden, would take their lives in the months following the end of the war. It fell to the Allies to decide the fates of the surviving perpetrators. As we will see, in approaching euthanasia criminality the U.S. conception was not driven purely by the factual record, revulsion from the grisly handiwork of Nazi genocide, or the imperatives of international law, but was substantially shaped by a concern for its own sovereignty. We take up the U.S. judicial encounter with the euthanasia killers in the next chapter.

23. De Mildt, *In the Name of the People*.

24. On the differences between U.S. and German criminal procedure, see Dünnebier, "Der amerikanische Strafprozess im Spiegel der Rechtsprechung des Court of Appeals," *Neue Juristische Wochenschrift* (hereafter *NJW*) 27 (1952): 1040, 1042; Schmidt-Leichner, "Deutscher und anglo-amerikanischer Strafprozess," *NJW* 1 (1951): 7.

1. THE EMPEROR OF ICE-CREAM: NATIONALIST SOCIALIST EUTHANASIA, 1933–1945

1. *U.S. v. Karl Brandt et al.* (The Doctors' Trial), National Archives and Records Administration (hereafter NARA), RG 238, M887, 2545.

2. See Klee, *"Euthanasie,"* 18; Friedlander, *Origins*, 12; Ulrich Herbert, "Wissenschaft und Weltanschanung. Der Rassismus als die Biologisierung des Gesellschaftlichen" (Geschichte der Medizin Freiburg, Freiburg, Germany, photocopy), 3; Michael Burleigh, *The Racial State: Germany 1933–1945* (Cambridge: Cambridge University Press, 1991), 34; Burleigh, *Death and Deliverance: "Euthanasia" in Germany 1900–1945* (Cambridge: Cambridge University Press, 1994), 11; Paul Weindling, *Health, Race, and German Politics Between National Unification and Nazism, 1870–1945* (Cambridge: Cambridge University Press, 1989), 394; Robert N. Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge: Harvard University Press, 1988), 178; Jörg Michael Fegert, "Der Weg zum Nürnberger Ärzteprozess und die Folgerungen daraus," *Deutsches Ärzteblatt* 93:43 (October 25, 1996), C-1953.

3. Burleigh, *Death and Deliverance*, 11.

4. Ibid., 15–17.

5. Friedlander, *Origins*, 15.

6. Quoted in ibid.; Weindling, *Health, Race, and German Politics*, 395.

7. Karl Binding and Alfred Hoche, *Die Freigabe der Vernichtung lebensunwerten Lebens: Ihr Mass und Ihre Form* (Leipzig: Verlag von Felix Meiner, 1920), 39–40.

8. Burleigh, *Death and Deliverance*, 20.

9. Quoted in ibid., 22–23.

10. A. E. Hoche, *Krieg und Seelenleben* (Freiburg-im-Breisgau and Leipzig: Speyer & Kaerner, 1915); Friedlander, *Origins*, 9–10.

11. Quoted in Robert Wistrich, *Who's Who in Nazi Germany* (London: Routledge, 1995), 213; Weindling, *Health, Race, and German Politics*, 454.

12. Friedlander, *Origins*, 26; Proctor, *Racial Hygiene*, 361n33.

13. Weindling, *Health, Race, and German Politics*, 533; Friedlander, *Origins*, 28–29; Gisela Bock, *Zwangssterilization im Nationalsozialismus* (Opladen: Westdeutscher Verlag, 1986), 324–325.

14. Götz Aly, "Medicine Against the Useless," in *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene*, eds. Götz Aly, Peter Chroust, and Christian Pross (Baltimore: Johns Hopkins University Press, 1994), 59.

15. Quoted in Klee, *"Euthanasie,"* 37.

16. Testimony of Karl Brandt, *U.S. v. Karl Brandt et al.* (The Doctors' Trial), NARA, RG 238, M887, 2401.

17. Statement of Albert Hartl in the public session of the Schwurgericht III/70, Frankfurt a.M., 24 February 1970.

18. Statement of A. Hartl; see also Gitta Sereny, *Into that Darkness: An Examination of Conscience* (New York: Vintage Books, 1983), 66–68.

19. Friedlander, *Origins*, 39. As the manuscript of this book was being prepared for publication, German government archivists announced their discovery of the Knauer child's true name, Gerhard Kretschmar, the disabled infant son of a German farmhand from a town in Saxony, Pomssen. The child's identity was found in records from the Nazi era maintained by the Stasi, the East German secret police. Irene Zoech, "Named: The baby boy who was the Nazis' first euthanasia victim—Germany 'confronts the truth' with memorial list headed by blind and deformed five-month-old," *Sunday (London) Telegraph*, 15 October 2003, 29.

20. Klee, *Dokumente*, 67; Burleigh, *Death and Deliverance*, 93; Friedlander, *Origins*, 40; Ian Kershaw, *Hitler 1936–1945: Nemesis* (New York: W. W. Norton, 2000), 257.

21. Friedlander, *Origins*, 40.

22. Ibid., 43; Wistrich, *Who's Who in Nazi Germany*, 31.

23. Klee, *Dokumente*, 68; Friedlander, *Origins*, 44.

24. Ibid.

25. Ibid.

26. Excerpted in Klee, *"Euthanasie,"* 80; Friedlander, *Origins*, 45.

27. Ibid.

28. Much of my narrative closely follows Friedlander's account of the Kinderaktion, *Origins*, 45ff.

29. Friedlander, *Origins*, 48–49; Burleigh, *Death and Deliverance*, 101.

30. Friedlander, *Origins*, 54.

31. *JuNSV*, Lfd. Nr. 155b; *JuNSV*, Lfd. Nrs. 117a, 155a, 211; Letter of the Reich Committee for Scientific Registration of Severe Hereditary Ailments to Ministerial Councillor Stähle, Ministry of the Interior, Stuttgart, 11 September 1942, excerpted in Klee, *Dokumente*, 238.

32. Statement by W. Heyde, 25 October 1961 (V1), excerpted in Klee, *"Euthanasie,"* 84. On this crucial meeting of euthanasia doctors in Berlin, see Klee, *"Euthanasie,"* 83–84; Klee, *Dokumente*, 68; Burleigh, *Death and Deliverance*, 113; Friedlander, *Origins*, 64–65. A former student of Alfred Hoche, Heyde was one of the central figures in the planning and implementation of euthanasia. In addition to his duties as an SS doctor and a chaired professor in Würzburg, Heyde was the head of T-4's Medical Department until late 1941 and a T-4 expert evaluator in the adult euthanasia program. On Heyde's postwar career, which ended with his suicide in pretrial custody in 1964, see Klaus-Detlev Godau-Schüttke, *Die Heyde/Sawade Affäre: Wie Juristen und Mediziner den NS-Euthanasieprofessor Heyde nach 1945 deckten und straflos blieben* (Baden-Baden: Nomos Verlagsgesellschaft, 1998).

33. Urteil des LG Stuttg. vom 15.9.67 (Ks 19/62), quoted in Klee, *"Euthanasie,"* 84.

34. Interrogation of Hans Heinrich Lammers, 25 October 1945, NARA, M1270, Roll 11, 876–877.

35. Nuremberg Document NO-824, excerpted in Klee, *Dokumente*, 85.

36. Friedlander, *Origins*, 68.

37. On the erection of the camouflage organizations, see Friedlander, *Origins*, 73–74; Klee, *Dokumente*, 93; Klee, *"Euthanasie,"* 102–103, 166–167; Aly, "Medicine Against the Useless," 38.

38. Friedlander, *Origins*, 75–76; Klee, *"Euthanasie,"* 87–88.

39. For a facsimile copy of the Merkblatt, see Klee, *Dokumente*, 96.

40. Friedlander, *Origins*, 77.

41. Aussage Fritz R. vom 10. March 1967 (Heyde Verfahren), excerpted in Klee, *Dokumente*, 97–98; Friedlander, *Origins*, 83.

42. Friedlander, *Origins*, 83–84; Klee, *"Euthanasie,"* 124–130.

43. Friedlander, *Origins*, 85.

44. Ibid., 84.

45. *JuNSV*, Lfd. Nr. 225, 13.

46. StA Düsseldorf, Verfahren Widmann, 8 Ks 1/61 (8 Js 7212): interrogation Albert Widmann, 11 January 1960.

47. Aussage Gerhard Bohne in der U-Haft in Tübingen, am 14. 10. 59 (V5), quoted in Klee, *"Euthanasie,"* 110, 111; Friedlander, *Origins*, 87; Klee, *Dokumente*, 20–21, 26; Wistrich, *Who's Who*, 278–279.

48. Friedlander, *Origins*, 93.

49. Aussage der Schwester Isabella W. vom 13 February 1946 (4aJs3/46 StA Ffm.), excerpted in Klee, *Dokumente*, 115–116.

50. Vernehmung Vinzenz Nohel durch die Kriminalpolizei in Linz vom 4 September 1945 (Vg 10Vr2407/46 LG Linz), excerpted in Klee, *Dokumente*, 124; Friedlander, *Origins*, 97–98.

51. Friedlander, *Origins*, 98–102; Klee, *Dokumente*, 139–140; Klee, *"Euthanasie,"* 149–153.

52. Aussage des als "Standesbeamter" in Grafeneck eingesetzten Kriminalbeamten Hermann H. vom 15 October 1947 vor dem AG Münsingen (Grafeneck-Verfahren), excerpted in Klee, *Dokumente*, 138.

53. Friedlander, *Origins*, 107–108; Klee, *"Euthanasie,"* 292–293.

54. Friedlander, *Origins*, 108; Klee, *"Euthanasie,"* 267–268.

55. Friedlander, *Origins*, 110. See also Klee, *"Euthanasie,"* 340–341.

56. Predigt von Clemens August Graf von Galen, Bischof von Münster, am 3 August 1941 in der Lambertikirche, in Klee, *Dokumente*, 193–198; Klee, *"Euthanasie,"* 336.

57. Aly, "Medicine Against the Useless," 39, 46.

58. Klee, *Dokumente*, 283.

59. Friedlander, *Origins*, 152.

60. Testimony of Karl Brandt, NARA, RG 238, M887, 2532.

61. On the theme of T-4's continued involvement in killing after the alleged stoppage, see Klee, *"Euthanasie,"* 441; Friedlander, *Origins*, 155.

62. On the topic of Allied bombing of German cities, see Martin Middlebrook, *The Battle of Hamburg: Allied Bomber Forces Against a German City in 1943* (New York: Charles Scribner's Sons, 1981), 328; Eric Markusen and David Kopf, *The Holocaust*

and Strategic Bombing: Genocide and Total War in the Twentieth Century (San Francisco: Westview Press, 1995), 156–168. For a recent account of Allied bombing from the German civilian perspective, see Jörg Friedrich, *Der Brand: Deutschland im Bombenkrieg 1940–1945* (Munich: Propyläen Verlag, 2002).

63. Interrogation of Karl Brandt, NARA, M 1270, Roll 2, 0285–0286. See also Direct Examination of Karl Brandt, NARA, RG 238, M 887, Roll 4, 2315–2316.

64. Letter from Dietrich Allers to the Mental Institution Lüneburg, dated 17 June 1943, quoted in Klee, *Dokumente,* 284.

65. Aly, "Medicine Against the Useless," 84–87.

66. Aus "Informationsdienst Rassenpolitisches Amt der NSDAP-Reichsleitung" vom 20 June 1942, Nr. 126, excerpted in Klee, *"Euthanasie,"* 357; H. W. Kranz, "Weg und Ziel bei der Lösung des Problems der Gemeinschaftsunfähigen," in *Nationalsozialistischer Volksdienst,* November 1942, quoted in Klee, *"Euthanasie,"* 356.

67. Klee, *"Euthanasie,"* 362–363.

68. Ibid., 365–366; Friedlander, *Origins,* 161. On the Germans' use of forced eastern workers during the war, see Ulrich Herbert, "Racism and Rational Calculation: The Role of 'Utilitarian' Strategies of Legitimation in the National Socialist 'Weltanschauung,'" *Yad Vashem Studies* 24 (1994): 131–195.

69. Raul Hilberg, *The Destruction of the European Jews,* vol. III (New York: Holmes & Meier, 1985), 873; Klee, *"Euthanasie,"* 371; Friedlander, *Origins,* 284.

70. Friedlander, *Origins,* 143–144.

71. Ibid., 146–148.

72. Ibid., 150. The gassings of concentration camp prisoners under Operation 14f13 resumed in 1944. At the Hartheim killing center, they continued until November of the same year. Zentrale Stelle Ludwigsburg (518 AR-Z 235/1960), excerpted in Klee, *Dokumente,* 271–272.

73. Zentrale Stelle Ludwigsburg (518 AR-Z 235/1960), excerpted in Klee, *Dokumente,* 271–272.

74. Götz Aly, *"Final Solution": Nazi Population Policy and the Murder of the European Jews,* trans. Belinda Cooper and Allison Brown (London: Arnold, 1999), 223–224.

75. Klee, *Dokumente,* 272; Aly, *"Final Solution,"* 223–224; Klee, *"Euthanasie,"* 371–372; Friedlander, *Origins,* 286–287.

76. Friedlander, *Origins,* 286–287; U.S. Holocaust Memorial Museum, *Historical Atlas of the Holocaust* (New York: MacMillan, 1996), 76.

77. Friedlander, *Origins,* 286–287; Klee, *Dokumente,* 260.

78. Sereny, *Into That Darkness: An Examination of Conscience* (New York: Vintage Books, 1983), 109; Klee, *"Euthanasie,"* 376–377.

79. The data are from Ino Arndt and Wolfgang Scheffler, "Organisierter Massenmord an Juden in nationalsozialistischen Vernichtungslagern," *Vierteljahrshefte für Zeitgeschichte* 24 (1976): 105–135; LG Düsseldorf, Urteil Hermann Hackmann, 8 Ks 1/75, 30 June 1981, 89–90; Franciszek Piper, *Die Zahl der Opfer von Auschwitz,* trans. Jochen August (Oswiecim: Verlag Staatliches Museum, 1993). See also Gerald Reitlinger, *The Final Solution* (New York: A. S. Barnes & Company, 1961), 500–501.